

# DETENTION MONITORING TOOLKIT 2026

*A practical guide to prison visits in Pakistan*



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JUSTICE  
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# A Practical Guide to Prison Visits in Pakistan

## 1. How to use this guide

### What this guide is for

A prison visit should help you understand how people in detention are living, how they are treated and what needs to change.

This guide takes you through the practical parts of a visit: preparing, observing conditions, speaking with prisoners and staff, checking records, identifying urgent concerns and following up.

It is intended for National Human Rights Institutions, civil society organisations, independent monitors and other people authorised to visit prisons in Pakistan.

You DO NOT need to know every prison rule to use it. You DO need to understand:

- your role and authority;
- what access you have;
- how to speak safely with prisoners;
- how to check information against more than one source; and
- what to do when someone may be at risk.

This guide does not itself give permission to enter a prison, inspect records or interview prisoners. Confirm your mandate or permission before the visit.

### The Practical Guide and the Field Pack

The toolkit has two main working parts.

**The Practical Guide** explains how to conduct a visit. It gives fuller guidance on what to observe, what to ask prisoners and staff, which records may help and when a concern requires action.

**The Core Field Checklist** is the shorter form used during every visit. It records whether the main conditions and protections covered by the seven core topics were checked and whether action is needed.

**The Legal and Technical Reference** contains relevant domestic and international legal provisions as they relate to the core and specialist topics.

Before a visit, read the relevant parts of this Guide and prepare your **Field Pack**.

The Field Pack consists of:

- the Core Field Checklist;
- any Specialist checklists needed;
- the Urgent Contact Sheet;
- the Post-Visit Report; and
- a secure way to record confidential information.

The Legal and Technical Reference does not normally need to be carried through the facility.

During the visit, use the checklist to record findings and return to the relevant Practical Guide chapter where you need more detailed questions or guidance.

You do not need to ask every question in this Guide during every visit. Use the prompts to understand what you are trying to establish.

### Specialist modules

Four specialist modules add checks needed in particular situations:

1. Women in detention and children living with them
2. Children in detention

3. Drug dependence and drug-related health needs

4. Torture and other serious ill-treatment

They do **not** replace the seven core topics.

For example, if a prisoner reports an unexplained injury, complete the ordinary checks on treatment, health care and complaints, then use the Torture Module for the additional safeguards and referral questions.

## Protect the people who speak with you

A visit can expose prisoners to risk if staff or other prisoners believe they have complained.

Before and during each conversation:

- Explain who you are and why you are visiting.
- Make clear that speaking with you is voluntary.
- Explain how information may be used and the limits of confidentiality.
- Speak out of hearing of staff and other prisoners wherever possible.
- Do not promise release, protection or another outcome you cannot guarantee.
- Ask before taking photographs, recording someone or sharing identifying information.
- Keep names and sensitive personal information separate from general visit notes.
- Consider retaliation before referring a complaint or raising an individual case.

If a private conversation is not possible, do not ask sensitive questions in front of others.

Record the restriction and seek a safer opportunity.

## Check what happens in practice

A written policy or staff explanation does not show, on its own, what prisoners experience.

Where possible, compare:

- what you observe;
- what prisoners tell you;
- what staff tell you; and
- what the records show.

A water supply may be working during the visit but stop every night. A complaint may be marked “disposed of” without the problem having been resolved. A hospital referral may have been approved but never carried out.

Record differences between accounts rather than trying to force them into agreement.

A report of serious abuse or danger still requires an assessment of immediate protection needs even where other evidence is not yet available.

## 2. Before you go

Before the visit:

- Confirm the purpose of the visit, your authority and any limits on access.
- Review previous findings and identify issues requiring follow-up.
- Agree who will observe conditions, interview prisoners, speak with staff and check records.
- Arrange interpreters or other communication support where needed.
- Prepare the relevant Core and Specialist Checklists.
- Agree who will coordinate an urgent referral if someone needs immediate help.
- Prepare secure arrangements for sensitive notes and identifying information.

If you are visiting alone, be realistic about what you can cover. Prioritise immediate safety, basic living conditions and access to help.

## Prepare urgent contacts

Before the visit, identify how the team will respond to:

- a medical emergency;
- an allegation of serious abuse;
- a threat to someone's safety;
- a child at immediate risk; and
- an urgent legal problem.

At minimum, have current contacts for:

- prison medical staff;
- an outside hospital or emergency service;
- an appropriate protection authority or lawyer;
- the relevant child-protection service; and
- urgent legal assistance.

If prison staff may themselves be involved in the harm, the team must have a safe route to seek assistance outside the prison.

Use the **Urgent Contact Sheet** in the Field Pack.

## 3. When you arrive

Meet the officer in charge and explain the purpose of the visit.

Confirm:

- the number of people held and the authorised capacity;
- which areas you may enter;
- which records you may inspect;
- how the team will select prisoners independently for interview;
- how private interviews will be arranged;
- whether anyone currently has an urgent medical need;
- who is held in hospital, punishment or separate accommodation; and
- whether there have been recent deaths, serious injuries or other major incidents.

Seek to visit different parts of the prison and speak with a range of prisoners.

Include people who may find it harder to speak up, such as:

- people held separately;
- people with disabilities;
- people who do not speak the main language;
- older prisoners;
- prisoners without family support; and
- people who appear distressed or unwell.

Record any area, record or interview you could not access and the reason given.

## 4. If someone may be in immediate danger

Do not wait until the visit report is finished.

Examples include:

- serious untreated illness or injury;
- difficulty breathing or loss of consciousness;
- suspected overdose or dangerous withdrawal;
- an immediate threat of violence;
- an allegation of ongoing torture or sexual abuse;
- severe dehydration;
- interruption of essential treatment;
- a person saying they may harm themselves; or
- a child or pregnant woman requiring urgent care.

Where possible:

1. Explain the proposed action to the person.
2. Seek their agreement before sharing identifying information.
3. Contact the appropriate medical, legal or protection service.
4. If staff may be responsible for the harm, use an outside route rather than automatically reporting the concern to the person accused.

5. Share only the information necessary for a safe response.
6. Do not confront an alleged perpetrator.
7. Check that assistance actually reached the person.
8. Consider whether further retaliation or protection risks arise after the referral.

Use the **Immediate Safety Screen in the Core Field Checklist** and Urgent Contact Sheet in the Field Pack.

## 5. Before leaving and after the visit

Before leaving:

- Review the main findings with the visiting team.
- Make sure urgent cases have been acted on or safely referred.
- Consider whether anyone who spoke to you may now face retaliation.
- Record areas, records or interviews you could not access.
- Raise problems with prison management where it is safe to do so.
- Do not reveal confidential sources or identifying information unnecessarily.
- Record any commitments made by management.

After the visit:

- prioritise urgent follow-up;
- identify the action required;
- identify the person or authority responsible;
- set a realistic deadline; and
- decide how you will verify that action occurred.

Use the **Post-Visit Report** in the Field Pack.

Keep confidential allegations, medical information and identifying details separately and securely.

## Core Topic 1

# Sleeping Space, Toilets And Water

Field Tool → Core Field Checklist, Topic 1

## What you are checking

Check whether every prisoner has:

- a usable sleeping place and bedding;
- safe access to a functioning toilet;
- adequate washing arrangements; and
- safe drinking water throughout the day and night.

Conditions can differ significantly between barracks, wards and separate cells. Check more than one area where possible.

## A. Sleeping space and bedding

### Look

- Compare the number of people present with the sleeping places available.
- Check whether everyone can lie down at the same time without sleeping in walkways, beside toilets or in unsafe spaces.
- Observe ventilation, daylight, artificial lighting, heat, cold and dampness.
- Check whether bedding is clean, usable and appropriate for the weather.
- Look for insects, pests and barriers affecting older people or people with disabilities.

### Ask prisoners

Ask about:

- where they sleep and whether sleeping places are shared or rotated;
- whether bedding is sufficient;
- whether they must pay or rely on family for bedding or a sleeping place;

- night-time heat, cold and access to toilets; and
- what happened when they reported a problem.

### Ask staff

Establish:

- the population and intended capacity of the area;
- what happens when sleeping capacity is exceeded;
- how bedding is issued, cleaned and replaced;
- how people with mobility or health needs are accommodated; and
- what action is being taken on overcrowding, pests, heat or dampness.

### Check records where authorised

Check:

- occupancy and capacity information for the areas visited;
- bedding issue/replacement information;
- maintenance requests; and
- relevant complaints.

Use figures from the same date where possible. A prison-wide capacity figure may conceal severe overcrowding in a particular barrack.

## B. Toilets, washing and cleanliness

### Look

- Count working toilets and estimate how many people use them.
- Check day and night access.
- Look at privacy, drainage, flushing/cleaning water and handwashing facilities.
- Check for blocked toilets, sewage, leaks and unsafe floors.
- Observe whether there is enough water to wash and bathe.
- Check whether facilities can be used safely by people with disabilities or illness.

### Ask prisoners

Ask whether they:

- can use the toilet whenever needed;
- face long waits or night-time restrictions;
- have water, soap and cleaning materials;
- can bathe and wash clothes regularly; and
- receive respectful assistance where needed.

### Ask staff

Ask:

- how many toilets are working;
- what happens at night;
- who cleans the area and with what supplies;
- how repairs are reported and completed; and
- what accessible facilities or assistance are available.

### Check records

Check relevant:

- cleaning arrangements;
- repair requests;
- supply information; and
- complaints.

## C. Drinking water

### Look

- Identify the drinking-water source.
- Check availability in the areas visited, including locked or separate areas.
- Observe whether storage containers are clean, covered and accessible.
- Look for visible contamination or unsafe storage.

Clear water is not necessarily safe. Where safety is uncertain, check testing information or seek specialist advice.

### Ask prisoners

Ask:

- whether water is available day and night;
- whether the supply regularly stops;
- whether they pay or rely on family for drinking water;
- what happens during extreme heat or supply failure; and
- what response followed previous complaints.

### Ask staff

Ask:

- the source of the water;
- when it was last tested;
- how tanks and storage containers are cleaned;
- what backup exists when supply fails; and
- how water reaches people who cannot collect it themselves.

### Check records

Check available:

- water-test results;
- tank/system cleaning or maintenance records;
- records of supply interruptions; and

- complaints and responses.

### Red flags

Act promptly where there is:

- no drinking water, particularly during extreme heat;
- sewage entering living areas or contaminating water;
- no usable toilet;
- sleeping arrangements blocking safe movement or exits; or
- a person unable to reach water or toilets because necessary assistance is absent.

### Relevant Legal Provisions

Prisons Act 1894, ss 4, 7 and 13; Pakistan Prison Rules 515–517, 667, 745–747, 768–775 and 983. See *Legal and Technical Reference, Topic 1*.

## Core Topic 2

# Food And Nutrition

### Field Tool → Core Field Checklist, Topic 2

## What you are checking

Check whether prisoners receive:

- regular meals;
- enough food;
- food that is safe to eat;
- appropriate diets where necessary; and
- fair access without payment or dependence on family support.

Where possible, observe a meal. Ask about ordinary meals over recent days rather than judging the system from the food provided during the visit.

## A. Meals and quantity

### Look

- Observe meal times and portion sizes.
- Check that food reaches prisoners in hospital, separate cells and other areas.
- Look at variety, including vegetables and sources of protein.
- Check eating utensils and the time/place available for meals.
- Check arrangements for people away at court or treatment.

### Ask prisoners

Ask:

- how many meals they receive;
- whether they remain hungry;
- what they ate recently;
- whether meals are missed, delayed or reduced; and

- what happens if they are away when food is served.

### Ask staff

Establish:

- how quantities are calculated;
- how staff ensure everyone receives a portion;
- arrangements for prisoners away from the prison area;
- what happens during shortages; and
- who reviews whether diets are adequate.

### Check records

Compare:

- menus and meal schedules;
- population numbers;
- food delivery and stock information; and
- shortages or complaints.

A menu shows what should be provided, not necessarily what prisoners actually receive.

## B. Food quality and hygiene

### Look

Where access is authorised, inspect:

- kitchens;
- food stores;
- preparation surfaces;
- refrigeration;
- pest control;
- waste disposal;
- utensils; and

- the water used for food preparation.

### Ask prisoners

Ask about:

- spoiled or undercooked food;
- insects or contamination;
- food left standing for long periods;
- illness after meals; and
- what happens when unsafe food is reported.

### Ask staff

Ask how they:

- check deliveries and food storage;
- clean kitchens and equipment;
- respond when refrigeration or water fails; and
- investigate suspected food-related illness.

### Check records

Check available:

- kitchen inspection/cleaning information;
- storage or refrigeration checks;
- equipment repairs and pest control; and
- reports of food-related illness.

## C. Different dietary needs and assistance

### Look

Check arrangements for:

- medically required diets;
- pregnant or breastfeeding women;
- children living with mothers;
- older prisoners;
- people who cannot chew or swallow normal food; and
- people who need assistance eating or collecting meals.

### Ask prisoners

Ask whether:

- special dietary needs have been reported;
- recommended diets are actually provided;
- family members must supply essential food; and
- appropriate assistance is available.

### Ask staff

Ask:

- how special dietary needs are identified;
- who approves medically required diets;
- what happens if the required food is unavailable; and
- who assists people unable to eat independently.

### Check records

Check:

- special-diet arrangements;
- health recommendations;
- evidence that prescribed diets were provided; and
- relevant complaints.

Do not copy diagnoses into general visit notes.

## D. Fair access

Check whether:

- portions are distributed fairly;
- prisoners or staff control food in ways that disadvantage others;
- food reaches people unable to collect it;
- prisoners without family support receive adequate prison-provided food; and
- food is ever withheld as punishment.

Food brought by families or bought privately should supplement adequate prison meals, not be necessary to avoid hunger.

**Red flags**

Act promptly where:

- food is deliberately withheld as punishment;
- contaminated food continues to be served;
- several people become ill after the same meal;
- a child or person with an essential dietary need has no suitable food; or
- someone cannot eat because necessary assistance is unavailable.

**Relevant Legal Provisions**

Prisons Act 1894, ss 31–33; Pakistan Prison Rules 468–470, 487–489, 492–507 and 668. See *Legal and Technical Reference, Topic 2*.

## Core Topic 3

# Treatment By Staff And Protection From Violence

Field Tool → Core Field Checklist, Topic 3

## What you are checking

Check whether prisoners are protected from:

- violence;
- threats;
- humiliation;
- sexual abuse;
- exploitation;
- unnecessary force or restraints;
- unlawful or informal punishment; and
- harmful isolation.

Speak privately with prisoners from different areas, including people held separately.

An absence of recorded complaints does not establish that a prison is safe.

## A. Everyday treatment and safety

### Look

- Observe how staff speak to prisoners and respond to requests.
- Note threats, humiliation or discriminatory treatment.
- Check whether some prisoners exercise inappropriate control over others.
- Note visible injuries or distress without assuming their cause.
- Check whether prisoners can seek help, including at night.
- Examine how people at risk are protected.

## Ask prisoners

Ask generally:

- whether they feel safe;
- how staff and other prisoners treat them;
- whether anyone demands money, belongings, work or sexual acts;
- whether they can seek help without payment or punishment; and
- what happens after violence or threats are reported.

Ask about sexual violence only in a private and safe setting.

## Ask staff

Ask:

- how prisoners at risk are identified;
- how violence and threats are reported across shifts;
- what protective alternatives exist to unnecessary isolation;
- what serious injuries or deaths occurred during the period reviewed; and
- what medical, investigative and notification action followed.

## Check records

Depending on the concern, check:

- death and injury registers;
- incident reports;
- protection requests;
- medical/hospital-transfer information;
- notifications to family or authorities; and

- post-mortem or inquiry material where available.

For serious injury or death, trace what happened from the first signs of illness/injury through medical response and subsequent investigation.

## B. Searches and privacy

### Look

- Observe where searches take place and whether privacy is protected.
- Check whether women are searched by women staff.
- Identify routine or excessive strip/intrusive searches.
- Check whether searches are being used to humiliate or punish.

### Ask prisoners

Ask:

- who searches them;
- whether others can see;
- whether they have been forced to undress unnecessarily;
- whether they have experienced inappropriate touching or comments; and
- whether they can safely complain.

### Ask staff

Ask:

- who is authorised to search prisoners;
- when intrusive searches are permitted;
- what alternatives are considered; and
- how complaints about searches are handled.

Use the Women or Children modules for additional safeguards.

## C. Force and restraints

### Look

- Identify anyone currently restrained.
- Check whether restraints cause pain, injury or difficulty breathing/moving.
- Check whether force or restraint appears to be used as punishment.
- Examine whether medical concerns about restraints are acted on.

### Ask prisoners

Ask:

- why force or restraints were used;
- how long they lasted;
- whether they caused injury;
- whether medical care was provided; and
- whether the prisoner could complain safely.

### Ask staff

Ask:

- what risk justified the force/restraint;
- what alternatives were considered;
- who authorised it;
- where the reason and duration were recorded;
- when continued use was reviewed; and
- what medical assessment followed serious force.

### Check records

Check relevant:

- Superintendent's orders;
- history tickets;
- punishment records where applicable;
- incident reports;
- injury records;
- medical records; and
- reviews or higher-level approvals required under applicable rules.

A written order does not by itself establish that the force or restraint was necessary or safe.

## D. Punishment and discipline

### Look

- Check whether disciplinary rules are explained to prisoners.
- Visit punishment areas.
- Look for restrictions on food, water, health care or other basic needs.
- Check for informal or collective punishment.

### Ask prisoners

Ask whether they:

- were told the allegation;
- had an opportunity to respond;
- understood the decision;
- knew the duration of the punishment;
- remained under punishment beyond the end date; and
- could challenge the decision.

### Ask staff

Establish:

- who investigates and decides disciplinary cases;
- how prisoners respond;
- how disability/language needs are accommodated;
- where punishment is recorded; and
- who ensures that it ends on time.

### Check records

Compare the punishment register with relevant history tickets and, where appropriate, complaints or requests for review.

## E. Isolation and separation

### Look

Visit areas where prisoners are held alone or apart from others.

Check:

- light, ventilation, bedding, water and toilets;
- emergency access to staff;
- exercise and time outside the cell;
- meaningful contact with others; and
- signs of severe distress.

### Ask prisoners

Ask:

- why they are there;
- when placement began;
- when it will be reviewed;
- how much time they spend alone;
- what contact, exercise and health care they receive; and
- whether other safe alternatives were considered.

### Ask staff

Ask:

- the recorded basis for the placement;
- frequency of review;
- alternatives considered;
- time outside the cell;
- health monitoring; and
- when/how the person can return to less restrictive conditions.

### Check records

Check:

- authorisation and review dates;
- scheduled and actual end dates;
- previous periods of isolation;
- exercise/contact information where maintained;

- health visits/recommendations; and
- requests for review.

### Red flags

Act promptly where there is:

- ongoing violence or sexual abuse;
- serious injury;
- dangerous restraints;

- beating or deprivation of basic needs as punishment;
- severe distress or self-harm risk in isolation; or
- retaliation against someone for reporting abuse or speaking to monitors.

Use the Torture Module where serious ill-treatment may be involved.

### Relevant Legal Provisions

Constitution, Arts 11 and 14; Prisons Act 1894, ss 27, 29, 45–49 and 56–57; Pakistan Prison Rules 559, 580–585, 638–655 and 1065–1069. See *Legal and Technical Reference, Topic 3*.

## Core Topic 4

# Health Care And Access To Treatment

Field Tool → Core Field Checklist, Topic 4

## What you are checking

Check whether prisoners can:

- obtain health care when needed;
- receive prescribed medicines;
- reach outside or specialist care without avoidable delay;
- obtain appropriate mental-health support; and
- continue necessary treatment through transfer or release.

Visit the prison hospital/clinic and speak with both health staff and prisoners.

Protect medical confidentiality. Clinical decisions require qualified health professionals.

## A. Getting medical help

### Look

- Check how prisoners request care.
- Observe accessibility and privacy of the health unit.
- Check staff availability and night-time arrangements.
- Note people who appear unwell but have not been assessed.
- Check whether people held separately can access health care.

## Ask prisoners

Ask:

- whether they were medically examined on arrival;
- how they request care;
- how long they wait;
- whether payment or another prisoner controls access;
- whether consultations are private; and
- whether specialist care is available when needed.

## Ask staff

Ask:

- how health needs and injuries are identified on admission;
- how requests are prioritised;
- who provides night/absence cover;
- what staffing gaps exist;
- how privacy and communication support are arranged; and
- how people in separate cells receive care.

## Check records

Check available:

- admission health assessments;
- prison hospital outdoor register;
- Medical Officer's report book;
- duty rosters;
- pending referrals; and
- complaints about access.

## B. Medicines and continuing treatment

### Look

- Check availability and storage of prescribed medicines.
- Look for expired or poorly stored stock.
- Observe whether distribution protects privacy.
- Check treatment arrangements for court attendance, transfer and release.

### Ask prisoners

Ask whether:

- they receive prescribed medicines consistently;
- treatment was interrupted on admission or transfer;
- doses are missed because of shortages;
- families must buy essential medicines; and
- they understand how to raise concerns about treatment.

### Ask staff

Ask:

- how existing prescriptions are verified;
- how shortages are addressed;
- who can change treatment;
- how missed doses are recorded; and
- how continuing treatment is arranged during court attendance, transfer and release.

### Check records

Check:

- medicine stock information;
- prescriptions/administration records;
- missed doses;
- supply requests; and
- transfer/release arrangements.

## C. Hospital care and referrals

### Look

- Inspect prison hospital conditions.
- Check emergency transport arrangements.
- Identify outstanding referrals.
- Note hospital patients who remain in restraints and use Core Topic 3.

### Ask prisoners

Ask:

- how quickly help arrived during serious illness;
- whether outside referrals happened;
- why appointments were missed;
- whether hospital recommendations were followed afterwards; and
- whether family was informed when required.

### Ask staff

Ask:

- who authorises referrals;
- how transport and escorts are arranged;
- what happens in an emergency;
- which referrals remain outstanding; and
- how outside-hospital instructions are implemented.

### Check records

Trace selected cases through:

- medical recommendation;
- approval;
- actual appointment/transfer;
- discharge instructions; and
- follow-up.

A referral made on paper is not enough if care never occurred.

## D. Mental health and severe distress

### Look

- Check whether distress is treated as a health concern rather than automatically as misconduct.
- Check privacy of consultations.
- Look for isolation/restraint being used instead of appropriate support.
- Check whether people needing help with daily activities receive it.

### Ask prisoners

Ask:

- who they can approach when they feel unable to cope;
- whether trained support is available;
- whether ongoing treatment is regular; and
- whether they are treated respectfully when asking for help.

Do not press for diagnoses or details of past trauma.

### Ask staff

Ask:

- how self-harm and other serious mental-health risks are identified;
- who provides support;
- what happens during an acute crisis;
- how specialist referral works; and
- how staff avoid treating distress or disability as misconduct.

### Check records

Check relevant:

- assessments/recommendations;
- self-harm incidents;
- specialist referrals;
- Medical Officer recommendations; and
- isolation/restraint records where relevant.

## E. Infectious disease and other health needs

Check:

- whether infectious disease is identified and treated;
- outbreak response;
- whether medical separation is clinically justified and reviewed;
- whether people with disabilities or other additional needs can access services; and
- whether recommended adjustments are actually implemented.

### Red flags

Act urgently where there is:

- serious illness or injury without treatment;
- delayed urgent hospital referral;
- dangerous interruption of essential medication;
- severe distress/self-harm risk;
- suspected overdose or dangerous withdrawal;
- failure to act on an urgent medical recommendation; or
- several prisoners becoming ill without adequate response.

Use the Drug Dependence Module where relevant.

## Relevant Legal Provisions

Prisons Act 1894, ss 13–14, 24 and 26; Pakistan Prison Rules 18–20, 787–796, 976–983 and 1056–1059. See *Legal and Technical Reference, Topic 4*.

## Core Topic 5

# Lawyers, Court Attendance And Barriers To Release

Field Tool → Core Field Checklist, Topic 5

## What you are checking

Check whether prisoners can:

- obtain legal help;
- speak privately with lawyers;
- understand their case;
- send appeals and legal documents;
- attend court;
- obtain review of prolonged detention; and
- be released promptly when legally entitled.

Follow selected cases through from request/order to actual action.

## A. Legal help and lawyer access

### Look

- Check whether prisoners know how to request legal assistance.
- Look for a private place for legal consultations.
- Check access for prisoners in hospital/separate accommodation.
- Check whether information is accessible to people who cannot read or communicate easily.

## Ask prisoners

Ask:

- whether they have a lawyer;
- when they last spoke;
- whether meetings are private;
- whether free legal assistance has been offered where needed; and
- whether visits/correspondence have been delayed or refused.

## Ask staff

Ask:

- how lawyer visits are requested;
- how prisoners without funds are assisted;
- how confidential legal communication is protected; and
- how refusal/delay is recorded and followed up.

## Check records

Check relevant:

- interview applications;
- interview register;
- history tickets;
- Superintendent's order book where access was refused;
- legal correspondence; and
- legal-assistance referrals.

Do not read confidential legal advice merely to verify that communication occurred.

## B. Understanding the case and appeals

### Ask prisoners

Establish whether they understand:

- why they are detained;
- which court is dealing with the case;
- the next hearing date;
- bail conditions;
- sentence/release position where relevant; and
- how to obtain advice on an appeal.

Ask whether documents they signed were explained to them.

### Ask staff

Ask:

- how decisions and hearing dates are communicated;
- how prisoners without lawyers prepare appeals;
- how presentation and dispatch dates are recorded;
- what happens if an appeal appears late; and
- how transfers are prevented from interrupting legal proceedings.

### Check records

Compare:

- court orders/notices;
- appeal documents;
- dates presented and dispatched;
- relevant correspondence;
- history-ticket entries; and
- transfer records.

An apparently late appeal should not simply be withheld by prison staff.

## C. Court attendance

### Look

- Check availability of transport and escorts.
- Identify repeated missed hearings.
- Where remote hearings are used, check whether prisoners can participate effectively and speak privately with lawyers.

### Ask prisoners

Ask:

- whether scheduled hearings were missed;
- why;
- whether they could speak to their lawyer;
- whether they received food, water, toilet access and necessary medicines during transfer/waiting; and
- whether unofficial payments were demanded.

### Ask staff

Ask:

- how hearing dates reach escort staff;
- how many appearances were missed and why;
- how courts are informed when attendance is impossible;
- what happens when illness prevents attendance; and
- what is being done about repeated transport or escort failures.

### Check records

Review selected missed appearances using:

- production orders;
- escort/gate records;
- attendance information;
- reports to the court; and
- revised dates/directions.

Do not assume that a scheduled appearance took place.

## D. Long detention and bail barriers

### Look

Identify:

- prolonged/repeatedly delayed under-trial cases; and
- people remaining in custody after bail was granted.

### Ask prisoners

Ask:

- how long they have been detained;
- whether the delay has been explained;
- whether bail has been granted; and
- what prevents release.

### Ask staff

Ask:

- how delayed cases are identified;
- whether applicable review lists, including those under Rule 395 where relevant, are submitted;
- how unresolved bail cases are tracked; and
- what assistance is available where documents or surety are barriers.

### Check records

Check:

- admission and remand information;
- relevant review lists;
- bail orders;
- follow-up correspondence; and
- legal-assistance referrals.

## E. Release

### Look

Identify:

- upcoming release dates;
- outstanding orders;
- unexplained delays;
- defective warrants/orders; and
- cases where another matter is said to prevent release.

### Ask prisoners

Ask:

- whether they were told they should be released;
- why they remain detained;
- whether the next step has been explained; and
- whether unofficial payment has been demanded.

### Ask staff

Ask:

- who calculates/checks release dates;
- how sentence changes, fines and remission are reflected;
- how release orders are received and verified;
- how defective documents are corrected; and
- what current order supports continued detention where another case is cited.

### Check records

Check relevant:

- warrants/orders;
- release diary/book;
- sentence calculations;
- remission documentation;
- fine payments;
- release/bail orders; and

- correspondence resolving discrepancies.

### Red flags

Seek prompt legal assistance where:

- a person appears detained beyond the lawful release date;
- no current authority for detention can be identified;
- an urgent appeal may be missed;
- repeated non-production delays the case;
- lawyer access is blocked; or
- a release order remains unimplemented without adequate explanation.

### Relevant Legal Provisions

Constitution, Arts 9, 10 and 10A; Prisoners Act 1900, ss 3–4, 15–17, 35–43 and 47–48; Pakistan Prison Rules 25–44, 90–99, 112–130, 389–397 and 538–568. See *Legal and Technical Reference, Topic 5*.

## Core Topic 6

# Family Contact

Field Tool → Core Field Checklist, Topic 6

## What you are checking

Check whether prisoners can maintain safe and meaningful contact with family and other supportive people through:

- visits;
- letters;
- telephone/other permitted communication; and
- important notifications.

Include prisoners in hospital or separate accommodation and people without nearby family.

Do not assume that family contact is always wanted or safe.

- whether visits are cancelled/refused and why;
- whether enough time is provided;
- whether unofficial payments are demanded; and
- whether hospital/separate accommodation interrupts contact.

### Ask staff

Ask:

- what visiting arrangements apply;
- how changes are communicated;
- what happens where visitors travel far;
- how accessibility needs are addressed; and
- how refusals are recorded.

### Check records

Check relevant:

- interview/visit records;
- permissions/applications;
- reasons for refusal;
- deposits of permitted property/money; and
- complaints.

## A. Visits

### Look

- Check whether visiting information is clearly communicated.
- Observe waiting conditions, accessibility and privacy.
- Check whether prisoners and visitors can see/hear one another properly.
- Observe whether searches protect dignity.
- Where possible, hear from visitors themselves.

### Ask prisoners

Ask:

- when they last received a visit;
- what makes visits difficult;

## B. Letters and other communication

### Look

- Check access to writing materials and postage.
- Check collection and delivery of letters.

- Where telephones or other services exist, check whether they work and are accessible.
- Look for clear information on charges and monitoring.

### Ask prisoners

Ask:

- whether letters are sent/received;
- whether materials/postage are available;
- whether people who cannot read/write receive assistance;
- whether correspondence is withheld and why; and
- whether calls are affordable and usable.

### Ask staff

Ask:

- what correspondence arrangements apply;
- how delays/refusals are documented;
- what assistance is available;
- how fair access to telephone/other communication is maintained; and
- what alternatives exist for prisoners whose families cannot visit.

### Check records

Check available:

- relevant history-ticket entries;
- correspondence records;
- postage/material provision;
- telephone access/faults; and
- complaints.

Do not read personal letters unless genuinely necessary and authorised.

## C. Transfers, serious illness and emergencies

Check whether:

- family knows where the prisoner is;
- prisoners can notify family following transfer;
- serious illness is communicated where required;
- urgent family news reaches prisoners; and
- death notifications are properly made.

Ask whether there is anyone the prisoner does **not** want contacted because doing so could create danger.

### Check records

Check relevant:

- contact details;
- transfer information;
- notification correspondence;
- attempts to contact family; and
- requests for urgent/additional communication.

## D. Prisoners without regular contact

Identify people with little or no contact and establish why.

Possible barriers include:

- distance;
- cost;
- disability;
- poverty;
- family breakdown;
- punishment;
- transfer;
- communication restrictions; or
- fear of a particular family member.

Check whether reasonable alternatives or support are available.

## Red flags

Act promptly where:

- a prisoner cannot inform anyone of their location following transfer;
- serious illness/death has not been communicated where required;
- family-contact restrictions contribute to serious risk;
- unofficial payments or threats prevent contact; or
- contacting a particular person may expose someone to violence.

## Relevant Legal Provisions

Prisons Act 1894, ss 40–44; Pakistan Prison Rules 117, 538–566, 733 and 795. See *Legal and Technical Reference, Topic 6*.

## Core Topic 7

# Complaints And Protection From Retaliation

Field Tool → Core Field Checklist, Topic 7

## What you are checking

Check whether prisoners:

- know how to raise requests or complaints;
- can complain internally and externally;
- can do so safely and confidentially;
- receive a response; and
- are protected from retaliation.

Do not assume a specific record called a “complaint register” exists. Ask how complaints are actually recorded and tracked.

## A. Internal complaints

### Look

- Check whether complaint routes are explained.
- Observe whether prisoners can approach staff without another prisoner controlling access.
- Look for complaint boxes or other channels where used.
- Check accessibility for people who cannot read/write or need communication support.

### Ask prisoners

Ask:

- how they would complain;
- whether they can speak directly with responsible officers;
- whether urgent concerns can be raised immediately;

- whether complaints can be made privately;
- whether they are afraid to complain; and
- what happened the last time they did.

### Ask staff

Ask:

- how routine and urgent complaints are received;
- who deals with them;
- what happens if the complaint concerns the officer who would normally receive it; and
- how prisoners are informed of outcomes.

### Check records

Check the systems actually maintained, which may include:

- Superintendent’s orders;
- relevant history-ticket entries;
- correspondence/petitions;
- complaint-box or helpline records;
- local complaint logs/databases; and
- replies/referrals.

Select a small number of complaints and trace what happened.

## B. Complaints to visitors and outside authorities

Check whether prisoners:

- can approach authorised visitors;
- can speak privately where the visitor’s mandate permits;

- can send permitted representations outside the prison; and
- are not selected or screened by management before speaking to visitors.

### Ask staff

Establish:

- which authorised visitors attend;
- how prisoners can raise complaints with them;
- how outside representations are forwarded; and
- what happens where a complaint concerns the Superintendent or another senior officer.

### Check records

Check:

- visitors' book;
- Superintendent's follow-up/comments;
- relevant correspondence with Inspector General/Government;
- petitions/representations; and
- correspondence with NCHR or judicial authorities where authorised.

The visitors' book is not the same thing as the ordinary interview register.

## C. What happens after a complaint

Ask whether:

- the complainant was told what happened;
- urgent matters received urgent treatment;
- unresolved complaints could be escalated;
- repeated complaints are recognised; and
- serious violence or abuse is referred through an independent process.

Where records exist, trace:

1. when the complaint was raised;
2. who received it;

3. whether immediate protection/medical help was needed;
4. who was asked to act;
5. what action occurred;
6. whether the prisoner was informed; and
7. whether the problem remained unresolved.

"Disposed of" does not necessarily mean "resolved".

## D. Retaliation

### Look

After complaints or monitoring interviews, check for:

- threats;
- unexplained transfer;
- isolation;
- disciplinary punishment;
- loss of work/programmes;
- interference with family or legal contact;
- injury; or
- other adverse changes.

### Ask prisoners privately

Ask:

- whether anyone pressured them not to complain;
- whether treatment changed after a complaint;
- whether they were threatened or punished;
- whether they fear speaking with visitors; and
- whether raising the current concern could expose them to risk.

## Ask staff

Ask:

- how retaliation is prevented;
- how someone at risk is protected without unnecessary isolation;
- how an implicated staff member is prevented from controlling the complaint/evidence; and
- who checks the person's safety afterwards.

## Check records

Where retaliation is alleged, compare dates against:

- punishment/history-ticket entries;
- transfers;
- isolation;
- work/programme changes;
- family-contact restrictions;
- injury/medical records;

- protection requests; and
- staff inquiry/disciplinary records.

An allegation that cannot be proved is not automatically a deliberately false complaint.

## Red flags

Act promptly where:

- serious violence, sexual abuse or torture is reported;
- someone appears punished for complaining;
- a complainant is pressured to withdraw/change their account;
- the accused official still controls the person or complaint;
- serious allegations are repeatedly ignored; or
- evidence may be lost or destroyed.

Use the Torture Module where appropriate.

## Relevant Legal Provisions

NCHR Act 2012, s 9(c); Prisons Act 1894, ss 12 and 59; Pakistan Prison Rules 542, 673–674, 898, 915, 919–924, 927–928, 955 and 1065. See *Legal and Technical Reference, Topic 7*.

## Specialist Module 1

# Women In Detention And Children Living With Them

### Specialist Checklist → Women in Detention and Children Living with Them

#### When to use

Use whenever adult women are held in the prison.

For girls under 18, also use the Children in Detention Module.

Do not repeat general questions about food, water, health care, family contact, legal access or complaints. This module only adds safeguards specific to women and children living with them.

Speak privately. Do not ask about sexual violence, reproductive health or pregnancy in front of staff, other prisoners or children.

#### A. Placement, privacy and women staff

##### Look

- Check separation from male prisoners.
- Check availability of women staff during the day and at night.
- Observe when male staff enter women's areas.
- Check privacy while sleeping, bathing, changing and using toilets.
- Check whether a small women's population results in isolation or poorer services.

#### Ask women

Ask:

- whether women staff are available when needed;
- whether male staff enter and under what circumstances;
- whether privacy is protected;
- whether women have access to the same meaningful services/activities as others; and
- whether distance from home creates serious barriers to contact with children.

#### Ask staff

Ask:

- staffing arrangements;
- rules for male entry;
- how privacy is maintained;
- how small women's populations are accommodated; and
- whether family contact is considered in placement/transfer decisions.

#### Check records

Check relevant:

- staff rosters;
- transfer/placement information;
- programme access; and
- complaints.

## B. Menstruation and women-specific health needs

Use Core Topics 1 and 4 for general hygiene and health care.

Check:

- free and timely access to menstrual products;
- private washing and disposal;
- access to reproductive and sexual-health care;
- availability/request of a woman health professional where possible; and
- confidentiality of sensitive health information.

Ask women whether supplies are available without payment, family support or humiliating requests.

Check relevant supply information, medical referrals and complaints.

## C. Searches, restraints and discipline

Check:

- whether women are searched by women staff;
- privacy and dignity during searches;
- unnecessary/intrusive searches;
- restraints used during pregnancy or hospital visits;
- isolation of pregnant/breastfeeding women or women caring for infants; and
- restrictions on food, health care, menstrual products or child contact used as punishment.

Use the Torture Module where sexual violence or serious ill-treatment is alleged.

## D. Pregnancy, childbirth and breastfeeding

Check:

- antenatal care;
- recommended food, supplements and medicines;
- plans for delivery at an appropriate health facility;
- emergency transport;
- applicable reporting/referral requirements for advanced pregnancy;
- restrictions on restraints;
- postnatal care; and
- breastfeeding support.

For under-trial women approaching childbirth, check whether applicable court referral requirements have been followed.

### Red flags

Act urgently where:

- labour or serious pregnancy complications are not receiving care;
- urgent referral is delayed;
- restraints are used during labour/birth/immediately afterwards; or
- a pregnant/breastfeeding woman is in conditions creating serious risk.

## E. Children living with their mothers

A child living with their mother is **not a prisoner**.

Check:

- number and ages of children;
- suitable sleeping arrangements, clothing, food and hygiene;
- health care and vaccinations;
- opportunities to play, move and learn;
- education for school-age children; and

- childcare arrangements when mothers attend court, health care or activities.

Ask mothers whether the child has what they need and whether they have been told what will happen when the child can no longer remain in prison.

Ask staff which **current provincial rule** is being applied to determine how long a child may remain.

Do not state one national age threshold. Provincial texts are not fully consistent.

If separation is approaching, check:

- whether the mother is informed and involved;
- where the child will live;
- whether the placement is safe;
- whether child-protection/social-welfare authorities are involved where needed; and
- how continued contact with the mother will be maintained.

Do not assume a record called a “child register” exists. Ask how the information is actually maintained.

## F. Children outside prison and safe release

Use Core Topic 6 for ordinary family contact.

Additional questions are:

- Can the woman maintain meaningful contact with dependent children?
- Can she participate in important decisions affecting them?
- Would returning to family/home after release expose her or the children to violence?
- Is support needed for safe accommodation, documents, health care or reconnection with children?

## Relevant Legal Provisions

Prisons Act 1894, ss 24(3) and 27; Pakistan Prison Rules 305–328, 487–489, 1057 and 1180–1190; applicable provincial prison law and rules. See *Legal and Technical Reference, Specialist 1*.

## Specialist Module 2

# Children In Detention

### Specialist Checklist → Children in Detention

## When to use

Use whenever a person under 18 is detained or age is uncertain.

For girls, also use relevant parts of the Women Module.

## A. Age, legal status and placement

Check:

- recorded age/date of birth;
- documents used to establish age;
- whether disputed/uncertain age has been properly determined;
- whether the child is held in an appropriate juvenile facility/area;
- separation from unrelated adults;
- legal assistance;
- prolonged detention; and
- bail/diversion/probation alternatives.

Where a child has remained detained for more than six continuous months without completion of trial, check whether the statutory bail safeguard has been considered.

Check relevant:

- birth/school documents;
- medical age assessment where necessary;
- court findings;
- remand/bail orders;
- legal-assistance records; and
- probation/diversion material.

## B. Safety, restraints and punishment

Check whether:

- adult prisoners exercise authority over children;
- bullying, violence or sexual abuse occurs;
- children are forced to work;
- restraints are used;
- any child is held alone; and
- punishment involves violence, humiliation or deprivation.

Any child in solitary confinement requires serious protection review.

Ask children privately whether they feel safe and whether they can report harm without fear.

Check relevant placement, punishment, restraint, injury and incident records.

## C. Education, activity and development

Check:

- regular education;
- continuity with previous schooling;
- recognised examinations/qualifications where possible;
- meaningful vocational training rather than compulsory labour;
- regular outdoor exercise;
- sport and recreation; and
- time outside sleeping accommodation.

Ask why any child is not participating.

Check education attendance, staffing, examination, training and activity information.

## D. Family, probation and preparation for release

Check:

- whether parent/guardian knows where the child is;
- meaningful contact with a safe family member or other trusted person;
- involvement of probation/social welfare;
- rehabilitation and release planning;
- continuation of education/training; and
- safe accommodation after release.

Do not assume returning to family is safe merely because they are relatives.

## E. Girls

Check:

- placement separate from boys/adults;

- appropriate women staff;
- applicable woman probation/supervision arrangements; and
- protections on searches, menstruation, reproductive health and sexual violence.

### Red flags

Act promptly where:

- a person who may be under 18 is being treated as an adult without proper age determination;
- a child is held with adults and at risk;
- legal assistance is absent;
- prolonged detention has not been reviewed;
- a child is in solitary confinement or harmful restraints;
- corporal punishment is reported;
- there is ongoing violence/sexual abuse; or
- a seriously ill/distressed child is not receiving care.

## Relevant Legal Provisions

Juvenile Justice System Act 2018, especially ss 2–6, 8–17, 20 and 22–23; Pakistan Prison Rules 289–304 read subject to the JJSA. See *Legal and Technical Reference, Specialist 2*.

## Specialist Module 3

# Drug Dependence And Drug-Related Health Needs

### Specialist Checklist → Drug Dependence and Drug-Related Health Needs

## When to use

Use where a prisoner:

- may be experiencing withdrawal;
- reports current drug dependence;
- was receiving treatment before detention;
- needs specialised treatment/referral; or
- faces a particular health/protection risk linked to drug use.

Do not assume drug dependence merely because someone is detained for a drug offence.

Use respectful language such as **person with drug dependence** or **person who uses drugs**.

## A. Withdrawal and urgent health needs

Check whether:

- admission health screening asks about recent drug/alcohol use;
- withdrawal is medically assessed;
- people experiencing withdrawal can summon help;
- treatment is available; and
- outside referral occurs where the prison cannot manage the risk.

Do not diagnose withdrawal yourself.

Seizures, severe confusion, loss of consciousness, breathing difficulty, repeated vomiting or severe dehydration require urgent medical attention.

## B. Treatment, medicines and consent

Establish what is actually available:

- medical treatment;
- withdrawal management;
- counselling;
- psychological support;
- rehabilitation programmes; and
- outside referral.

Check whether:

- treatment is based on individual assessment;
- existing prescribed treatment was continued/reviewed;
- prisoners must pay or depend on family for essential care;
- sensitive information is kept confidential; and
- treatment or counselling is not being used as punishment.

Treatment should, except for legitimate emergency intervention, be based on informed participation.

Exercise, religious support, counselling and peer activities may complement care but should not substitute for necessary medical treatment.

## C. Overdose, infectious disease and harm reduction

Check:

- staff response to suspected overdose;
- availability of emergency transport;
- whether naloxone is available and, if not, what emergency response exists;
- confidential HIV, hepatitis and TB testing/treatment;
- continuity of existing treatment; and
- information about overdose and infection risks.

Where injecting drug use is occurring, identify what measures exist to reduce risk.

Do not ask prisoners to identify suppliers or other people who use drugs unless this is necessary for an immediate protection concern.

Where OAT, naloxone or needle-and-syringe programmes are unavailable, record this as a **system-level service gap**, not automatically as a failure an individual Superintendent can remedy.

Separately assess whether the prison is doing what it reasonably can now: identifying withdrawal, providing available medical care, referring serious cases and maintaining treatment continuity.

## D. Stigma, segregation and punishment

Check whether:

- people labelled as using drugs are automatically placed in separate barracks;
- placement is based on health assessment rather than offence alone;

- rehabilitation areas have poorer conditions or access to services;
- withdrawal/distress is treated as misconduct;
- disclosure to health staff leads to punishment; or
- refusing a programme leads to unrelated disciplinary consequences.

A separate rehabilitation area is not automatically harmful. Assess what happens there and whether it improves care or creates stigma and restriction.

## E. Transfer and release

Check whether:

- treatment continues on transfer;
- community referrals are arranged where services exist;
- essential medicines/referral information accompany release; and
- people at risk understand increased overdose risk after a period of reduced opioid use.

### Red flags

Act urgently where there is:

- dangerous withdrawal;
- suspected overdose;
- seizures/unconsciousness/breathing difficulty;
- deliberate withholding of necessary care as punishment;
- dangerous interruption of essential medication;
- severe distress or self-harm risk; or
- a worsening condition where an outside referral has not been acted on.

## Relevant Legal Provisions

Control of Narcotic Substances Act 1997, ss 52–53; Pakistan Prison Rules 18, 778, 787–788 and 976–979. See *Legal and Technical Reference, Specialist 3*.

## Specialist Module 4

# Torture And Other Serious Ill-Treatment

### Specialist Checklist → Torture and Other Serious Ill-Treatment

## When to use

Use where:

- a prisoner reports torture or serious ill-treatment;
- there are unexplained injuries;
- abuse is alleged during arrest, police custody, transport, interrogation or imprisonment;
- force, restraint, isolation or punishment may have caused serious suffering;
- custodial sexual violence is alleged;
- a complainant reports threats or retaliation; or
- there has been a suspicious serious injury or death.

This module complements Core Topics 3, 4 and 7.

A monitoring visit is **not a criminal or forensic investigation**.

Your role is to:

- identify the concern;
- protect the person;
- record information safely;
- preserve available evidence where appropriate; and
- ensure the matter reaches the appropriate independent process.

Do not decide during the interview whether the allegation is “proved”.

## A. Injuries and warning signs on arrival

### Look

- Check whether recent arrivals received medical examination.
- Identify unexplained injuries or distress.
- Check whether injuries were recorded.
- Compare prison admission findings with any earlier medico-legal documentation.
- Check whether medical conversations can occur without implicated officers overhearing.

### Ask the prisoner privately

Begin with open questions:

- What happened?
- When and where?
- Were you injured?
- Did a health professional examine you?
- Was the injury recorded?
- Have you told anyone else?
- Do you still need care?
- Are you afraid of anyone because you spoke about it?

Do not begin by insisting that the person label the experience “torture”.

## Ask staff/health staff

Ask:

- what happens when someone arrives injured;
- where injuries are recorded;
- what happens if earlier records do not mention them;
- who is informed;
- how independent examination is arranged; and
- how the person is protected if officials are implicated.

## Check records

Depending on the case:

- admission register;
- Injury Register;
- history ticket;
- admission health assessment;
- medico-legal report;
- hospital/outdoor records;
- Medical Officer's report book; and
- relevant correspondence.

## B. Speaking safely with someone who reports torture

Before the interview:

- ensure privacy;
- consider retaliation;
- arrange safe interpretation/communication support where needed; and
- explain limits of confidentiality.

Ask only what is needed for protection, health care and referral.

Useful questions include:

- What happened?
- When and where?
- Did anyone see or hear it?
- Did you need medical help?
- Have you already reported it?

- Has anyone threatened you?
- What help do you want now?
- Is there anyone you do not want informed?

Let the person describe events in their own words.

Do not:

- repeatedly ask for painful details;
- assume inconsistency means dishonesty;
- pressure the person to identify someone;
- photograph injuries without permission; or
- promise confidentiality you cannot maintain.

## C. Medical examination and documentation

Check whether:

- injuries were treated as well as recorded;
- medical examination was private;
- the prisoner's explanation of the injury was documented;
- physical and psychological effects were considered;
- independent medico-legal/specialist examination was arranged where appropriate;
- photographs or sensitive examinations were consented to; and
- medical records are appropriately protected.

A monitoring officer should not attempt to conduct an Istanbul Protocol examination unless appropriately qualified.

## D. Checking the account against records

Depending on the allegation, consider:

- admission times;
- Injury Register;
- gate/movement records;
- history ticket;

- police/court custody documents;
- medical/hospital records;
- punishment or isolation records;
- duty rosters;
- incident reports;
- escort/transfer information;
- complaints/correspondence;
- CCTV where available; and
- death/post-mortem material where relevant.

Look for:

- injuries appearing between stages of custody;
- missing or altered entries;
- delay before medical examination;
- differences between earlier and prison medical documentation;
- unexplained movement;
- missing CCTV; and
- repeated allegations involving the same officials.

Do not delay medical care or protection while searching for corroboration.

## E. Complaint, referral and investigation

Ask the prisoner:

- whether they want a formal complaint/referral;
- whether they have already complained;
- what happened afterwards;
- whether they contacted a lawyer or NCHR;
- whether anyone pressured them; and
- what protection they need.

Under the Torture and Custodial Death (Prevention and Punishment) Act 2022, criminal investigation of offences under the Act lies with **FIA under NCHR supervision**.

Do not treat an internal inquiry by implicated police or prison officials as a substitute for the statutory investigation.

Check, where relevant:

- complaint/referral documentation;
- FIA correspondence;
- NCHR involvement;
- medical/forensic referral;
- protection orders/applications;
- evidence preservation; and
- follow-up.

## F. Protection from retaliation

After an allegation or complaint, check for:

- threats;
- sudden transfer;
- isolation;
- new punishment;
- loss of work/programmes;
- interference with family or lawyer contact;
- pressure to withdraw the account; or
- continued control by the alleged perpetrator.

Protection should not automatically mean punitive isolation.

## G. Custodial death or life-threatening injury

Where relevant, establish:

- when the person was last known to be well;
- when deterioration/injury was identified;
- who had custody at each stage;
- when medical help was requested/provided;
- whether hospital transfer occurred;
- whether family was informed;
- whether a post-mortem was conducted;
- whether relevant records/CCTV were preserved;
- whether FIA/NCHR were appropriately engaged; and
- whether implicated officials still control evidence or witnesses.

## Red flags

Act immediately where:

- torture/serious ill-treatment appears ongoing;
- the person remains under the alleged perpetrator's control;
- urgent injuries are untreated;
- there is serious self-harm/suicide risk;
- custodial sexual violence is alleged;

- the complainant is being threatened;
- evidence may disappear;
- unexplained injuries were not documented;
- a serious allegation has been returned to an implicated authority; or
- a suspicious custodial death lacks appropriate independent investigation.

Keep torture allegations and identifying information separate from routine prison-visit documentation.

## Relevant Legal Provisions

Constitution, Art 14; Torture and Custodial Death (Prevention and Punishment) Act 2022; applicable implementing Rules; Pakistan Prison Rules 18–20, 979 and 982; NCHR Act 2012, s 9. See *Legal and Technical Reference, Specialist 4*.

# Field Pack

## Field Tool 1

# Core Field Checklist

## Use during every detention visit

Use this checklist during every prison or detention visit.

For fuller guidance on what to observe, ask and verify, refer to the corresponding **Core Topic in the Practical Guide**.

Use a relevant **Specialist Checklist** in addition where the visit involves:

- women or children living with their mothers;
- a child under 18 or uncertainty about age;
- drug dependence, withdrawal or drug-related treatment needs; or
- suspected torture or other serious ill-treatment.

## How to mark findings

**OK** — generally being met

**Partly** — met for some people or areas but not others

**Problem** — not being met or a serious concern exists

**NC** — not checked

**N/A** — not applicable

Where possible, compare:

- what you observe;
- what prisoners tell you privately;
- what staff or health workers tell you; and
- relevant records.

At the end of each topic mark:

**ACT NOW** — immediate risk to life, health, safety or liberty

**FOLLOW UP SOON** — serious concern requiring prompt action

**ROUTINE** — improvement required but not urgent

## A. Before Starting

### Visit information

**Facility:** \_\_\_\_\_

**District/province:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time entered:** \_\_\_\_\_ **Time left:** \_\_\_\_\_

Visit: ☐ Announced ☐ Unannounced

**Monitoring team:** \_\_\_\_\_

**Officer in charge:** \_\_\_\_\_

**Authorised capacity:** \_\_\_\_\_

**People recorded as present:**

\_\_\_\_\_

**People physically accounted for:**

\_\_\_\_\_

Men: \_\_\_\_\_ Women: \_\_\_\_\_ Children under 18: \_\_\_\_\_

Children living with mothers: \_\_\_\_\_

People in hospital/health unit:

\_\_\_\_\_

People in punishment, isolation or separate accommodation:

\_\_\_\_\_

People outside at court, hospital or elsewhere:

\_\_\_\_\_

**Staff on duty:** \_\_\_\_\_

**Areas not accessed:** \_\_\_\_\_

**Records not accessed:** \_\_\_\_\_

**Other restrictions or delays:**

\_\_\_\_\_

## Information to request on arrival

Request, where authorised and applicable:

- ☐ Current population/admission information and authorised capacity
- ☐ Admissions, transfers, releases and deaths during the period reviewed
- ☐ People in hospital or separate/punishment accommodation
- ☐ Recent deaths, serious injuries, self-harm and serious incidents
- ☐ Injury records
- ☐ Medical referrals and emergency transfers
- ☐ Court-production/attendance information
- ☐ Bail, sentence and release records
- ☐ Punishment records and relevant history tickets
- ☐ Relevant orders/records concerning force, restraints or separation
- ☐ Complaint records or tracking arrangements, where maintained
- ☐ Visitors' book and relevant correspondence
- ☐ Family visit/interview and communication records
- ☐ Staff duty rosters

**Record names may differ between provinces and facilities. Ask how the information is actually recorded rather than assuming that a particular register exists.**

## Before a private interview

Remember:

- Speak out of hearing of staff and other prisoners.
- Explain who you are and that participation is voluntary.
- Explain how information may be used and the limits of confidentiality.
- Do not promise an outcome you cannot guarantee.
- Consider retaliation before sharing a name or allegation.

Do not ask about torture, sexual violence or other sensitive matters where others can hear.

## B. Immediate Safety Screen

**Complete this first. Do not wait until the visit is finished before acting on an urgent risk.**

### B1 Medical emergency

Is anyone unconscious, bleeding heavily, having a seizure, struggling to breathe, suffering severe pain or showing another medical emergency?

☐ No ☐ Yes ☐ NC

---

### B2 Severe distress or self-harm

Is anyone at immediate risk of self-harm or suicide, or showing severe distress or confusion requiring urgent health care?

☐ No ☐ Yes ☐ NC

---

### B3 Withdrawal or overdose

Is anyone experiencing possible severe drug/alcohol withdrawal, overdose, seizures, extreme drowsiness, severe shaking, repeated vomiting or another urgent drug-related problem?

☐ No ☐ Yes ☐ NC

---

### B4 Essential treatment interrupted

Has anyone missed essential medicine or treatment in a way that may create an immediate health risk?

☐ No ☐ Yes ☐ NC

---

**B5 Pregnancy or child emergency**

Is a pregnant woman seriously unwell, bleeding, in labour or experiencing another urgent problem?

Is a child living in the facility seriously unwell?

☐ No ☐ Yes ☐ NC

---

**B6 Injury or serious ill-treatment**

Does anyone have an unexplained or serious recent injury, or report torture, sexual violence, beating or a serious threat?

☐ No ☐ Yes ☐ NC

---

**B7 Isolation or restraints**

Is anyone in isolation or restraints who:

- appears injured or seriously distressed;
- cannot summon help;
- cannot obtain water, food, toilet access or necessary medicine; or
- is held in dangerous conditions?

☐ No ☐ Yes ☐ NC

---

**B8 Immediate violence**

Is anyone currently at serious risk of violence from staff or another prisoner?

☐ No ☐ Yes ☐ NC

---

**B9 Child with adults**

Is any child under 18 being held with unrelated adults in circumstances creating an immediate safety risk?

☐ No ☐ Yes ☐ NC

---

**B10 Serious incident**

Has there been a recent death, disappearance, suicide attempt, serious injury, fire, riot or other major incident requiring urgent follow-up?

☐ No ☐ Yes ☐ NC

---

**B11 Emergency referral**

Is urgent medical treatment required but transport or outside referral unavailable or seriously delayed?

☐ No ☐ Yes ☐ NC

---

**Immediate action record**

**Person/area or confidential code:**

\_\_\_\_\_

**Concern:** \_\_\_\_\_

**Who was contacted:** \_\_\_\_\_

**Action requested/taken:** \_\_\_\_\_

**Further action required:** \_\_\_\_\_

## Core Topic 1

# Sleeping Space, Toilets And Water

More guidance → Practical Guide, Core Topic 1

### 1.1 Sleeping space

Does every person have a usable sleeping place with enough room to lie down and safely reach the toilet and exit?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Most crowded area: \_\_\_\_\_

People present: \_\_\_\_\_ Sleeping places: \_\_\_\_\_

### 1.2 Bedding

Does everyone have clean, usable bedding suitable for the weather?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 1.3 Air, light and temperature

Do sleeping areas have adequate ventilation, daylight/artificial light and protection from excessive heat, cold, damp or rain?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 1.4 Safety and cleanliness

Are sleeping areas reasonably clean and safe?

Check for sewage, pests, mould, leaking roofs, dangerous wiring and blocked movement or exits.

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 1.5 Toilets

Are enough toilets working for the number of people using the area?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Working toilets: \_\_\_\_\_ People using them: \_\_\_\_\_

### 1.6 Toilet access

Can people use a toilet when needed, including at night, without payment or improper dependence on another prisoner?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 1.7 Privacy, bathing and hygiene

Do toilet and bathing arrangements provide reasonable privacy, water, soap and basic hygiene?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 1.8 Accessibility

Can older people, people with disabilities and people who are ill safely reach sleeping places, toilets, bathing facilities and water?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 1.9 Drinking water

Is drinking water freely available during the day and night, including in locked or separate areas?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Do people have to pay or rely on family for adequate drinking water?

☐ No ☐ Sometimes ☐ Yes ☐ NC

---

## 1.10 Water safety and interruptions

Is water safely stored and appropriately maintained/tested?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Is there a workable arrangement for supply failures and extreme heat?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### Evidence checked:

☐ Areas observed ☐ Water points ☐ Private interviews  
☐ Staff interviews ☐ Testing/maintenance information ☐ Other records

**Priority:** ☐ ACT NOW ☐ FOLLOW UP SOON ☐ ROUTINE

**Main issue(s):** \_\_\_\_\_

## Core Topic 2

# Food And Nutrition

**More guidance → Practical Guide, Core Topic 2**

### 2.1 Regular and sufficient meals

Are meals provided regularly and in sufficient quantity?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 2.2 Everyone receives food

Do meals reach people who are:

- in hospital;
- held separately;
- unable to collect food themselves; or
- away at court, treatment or authorised work when meals are served?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 2.3 Food quality and safety

Is food reasonably varied, properly cooked and safe to eat?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Meal observed: ☐ Yes ☐ No

## 2.4 Kitchen and storage

Are food preparation, storage, utensils, water supply and serving arrangements reasonably clean and safe?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 2.5 Special dietary needs

Are suitable meals available where required because of:

- health;
- pregnancy/breastfeeding;
- childhood;
- difficulty eating; or
- religious requirements?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 2.6 Assistance

Can people who need assistance collecting or eating food receive it safely and respectfully?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 2.7 Fair access

Does everyone receive their proper portion without payment, extortion or food being taken by staff or other prisoners?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 2.8 Food as punishment

Is food protected from being withheld or reduced as punishment?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### Evidence checked:

☐ Meal observed ☐ Kitchen/stores ☐ Menus/stock information  
☐ Private interviews ☐ Staff interviews ☐ Special-diet arrangements

**Priority:** ☐ ACT NOW ☐ FOLLOW UP SOON ☐ ROUTINE

**Main issue(s):** \_\_\_\_\_

## Core Topic 3

# Treatment By Staff And Protection From Violence

**More guidance → Practical Guide, Core Topic 3**

### 3.1 Everyday treatment

Are people treated without insults, threats, humiliation or discriminatory abuse?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.2 Violence by staff

Are people protected from beating, kicking, slapping or other physical violence or punishment by staff?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.3 Sexual violence and harassment

Are people protected from sexual abuse, sexual harassment, forced nudity and sexual coercion?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.4 Extortion and exploitation

Are people protected from demands for money, property, labour, sexual acts or other favours?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.5 Violence between prisoners

Does the facility identify and respond to bullying, violence, sexual abuse and exploitation between prisoners?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.6 Protection

Can someone seek protection without being ignored, punished or automatically placed in unnecessarily restrictive conditions?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.7 Control by other prisoners

Do staff maintain responsibility for security and services rather than allowing selected prisoners to control, punish or charge others?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.8 Searches and privacy

Are searches conducted respectfully and privately, with appropriate safeguards for intrusive searches?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.9 Use of force

Is force used only where necessary and proportionate?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Where serious force occurred:

- ☐ Incident recorded
- ☐ Injuries examined/recorded
- ☐ Medical attention provided
- ☐ Review/inquiry undertaken where required

### 3.10 Restraints

Where restraints are used:

- is there a specific reason;
- is authorisation recorded;
- is continued use reviewed; and
- are they removed when no longer necessary?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Check the relevant order/record and history ticket rather than assuming a generic “restraint register” exists.

### 3.11 Discipline

Before punishment:

- is the person told the allegation;
- can they respond;
- is the decision taken by an authorised officer; and
- are the decision and duration recorded?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.12 Basic needs during punishment

Are water, food, toilet access, bedding, clothing and necessary health care protected?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.13 Isolation or separate confinement

For each person held apart from others, is there:

- a recorded basis;
- a start and review/end date;
- access to health staff where required;
- ability to summon help;
- exercise/time outside the cell; and
- meaningful human contact?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.14 Safety at night

Can people summon staff at night or in an emergency?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.15 Deaths and serious injuries

For recent deaths or serious injuries, were medical response, family/authority notification and any required inquiry or post-mortem appropriately followed up?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.16 Recording and investigation

Are violence, injuries and serious allegations against staff appropriately recorded, reported and investigated?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.17 Separation

Are:

- women separated from men;
- children separated from unrelated adults;
- under-trial prisoners appropriately separated from convicted prisoners; and
- people facing known threats appropriately protected?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

#### Evidence checked:

- ☐ Private interviews ☐ Cells/barracks ☐ Isolation areas  
☐ Injury/death records ☐ Punishment/history tickets  
☐ Force/restraint records ☐ Incident/inquiry material

**Priority:** ☐ ACT NOW ☐ FOLLOW UP SOON ☐ ROUTINE

**Main issue(s):** \_\_\_\_\_

**Specialist trigger:** Use the **Torture and Other Serious Ill-Treatment Tool** for allegations, unexplained injuries, forced confessions or comparable serious abuse.

## Core Topic 4

# Health Care And Access To Treatment

**More guidance → Practical Guide, Core Topic 4**

### 4.1 Admission health examination

Is every person medically examined as soon as possible after admission and within the applicable required period?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Where relevant, does the assessment identify:

- ☐ Illness/injury
- ☐ Existing medicines/treatment
- ☐ Mental-health/self-harm risk
- ☐ Drug/alcohol withdrawal
- ☐ Pregnancy
- ☐ Disability/support needs
- ☐ Injuries present on admission

### 4.2 Injuries on admission

Are unexplained injuries properly examined, treated and recorded, including injuries following earlier custody?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 4.3 Requesting care

Can people request health care without unofficial payment, punishment or improper interference?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 4.4 Access at night and in separate areas

Can urgent care be obtained at night, on holidays and by people in hospital or separate accommodation?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 4.5 Medical privacy

Can people normally speak with health staff without other prisoners or non-medical staff hearing?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 4.6 Medicines

Are prescribed medicines available and given consistently?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Check shortages, missed doses and interruption after admission or transfer.

#### 4.7 Outside care

When necessary treatment is unavailable inside, is outside hospital or specialist referral arranged without avoidable delay?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

#### 4.8 Mental health and distress

Can people experiencing serious distress or mental-health needs obtain appropriate assessment and support?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

#### 4.9 Infectious diseases

Are infectious diseases identified and treated, with reasonable measures to prevent transmission?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Where medical separation is used, is it clinically justified and reviewed?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

#### 4.10 Equal access

Can everyone obtain health care regardless of legal status, sex, age, disability, nationality, poverty or drug use?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

#### 4.11 Medical directions

Are relevant health recommendations implemented by prison management?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

#### 4.12 Serious illness

Where required, are family and relevant authorities informed of serious illness?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

#### 4.13 Transfer and release

Are essential medicines, treatment information and referrals continued during transfer and release?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

#### Evidence checked:

- ☐ Health unit ☐ Private interviews ☐ Health staff
- ☐ Admission health records ☐ Injury Register
- ☐ Medical Officer's report book ☐ Referral/hospital records
- ☐ Medicine records ☐ Relevant history tickets

**Priority:** ☐ ACT NOW ☐ FOLLOW UP SOON ☐ ROUTINE

**Main issue(s):** \_\_\_\_\_

**Specialist trigger:** Use the **Drug Dependence Tool** where drug use, withdrawal, overdose or drug treatment needs additional assessment.

## Core Topic 5

# Lawyers, Court Attendance And Barriers To Release

**More guidance → Practical Guide, Core Topic 5**

### 5.1 Authority for detention

Is there a current warrant, court order or other lawful authority supporting detention?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 5.2 Records agree

Do the relevant warrant/order, admission information, court dates, sentence information and release calculations agree?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 5.3 Understanding the case

Does the person understand:

- why they are detained;
- whether they are under trial or convicted;
- their next court date;
- relevant bail conditions; and
- their sentence/release position where applicable?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 5.4 Appeals and legal documents

Can prisoners prepare and send appeals, petitions, bail applications and other legal documents without avoidable delay?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Check:

- ☐ Assistance for people who cannot read/write
- ☐ Presentation/dispatch dates recorded
- ☐ Transfer has not interrupted pending legal documents
- ☐ Apparently late appeals are forwarded rather than simply withheld

## 5.5 Access to lawyer

Can prisoners request and obtain access to a lawyer within a reasonable time?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 5.6 Privacy

Can legal consultations take place out of the hearing of staff and other prisoners?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 5.7 Legal assistance

Can people without a lawyer or funds obtain information/referral for available legal assistance?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 5.8 Court dates and production

Are court dates properly recorded and are prisoners produced as required?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

If someone was not produced:

☐ Transport unavailable

☐ Escort unavailable

☐ Illness

☐ Security issue

☐ Court order/date not received

☐ Remote-hearing problem

☐ Other: \_\_\_\_\_

Was the court informed and further direction obtained?

☐ Yes ☐ No ☐ NC

---

## 5.9 Court attendance conditions

During transport/waiting, do prisoners receive necessary food, water, toilet access and essential medicines?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 5.10 Prolonged under-trial detention

Does the prison identify prolonged or repeatedly delayed cases and refer/report them through the applicable review process?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Where applicable, check information required under Rule 395 and resulting follow-up.

### 5.11 Bail granted but person remains detained

Is anyone still detained after bail because of unresolved surety, documentation or another practical barrier?

☐ No ☐ Yes ☐ NC

---

Barrier: \_\_\_\_\_

### 5.12 Release orders

Are release/discharge orders received, checked and acted on promptly?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 5.13 Release calculations

Are release dates calculated, checked and updated after sentence changes, remission or fine payments where applicable?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 5.14 Possible over-detention

Is anyone:

- held after the recorded release date;
- held on expired or unclear authority;
- kept because of unresolved paperwork/warrant problems; or
- apparently detained longer than lawfully authorised?

☐ No ☐ Yes ☐ NC

---

### 5.15 Barriers to release

- ☐ Surety/guarantor
- ☐ Fine
- ☐ Identity documents
- ☐ Court paperwork
- ☐ Confirmation of bail/release
- ☐ Another unresolved case/warrant
- ☐ Difficulty contacting family
- ☐ Other: \_\_\_\_\_

#### Evidence checked:

- ☐ Admission register ☐ Warrants/orders
- ☐ Court-production information ☐ Bail/release orders
- ☐ Release diary/book/calculations ☐ Legal correspondence
- ☐ Interview register/history tickets ☐ Rule 395 information where applicable

**Priority:** ☐ ACT NOW ☐ FOLLOW UP SOON ☐ ROUTINE

**Main issue(s):** \_\_\_\_\_

## Core Topic 6

# Family Contact

**More guidance → Practical Guide, Core Topic 6**

### 6.1 Admission and transfer

Can a prisoner inform family or another chosen person after admission or transfer?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 6.2 Visiting information

Are visiting days, times, identification requirements and procedures clearly communicated?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 6.3 Regular contact

Can prisoners maintain contact through available visits, letters and telephone/other authorised communication?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 6.4 Barriers to visits

Are visits free from:

- unofficial payments;
- unexplained refusal;
- excessive delay;
- discrimination;
- repeated cancellation; and
- rules that families were not told about?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 6.5 Visit conditions

Are visitors treated respectfully and can prisoners and visitors adequately see and hear one another?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 6.6 Hospital/separate accommodation

Can people in hospital, punishment or other separate accommodation maintain permitted family contact?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 6.7 Letters

Can prisoners obtain necessary writing materials, assistance and applicable postage?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 6.8 Telephone/other communication

Where available, does the service:

- function;
- provide reasonably fair access; and
- have affordable/explained charges?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 6.9 Restrictions

Where contact is refused or restricted, is there a recorded reason and appropriate review?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 6.10 Family emergencies

Can additional or urgent contact be considered for serious illness, bereavement or another important family emergency?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 6.11 Serious illness or death

Where required, are appropriate relatives/contacts informed promptly?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 6.12 People without nearby family

Are reasonable alternatives considered for people whose families live far away or who have little/no family support?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 6.13 Unsafe contact

Before contacting family on someone's behalf, is their preference considered where contact could expose them or another person to harm?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### Evidence checked:

- ☐ Private interviews ☐ Visit area/information
- ☐ Interview/visit records ☐ History tickets
- ☐ Correspondence records ☐ Telephone information where maintained
- ☐ Refusal/restriction records

**Priority:** ☐ ACT NOW ☐ FOLLOW UP SOON ☐ ROUTINE

**Main issue(s):** \_\_\_\_\_

## Core Topic 7

# Complaints And Protection From Retaliation

**More guidance → Practical Guide, Core Topic 7**

### 7.1 Knowing how to complain

Are people told how and where they can raise a request or complaint?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 7.2 Accessibility

Can someone who cannot read/write, has a disability or needs communication assistance make a complaint?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 7.3 Internal complaint routes

Can prisoners raise complaints with appropriate prison officers?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 7.4 Urgent complaints

Is there a practical way to raise an urgent complaint without waiting for the ordinary complaint/request routine?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 7.5 Outside complaint routes

Can prisoners raise permitted complaints or representations with authorised visitors or appropriate outside authorities?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 7.6 Complaint concerning a senior officer

Is there a route that does not require a complaint concerning the Superintendent or another senior officer to be dealt with solely by the person complained against?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 7.7 Confidentiality and control

Can prisoners complain without the complaint being unnecessarily seen, blocked or controlled by:

- the person complained against;
- another staff member; or
- another prisoner?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 7.8 Complaint mechanisms

Where complaint boxes, telephone services or another mechanism operates, is it accessible and handled by the appropriate authorised person/body?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 7.9 Recording and tracking

Can the facility show how complaints are recorded/tracked and what happened afterwards?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Check the system actually maintained. Do not assume a document called a “complaint register” exists.

## 7.10 Response

Are complaints dealt with within a reasonable period, and can unresolved matters be raised again or referred elsewhere?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 7.11 Fear of retaliation

During private interviews:

- ☐ No concern reported
- ☐ Some concern reported
- ☐ Serious concern reported
- ☐ NC

### 7.12 Possible retaliation

After a complaint or monitoring interview, is there evidence of:

- ☐ Threats
- ☐ Assault
- ☐ Unexplained transfer
- ☐ Isolation
- ☐ Disciplinary punishment
- ☐ Loss of work/programmes
- ☐ Interference with family/legal contact
- ☐ Loss of other services/privileges
- ☐ None identified

### 7.13 Response to retaliation

Where retaliation is alleged, is it assessed and acted upon?

- ☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A
- 

### 7.14 Serious violence, torture or sexual abuse

Where a complaint concerns serious violence or abuse, have appropriate steps been taken to:

- ☐ Protect the person
- ☐ Arrange necessary medical attention
- ☐ Preserve relevant records/evidence
- ☐ Avoid leaving the matter solely with an implicated official
- ☐ Refer through the appropriate independent/legal process

Overall:

- ☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A
-

### 7.15 Safety after speaking with monitors

Has the team considered whether anyone interviewed may face retaliation?

☐ Yes ☐ No ☐ N/A

---

**Evidence checked:**

- ☐ Private interviews ☐ Complaint information/mechanisms
- ☐ Complaint records/tracking arrangements where maintained
- ☐ Superintendent's orders/history tickets
- ☐ Visitors' book/correspondence ☐ Inquiry material where authorised

**Priority:** ☐ ACT NOW ☐ FOLLOW UP SOON ☐ ROUTINE

**Main issue(s):** \_\_\_\_\_

## C. Before Leaving

Before leaving confirm:

- ☐ Urgent health/safety concerns were acted on or safely referred
- ☐ Where help was requested, the team checked whether it reached the person
- ☐ Retaliation risks were considered
- ☐ Sensitive allegations were not disclosed to someone implicated
- ☐ Areas/records/interviews that could not be accessed were recorded
- ☐ Missing information/documents were recorded
- ☐ Issues that could safely be raised with management were raised
- ☐ Management commitments were recorded
- ☐ Relevant specialist tools were completed or flagged

## Urgent matters

| Concern/code | Person/area | Who was contacted | Action agreed/taken | Deadline |
|--------------|-------------|-------------------|---------------------|----------|
|              |             |                   |                     |          |
|              |             |                   |                     |          |

### Information/records still required:

---

---

### Access restrictions:

---

---

### Confidential follow-up required:

---

---

Use the separate **Post-Visit Report** for recommendations, responsible authorities, deadlines and verification.

## D. Specialist Tool Triggers

### Women and children living with them

Use if:

- ☐ Women are held
- ☐ A woman is pregnant/breastfeeding
- ☐ A child lives with their mother
- ☐ Women's staffing, privacy or searches require additional assessment
- ☐ Menstrual/reproductive-health needs arise
- ☐ A child's care/separation from mother requires assessment

### Children in detention

Use if:

- ☐ A person under 18 is detained
- ☐ A person says they are under 18
- ☐ Age is uncertain/disputed
- ☐ A child is held with adults
- ☐ Bail/diversion/prolonged detention requires assessment
- ☐ Education, rehabilitation, probation/family support or safety requires assessment

## Drug dependence

Use if:

- ☐ Withdrawal/dependence is identified
- ☐ Drug-dependence treatment is needed
- ☐ Existing treatment was interrupted
- ☐ Overdose/high overdose risk exists
- ☐ Forced/harmful treatment is reported
- ☐ Drug use is causing stigma/punishment/inappropriate segregation
- ☐ Drug-related infectious-disease/harm-reduction needs arise
- ☐ Continuity of care on transfer/release is a concern

## Torture or serious ill-treatment

Use if:

- ☐ Torture/serious ill-treatment is alleged
- ☐ There is an unexplained injury
- ☐ Injury may have occurred in earlier custody
- ☐ A prisoner shows serious fear of particular officials
- ☐ Records conflict with the person's account
- ☐ Force/restraints/isolation/punishment may have caused serious harm
- ☐ Sexual violence is alleged
- ☐ Coercion to obtain information/confession is alleged
- ☐ A serious complaint may be with an inappropriate/implicated authority
- ☐ There is a suspicious custodial death or life-threatening injury

## Field Tool 2

# Women In Detention And Children Living With Them

Use **in addition to the Core Field Checklist** whenever adult women are held.

For girls under 18, also use **Field Tool 3: Children in Detention**.

Do not repeat general checks already completed under the seven core topics.

## 1. Placement, privacy and women staff

### 1.1 Separation

Are women appropriately separated from male prisoners without this resulting in unnecessary isolation or poorer services?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 1.2 Women staff

Are women staff available in the women's area during the day and at night?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 1.3 Male entry and privacy

Where male staff/others enter women's areas, is entry controlled and privacy protected?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Can male staff see women bathing, changing or using toilets?

☐ No ☐ Sometimes ☐ Yes ☐ NC

---

### 1.4 Equal access

Do women have reasonable access to health care, exercise, education, work and other activities?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 1.5 Placement and family contact

Is the effect of placement/transfer on contact with children and family considered?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 2. Menstruation and women-specific health needs

### 2.1 Menstrual products

Are appropriate menstrual products available free of charge when needed, including at night?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 2.2 Washing and disposal

Are there adequate water, privacy and hygienic disposal arrangements?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 2.3 Reproductive/sexual health

Can women obtain appropriate reproductive and sexual-health care?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 2.4 Woman health professional

Can a woman request a woman doctor or other woman health professional where available or reasonably arrangeable?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 2.5 Confidentiality

Are sensitive health examinations and information appropriately private?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

# 3. Searches, restraints and discipline

## 3.1 Searches

Are women personally searched by women staff?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Are searches conducted privately and without unnecessary humiliation?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.2 Intrusive searches

Where intrusive searches occur, are appropriate safeguards followed?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.3 Pregnancy and restraints

Have restraints been avoided during labour, childbirth and immediately afterwards?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.4 Isolation

Is any pregnant/breastfeeding woman or woman caring for an infant in punitive isolation or another arrangement posing harm?

☐ No ☐ Yes ☐ NC

---

### 3.5 Basic needs as punishment

Have food, health care, menstrual products or contact with children been restricted as punishment?

☐ No ☐ Yes ☐ NC

---

**Use Field Tool 5 where sexual violence, torture or serious ill-treatment is alleged.**

## 4. Pregnancy, childbirth and breastfeeding

### 4.1 Antenatal care

Are pregnancies identified and appropriate antenatal care arranged?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 4.2 Appointments and treatment

Are recommended appointments, tests, medicines, food and supplements provided without avoidable delay?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 4.3 Delivery plan

Is there a clear plan for childbirth at an appropriate health facility?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 4.4 Emergency transport

Can urgent maternity care/transport be arranged if labour begins unexpectedly?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 4.5 Required reporting/referral

Where applicable, have required reports concerning advanced pregnancy and court referral for an under-trial woman been made?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

#### 4.6 Postnatal/breastfeeding care

Is appropriate postnatal and breastfeeding support available?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 5. Children living with their mothers

**A child living with their mother is not a prisoner.**

Number of children: \_\_\_\_\_

Ages: \_\_\_\_\_

#### 5.1 Child-specific needs

Are suitable arrangements provided for:

☐ Sleeping

☐ Clothing

☐ Food

☐ Hygiene

Overall:

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

#### 5.2 Health

Do children have appropriate health care, vaccination and routine checks?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 5.3 Development

Do children have safe opportunities to play, move and develop?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 5.4 Education

Where school-age children are present, is appropriate education available?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 5.5 Childcare

Can mothers attend court, health appointments and appropriate activities without leaving the child without suitable care?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 5.6 Applicable age rule

Has the team identified the **current provincial rule** being applied to determine how long the child may remain?

☐ Yes ☐ No ☐ NC

---

Do not assume one national age limit.

## 5.7 Separation planning

If a child may soon leave:

- ☐ Mother informed/involved
- ☐ Proposed carer/placement identified
- ☐ Safety considered
- ☐ Welfare/child-protection involvement where needed
- ☐ Continued mother-child contact considered

Overall:

- ☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Do not assume a specific “child register” exists. Ask how information about children is actually maintained.

## 6. Children outside prison and safe release

### 6.1 Contact

Can women maintain appropriate contact with children outside prison?

- ☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

### 6.2 Decisions

Can women participate, where possible, in important decisions affecting their children?

- ☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

### 6.3 Safe return

Before release, is it considered whether returning home/family may expose the woman or children to harm?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 6.4 Support

Where needed, are referrals considered for accommodation, health care, documents, legal assistance, livelihood or reconnecting with children?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## Priority

Act promptly if:

- ☐ Serious pregnancy/labour emergency lacks care
- ☐ Urgent maternity referral is delayed
- ☐ Restraints used during labour/birth/immediately afterwards
- ☐ Ongoing sexual violence/serious threat
- ☐ Serious abusive search practice
- ☐ Harmful isolation of pregnant/breastfeeding woman or mother with infant
- ☐ Child lacks urgent food/water/health care/safe accommodation
- ☐ Child is seriously ill/at immediate risk
- ☐ Child may leave without safe care arrangements
- ☐ Proposed family contact/placement creates risk of violence

### Evidence checked:

- ☐ Women/mothers interviewed privately ☐ Areas observed
- ☐ Staff/health staff ☐ Rosters/placement records
- ☐ Health/referral records ☐ Child/welfare records where maintained

**Priority:** ☐ ACT NOW ☐ FOLLOW UP SOON ☐ ROUTINE

**Main issue(s):** \_\_\_\_\_

## Field Tool 3

# Children In Detention

Use whenever a person **under 18** is detained or their age is uncertain.

For girls, also use relevant parts of Field Tool 2.

## 1. Age, legal status and placement

### 1.1 Age recorded

Is age/date of birth clearly recorded?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Recorded age: \_\_\_\_\_

### 1.2 Age uncertain/disputed

Where age is disputed or undocumented, has appropriate age determination been undertaken?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Evidence used:

☐ Birth record

☐ School record

☐ Other document

☐ Medical assessment

☐ Court finding

### 1.3 Correct placement

Is the child held in an appropriate juvenile facility/area rather than an ordinary adult barrack or unsuitable place?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Is the facility/area appropriately established or certified for juveniles?

☐ Yes ☐ No ☐ NC

---

### 1.4 Separation from adults

Is the child effectively separated from unrelated adults?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 1.5 Legal assistance

Has the child obtained legal assistance and been informed of their rights in an age-appropriate way?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 1.6 Bail/diversion/prolonged detention

Has the case been considered for available bail, diversion, probation or another alternative?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Has the child spent more than six continuous months detained while trial remains incomplete?

☐ No ☐ Yes ☐ NC

---

If yes, has continued detention/bail been legally reviewed?

☐ Yes ☐ No ☐ NC

---

## 2. Safety, restraints and punishment

### 2.1 Adult control

Does any adult prisoner supervise, discipline or exercise inappropriate authority over children?

☐ No ☐ Yes ☐ NC

---

### 2.2 Violence/exploitation

Are children protected from:

- ☐ Violence
- ☐ Bullying
- ☐ Sexual abuse
- ☐ Extortion
- ☐ Forced labour
- ☐ Humiliation

Overall:

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 2.3 Restraints

Has any child been handcuffed, fettered or otherwise restrained?

☐ No ☐ Yes ☐ NC

---

If yes:

Reason: \_\_\_\_\_

Duration: \_\_\_\_\_

Authorisation/record checked: ☐ Yes ☐ No

## 2.4 Solitary/separate confinement

Has any child been held alone or in isolation?

☐ No ☐ Yes ☐ NC

---

Reason: \_\_\_\_\_

Duration: \_\_\_\_\_

Recorded/reviewed: ☐ Yes ☐ No

**Any child in solitary confinement requires serious protection review.**

## 2.5 Corporal/humiliating punishment

Has any child reported corporal punishment, humiliation or deprivation of basic needs?

☐ No ☐ Yes ☐ NC

---

## 2.6 Safe complaint

Can the child safely report harm?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 3. Education, activity and development

### 3.1 Education

Does the child regularly receive education appropriate to age and previous schooling?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.2 Progression

Can the child continue towards recognised schooling, examinations or qualifications where relevant?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.3 Vocational training

Is useful vocational training available as rehabilitation rather than compulsory prison labour?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.4 Exercise/recreation

Does the child have regular:

- ☐ Outdoor activity
- ☐ Exercise/sport
- ☐ Recreation/play
- ☐ Meaningful time outside sleeping accommodation

Overall:

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 4. Family, probation and release

### 4.1 Guardian informed

Is a parent/guardian or another appropriate person aware of the detention?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 4.2 Family contact

Can the child maintain appropriate contact with family or another safe person?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 4.3 Probation/social welfare

Is a probation or relevant social-welfare officer involved where required?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 4.4 Release planning

Before release, is there planning for:

☐ Safe accommodation

☐ Education

☐ Training/work

☐ Identity documents

☐ Health care

☐ Family/community support

Overall:

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 4.5 Safe return

Where returning to family may be unsafe, is an appropriate child-protection/welfare response considered?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

# 5. Girls

## 5.1 Placement

Is the girl held separately from boys/adults in an appropriately designated/certified setting?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 5.2 Women staff

Are appropriately trained women staff available?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 5.3 Supervision/probation

Are applicable protections concerning female supervision/probation followed?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

Use Field Tool 2 for additional checks on searches, menstruation, reproductive health, sexual violence and pregnancy.

## Priority

Act promptly if:

- ☐ Possible child treated as adult without proper age determination
- ☐ Child held with adults and at risk
- ☐ Necessary legal assistance absent
- ☐ Prolonged detention not reviewed
- ☐ Child in solitary confinement or harmful/prohibited restraints
- ☐ Corporal punishment
- ☐ Ongoing violence, sexual abuse or torture
- ☐ Forced labour
- ☐ Seriously ill/distressed child lacks care
- ☐ Girl held in inappropriate facility

### Evidence checked:

- ☐ Child interviewed privately ☐ Juvenile area observed
- ☐ Age/court records ☐ Placement records
- ☐ Punishment/restraint/injury records
- ☐ Education records ☐ Probation/welfare information

**Priority:** ☐ ACT NOW ☐ FOLLOW UP SOON ☐ ROUTINE

**Main issue(s):** \_\_\_\_\_

## Field Tool 4

# Drug Dependence And Drug-Related Health Needs

Use where a prisoner may be experiencing withdrawal, reports drug dependence, needs drug-related treatment/referral or faces a related health/protection risk.

Do **not** assume dependence because someone is charged with a drug offence.

## 1. Withdrawal and urgent health needs

### 1.1 Admission screening

Was the person asked by health staff about recent drug/alcohol use, regular medicines and possible withdrawal?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 1.2 Medical assessment

Where withdrawal/dependence was identified, was the person medically assessed?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 1.3 Monitoring

Can a person experiencing withdrawal be appropriately monitored and summon help?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 1.4 Referral

Where the prison cannot safely manage the condition, can timely outside care be arranged?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

**Urgent signs include seizures, severe confusion, loss of consciousness, breathing difficulty, extreme agitation, repeated vomiting or severe dehydration.**

## 2. Treatment, medicines and consent

### 2.1 Services actually available

- ☐ Medical treatment
- ☐ Withdrawal management
- ☐ Counselling
- ☐ Psychological support
- ☐ Group/peer support
- ☐ Rehabilitation programme
- ☐ Outside referral
- ☐ None identified
- ☐ Other: \_\_\_\_\_

### 2.2 Individual assessment

Is treatment based on individual health needs rather than offence/label alone?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 2.3 Continuity

Was existing treatment continued or appropriately reviewed?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 2.4 Payment

Does the person have to pay unofficially or rely on family for essential treatment?

☐ No ☐ Sometimes ☐ Yes ☐ NC

---

## 2.5 Consent

Is treatment/counselling explained and, except for legitimate emergency care, based on informed participation rather than punishment or coercion?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 2.6 Confidentiality

Can the person discuss drug use with health staff without unnecessary disclosure to custody staff?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3. Overdose, infectious disease and harm reduction

#### 3.1 Overdose response

Do staff know how to respond to suspected overdose and obtain urgent medical care?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

#### 3.2 Naloxone

Is naloxone available?

☐ Yes ☐ No ☐ NC

---

If not, what emergency response exists?

---

---

#### 3.3 HIV, hepatitis and TB

Are voluntary/confidential testing and appropriate treatment accessible?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

#### 3.4 Treatment continuity

Is existing HIV, TB, hepatitis or other essential treatment continued?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.5 Risk information

Do prisoners receive understandable information about overdose and reducing drug-related health risks?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 3.6 Harm-reduction services

Available:

☐ Overdose information

☐ Naloxone

☐ HIV/hepatitis services

☐ Opioid agonist treatment

☐ Needle/syringe programme

☐ Other: \_\_\_\_\_

☐ None identified

Where a service such as OAT, naloxone or a needle/syringe programme is unavailable, record it as a **system-level gap** rather than assuming the individual prison can introduce it.

## 4. Stigma, segregation and punishment

### 4.1 Placement

Is placement in a rehabilitation/separate barrack based on an individual assessment?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 4.2 Conditions

Does this placement result in poorer conditions or loss of ordinary services?

☐ No ☐ Sometimes ☐ Yes ☐ NC

---

## 4.3 Withdrawal as misconduct

Are withdrawal or distress treated primarily as disciplinary misconduct?

☐ No ☐ Sometimes ☐ Yes ☐ NC

---

## 4.4 Seeking care

Has anyone been punished/disadvantaged for seeking treatment or disclosing drug use to health staff?

☐ No ☐ Yes ☐ NC

---

## 4.5 Refusal/relapse

Does refusing a programme or relapse lead to punishment unrelated to legitimate disciplinary concerns?

☐ No ☐ Sometimes ☐ Yes ☐ NC

---

## 4.6 Equal access

Can people with drug dependence use ordinary health, family, legal and other services?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## 5. Transfer and release

### 5.1 Transfer

Does necessary treatment continue on transfer?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 5.2 Release referral

Where continuing care is needed, is the person linked to an available community/government/NGO service?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 5.3 Medicines/information

Does the person leave with necessary medicines, prescriptions or referral information where possible?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

### 5.4 Overdose after release

Where relevant, is increased overdose risk after reduced opioid use explained?

☐ OK ☐ Partly ☐ Problem ☐ NC ☐ N/A

---

## Priority

Act urgently if:

- ☐ Dangerous withdrawal
- ☐ Suspected overdose
- ☐ Seizure/unconsciousness/breathing difficulty/severe dehydration
- ☐ Necessary care deliberately withheld as punishment/coercion
- ☐ Dangerous interruption of essential medication
- ☐ Pregnant woman with withdrawal/dependence lacks urgent assessment
- ☐ Severe distress/self-harm risk
- ☐ Violence/forced treatment/serious humiliation connected with dependence
- ☐ Outside treatment recommended but dangerously delayed

### Evidence checked:

- ☐ Private interview ☐ Health staff
- ☐ Admission/treatment records ☐ Prescriptions/stock
- ☐ Referral/transport records ☐ Rehabilitation records where maintained
- ☐ Placement/punishment records

**System-level gap(s):** \_\_\_\_\_

**Priority:** ☐ ACT NOW ☐ FOLLOW UP SOON ☐ ROUTINE

**Main issue(s):** \_\_\_\_\_

## Field Tool 5

# Torture And Other Serious Ill-Treatment

Use for:

- alleged torture or serious ill-treatment;
- unexplained injury;
- alleged abuse during arrest, police custody, transport, interrogation or imprisonment;
- custodial sexual violence;
- alleged coercion to obtain information/confession;
- serious retaliation; or
- suspicious serious injury/death.

**Use one confidential sheet for each individual allegation or incident where possible.**

This is a monitoring tool, **not a criminal or forensic investigation.**

## A. Immediate safety

**Person/confidential code:** \_\_\_\_\_

**Current location:** \_\_\_\_\_

### A1 Urgent medical need

Does the person require urgent medical treatment?

☐ No ☐ Yes ☐ Uncertain

**A2 Current danger**

Is the person still at risk from the alleged perpetrator or another person?

☐ No ☐ Yes ☐ Uncertain

---

**A3 Retaliation**

Has the person been threatened, punished, moved or pressured because they complained or spoke about what happened?

☐ No ☐ Yes ☐ Uncertain

---

**A4 Control by alleged perpetrator**

Does an alleged/implicated official still directly control the person, complaint or relevant evidence?

☐ No ☐ Yes ☐ Uncertain

---

**If immediate danger exists, act before completing the rest of the sheet.**

**B. Injury on admission / earlier custody****B1 Injury identified**

Was an injury visible or reported on arrival?

☐ No ☐ Yes ☐ NC

---

**B2 Medical examination**

Was the person medically examined promptly?

☐ Yes ☐ No ☐ NC

---

**B3 Injury documentation**

Was the injury entered in the Injury Register and other applicable admission/medical records?

☐ Yes ☐ No ☐ NC

---

**B4 Earlier medico-legal record**

Was an earlier medico-legal/medical record available?

☐ Yes ☐ No ☐ NC

---

**B5 Records correspond**

Do the prison admission findings, earlier medical documentation and the person's account broadly correspond?

☐ Yes ☐ Partly ☐ No ☐ NC

---

Difference identified:

---

---

**B6 Privacy**

Could the person speak with health staff without implicated officers overhearing?

☐ Yes ☐ No ☐ NC

---

**C. Safe interview**

Before continuing:

- ☐ Conversation is private
- ☐ Participation is voluntary
- ☐ Limits of confidentiality explained
- ☐ Retaliation risk considered
- ☐ Safe interpreter/communication support arranged where needed

**C1 Short account**

Record the essential account in the person's own words where possible:

---

---

**C2 When and where?**

---

---

**C3 Witnesses/other evidence**

Did anyone see or hear what happened?

☐ No ☐ Yes ☐ Unknown

---

Relevant records/photos/other information mentioned:

---

---

#### C4 Previous disclosure

Person has already told:

- ☐ Court/Magistrate
- ☐ Lawyer
- ☐ Health professional
- ☐ Prison official
- ☐ FIA
- ☐ NCHR
- ☐ Family/other
- ☐ Nobody

#### C5 What does the person want now?

- ☐ Medical care
- ☐ Protection
- ☐ Legal assistance
- ☐ Formal complaint/referral
- ☐ NCHR contact
- ☐ Other: \_\_\_\_\_

Is there anyone they do **not** want informed?

---

---

Do not repeatedly ask for painful details or assume inconsistency means an allegation is false.

## D. Medical documentation

### D1 Treatment

Were injuries/other health effects treated?

☐ Yes ☐ Partly ☐ No ☐ NC

---

### D2 Account recorded

Did the health record document the person's explanation of how injuries/symptoms occurred?

☐ Yes ☐ No ☐ NC

---

### D3 Physical and psychological effects

Were both considered where relevant?

☐ Yes ☐ No ☐ NC

---

### D4 Independent examination

Was an independent medico-legal/specialist examination arranged where required?

☐ Yes ☐ No ☐ N/A ☐ NC

---

### D5 Privacy/confidentiality

Were examination and records appropriately private?

☐ OK ☐ Partly ☐ Problem ☐ NC

---

## D6 Consent

Where photographs or sensitive examinations occurred, was appropriate consent obtained?

☐ Yes ☐ No ☐ NC ☐ N/A

---

A monitoring officer should not conduct an Istanbul Protocol examination unless appropriately qualified.

## E. Check against other records

Where relevant:

- ☐ Admission record/time
- ☐ Injury Register
- ☐ History ticket
- ☐ Gate/movement records
- ☐ Police/court custody documents
- ☐ Medical/hospital records
- ☐ Punishment records
- ☐ Restraint/isolation records
- ☐ Duty roster
- ☐ Incident reports
- ☐ Escort/transfer records
- ☐ Complaint/correspondence records
- ☐ CCTV/video where available
- ☐ Death/post-mortem records

Possible concern:

- ☐ Injury appeared between stages of custody
- ☐ Missing/altered entries
- ☐ Delay before medical examination
- ☐ Different accounts between medical records
- ☐ Unexplained movement/location
- ☐ Relevant CCTV unavailable/missing
- ☐ Repeated complaints involving same official(s)
- ☐ Other: \_\_\_\_\_

Do not delay care or protection while seeking corroboration.

## F. Complaint, referral and investigation

### F1 Formal referral wanted?

☐ Yes ☐ No ☐ Not yet decided

---

### F2 Previous complaint?

☐ No ☐ Yes

---

To whom? \_\_\_\_\_

Outcome/status: \_\_\_\_\_

### F3 Appropriate legal route

Where the allegation falls under the **Torture and Custodial Death (Prevention and Punishment) Act 2022**, has the matter been referred through the legally appropriate process?

☐ Yes ☐ No ☐ NC ☐ Not yet applicable

---

For offences under the Act, criminal investigation lies with **FIA under NCHR supervision**.

An internal inquiry by implicated police/prison officials is not a substitute for the statutory investigation.

### F4 Nchr

Has NCHR been informed/involved where appropriate?

☐ Yes ☐ No ☐ NC ☐ N/A

---

### F5 Medical/forensic referral

Has required medical/forensic examination been arranged?

☐ Yes ☐ No ☐ NC ☐ N/A

---

### F6 Evidence preservation

Have relevant records/evidence been preserved?

☐ Yes ☐ Partly ☐ No ☐ NC

---

## F7 Protection

Has protection from the alleged perpetrator/retaliation been considered?

☐ Yes ☐ No ☐ NC

---

Protection should not automatically mean punitive isolation.

## G. Retaliation

Since the complaint/allegation:

- ☐ Threats
- ☐ Assault
- ☐ Sudden transfer
- ☐ Isolation
- ☐ New disciplinary action
- ☐ Loss of work/programmes
- ☐ Interference with lawyer contact
- ☐ Interference with family contact
- ☐ Pressure to withdraw/change account
- ☐ Further violence
- ☐ None reported
- ☐ Other: \_\_\_\_\_

Does this require urgent protection?

☐ No ☐ Yes ☐ Uncertain

---

## H. Custodial death or life-threatening injury

Complete where relevant.

### H1 Timeline

Last known well: \_\_\_\_\_

Injury/deterioration identified:

\_\_\_\_\_

Medical help requested: \_\_\_\_\_

Treatment provided: \_\_\_\_\_

### H2 Key checks

- ☐ Hospital transfer considered/completed
- ☐ Family informed where required
- ☐ Post-mortem conducted where required
- ☐ Medical records preserved
- ☐ CCTV/other evidence preserved where available
- ☐ FIA referral made where applicable
- ☐ NCHR informed/involved where applicable
- ☐ Potentially implicated officials not controlling evidence/witnesses

## Immediate action triggers

Act promptly where:

- ☐ Torture/serious ill-treatment appears ongoing
- ☐ Person remains under alleged perpetrator's control
- ☐ Urgent injuries are untreated
- ☐ Serious self-harm/suicide risk
- ☐ Custodial sexual violence alleged
- ☐ Complainant/witness is threatened
- ☐ Important evidence may be lost/altered
- ☐ Unexplained admission injuries were not recorded/referred
- ☐ Serious allegation remains with implicated officials
- ☐ Allegation ignored because no visible injury
- ☐ Suspicious custodial death lacks appropriate independent investigation/referral

### Action

- ☐ Urgent medical care
- ☐ Protection action
- ☐ NCHR pathway
- ☐ FIA referral/investigation
- ☐ Legal assistance
- ☐ Evidence preservation
- ☐ Other: \_\_\_\_\_

**Responsible person/authority:**

\_\_\_\_\_

**Deadline:** \_\_\_\_\_

**How will safety be checked again?**

\_\_\_\_\_  
\_\_\_\_\_

Keep this tool **separate from the general visit record**. Do not include identifying information about a torture complainant in material routinely shared with prison management.

## Field Tool 6

# Urgent Contact Sheet

Complete this sheet before each visit. Confirm that the contacts are available and able to help. Keep it with you during the visit.

**Prison and location:** \_\_\_\_\_

**Date of visit:** \_\_\_\_\_

**Visiting organisation:** \_\_\_\_\_

**Person completing this sheet:**

\_\_\_\_\_

### 1 Person coordinating urgent referrals

This person will help arrange assistance and check what happened. If you are visiting alone, identify someone who will be available by telephone.

**Name and role:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Alternative contact and telephone:**

\_\_\_\_\_

### 2 Urgent medical care

#### Prison medical officer or health contact

Name and role: \_\_\_\_\_

Telephone or way to reach them during the visit:

\_\_\_\_\_

#### Hospital or emergency service

Name and location: \_\_\_\_\_

Telephone: \_\_\_\_\_

How urgent care or transport will be arranged:

\_\_\_\_\_

### 3 Protection from abuse or threats

Identify a contact outside the prison who can help if prison staff may be involved in the harm or approaching them could increase the danger. Depending on the visiting mandate, this may be an NCHR contact, a relevant judicial authority or a lawyer able to seek urgent intervention.

**Name and role:** \_\_\_\_\_

**Organisation or authority:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**What help can they provide?**

\_\_\_\_\_

**Alternative contact and telephone:**

\_\_\_\_\_

### 4 Children at risk

**Child protection contact and authority:**

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Alternative contact and telephone:**

\_\_\_\_\_

### 5 Urgent legal assistance

**Lawyer or legal aid organisation:**

\_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**What help can they provide?**

\_\_\_\_\_

### Check before the visit

☐ Contact details and availability have been confirmed.

\_\_\_\_\_

☐ The team knows who will coordinate urgent referrals.

---

☐ There is an alternative if the main protection contact cannot be reached.

---

☐ The team knows how to seek urgent medical care.

---

☐ The sheet is available to everyone who may need it.

---

If a contact or service could not be confirmed, record the gap and agree how the team will seek help:

---

---

**Protect personal information.** This sheet is for contacts and referral arrangements. Record prisoners' names, allegations and medical details separately and securely. When seeking help, share only the information needed for a safe response.

## Field Tool 7

# Post-Visit Report

Complete this record after the visit, using the team's notes. Record urgent action as soon as it is taken.

**Prison and location:** \_\_\_\_\_

**Date of visit:** \_\_\_\_\_

**Visiting organisation and team:**  
\_\_\_\_\_

**Person responsible for coordinating follow-up:**  
\_\_\_\_\_

### 1 Main findings

Briefly summarise the priority concerns. Include where the problem occurs and who is affected. Refer to the relevant checklist or finding number for supporting evidence.

---

---

---

### 2 Action and follow-up

Use one row for each action. If a concern requires several actions by different people or authorities, record them separately.

| Concern or finding reference | Action needed | Person or authority responsible | Deadline | How we will check completion | Progress and next step |
|------------------------------|---------------|---------------------------------|----------|------------------------------|------------------------|
|                              |               |                                 |          |                              |                        |
|                              |               |                                 |          |                              |                        |
|                              |               |                                 |          |                              |                        |
|                              |               |                                 |          |                              |                        |

Describe actions clearly. For example: “Repair the two blocked toilets in Barrack 3” is more useful than “Improve sanitation.”

Mark each action as **urgent**, **a priority for early follow-up**, or **routine**. An urgent concern should be addressed during the visit where possible, without waiting for this form to be completed.

### 3 Discussion with prison management

**Who did the team meet, and when?**

---



---

**What concerns were raised, and what response or commitment was given?**

---



---

**Were any concerns withheld because raising them could put someone at risk?**

- ☐ No
- ☐ Yes — record details separately and securely.

**4 Matters still to be checked**

Record missing information, conflicting accounts or restrictions on access that need further attention.

---

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**5 Next follow-up**

**Date of next review:** \_\_\_\_\_

**Who will follow up:** \_\_\_\_\_

**Method:**

- ☐ Telephone or correspondence
- ☐ Documents or records
- ☐ Follow-up visit
- ☐ Other: \_\_\_\_\_

An assurance that action has been taken is not enough to close a concern. Record how completion was checked and whether the problem was resolved.

**Keep this record safe.** Do not include prisoners' names, confidential allegations or medical details. Use a finding reference or case code where necessary. Before sharing the record, check whether its contents could identify or expose anyone who spoke with the team.

# Legal and Technical Reference: Detention Monitoring in Pakistan

Companion to A Practical Guide to Prison Visits in Pakistan

## How to use this reference

This reference explains the principal legal and technical basis for the questions in the Practical Guide and Field Pack.

It is designed to help monitoring teams answer three different questions:

### 1. What does Pakistani law or prison regulation require?

These are domestic legal requirements that can support a monitoring finding.

### 2. What do international human-rights standards add?

In some areas, Pakistani law is silent, incomplete or based on older standards. International standards are identified as an additional monitoring benchmark rather than presented as though they are domestic statutory requirements.

### 3. What needs provincial verification?

Prison administration is provincial. The Pakistan Prison Rules 1978 remain an important reference and are currently listed in Punjab's legal framework, but provincial legislation, amendments, notifications and administrative instructions may modify or replace parts of the older framework. Sindh has a separate Prisons and Corrections Services Act 2019 and Rules. The applicable position should therefore be checked for the province in which the visit takes place.

This is a **monitoring cross-reference guide**, not a substitute for checking the latest gazetted law in an individual case.

**Sources checked: October 2026.**

# Overarching Legal Framework

## Constitution of Pakistan

The constitutional framework applies across the toolkit.

Particularly relevant provisions include:

| Provision            | Relevance to detention monitoring                                                                                                                                                                                 |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Article 9</b>     | No person may be deprived of life or liberty except in accordance with law. Relevant to lawful detention, over-detention, health and serious risks to life.                                                       |
| <b>Article 10</b>    | Safeguards concerning arrest and detention, including information about the grounds of arrest, access to legal counsel and judicial production, subject to the constitutional provisions on preventive detention. |
| <b>Article 10A</b>   | Right to a fair trial and due process. Relevant to legal assistance, court attendance and case processing.                                                                                                        |
| <b>Article 11</b>    | Prohibits forced labour. Compulsory service permitted by law cannot be cruel or incompatible with human dignity.                                                                                                  |
| <b>Article 14(1)</b> | Protects the dignity of the person.                                                                                                                                                                               |
| <b>Article 14(2)</b> | Prohibits torture for the purpose of extracting evidence.                                                                                                                                                         |

The current National Assembly edition of the Constitution includes Articles 9, 10, 10A, 11 and 14 in these terms.

## Prisons Act 1894

The Prisons Act remains a foundation statute for prison administration, subject to provincial legislation and amendment.

Particularly important cross-cutting provisions include:

| Provision  | Monitoring relevance                              |
|------------|---------------------------------------------------|
| <b>s 4</b> | Prison accommodation and separation requirements. |

| Provision       | Monitoring relevance                                                                                                                                                   |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>s 7</b>      | Temporary accommodation where overcrowding, epidemic disease or other circumstances make existing accommodation unsafe or insufficient.                                |
| <b>s 12</b>     | Statutory prison records, including the admission register, release book, punishment book, visitors' book and property record, together with other prescribed records. |
| <b>ss 13–14</b> | Medical Officer's role in sanitary administration and reporting treatment or discipline likely to injuriously affect a prisoner's health.                              |
| <b>s 24</b>     | Search and medical examination on admission, including recording health and wounds or marks; specific protection for examination/search of women.                      |
| <b>s 26</b>     | Medical safeguards relating to transfer and discharge.                                                                                                                 |
| <b>s 27</b>     | Separation of women and men, specified younger male prisoners, unconvicted and convicted prisoners, and civil and criminal prisoners.                                  |
| <b>s 29</b>     | Minimum safeguards for solitary cells, including ability to communicate with an officer and daily medical visits where confinement exceeds 24 hours.                   |
| <b>ss 31–33</b> | Food, clothing and bedding arrangements particularly for civil and unconvicted prisoners.                                                                              |
| <b>s 40</b>     | Communication and access provisions for civil and unconvicted prisoners.                                                                                               |
| <b>ss 45–49</b> | Prison offences and disciplinary punishment.                                                                                                                           |
| <b>ss 56–57</b> | Use of irons/fetters under the statutory framework.                                                                                                                    |
| <b>s 59</b>     | Rule-making powers, including matters concerning prison management, communications and visitors.                                                                       |

The Act itself requires separation of specified categories and contains minimum safeguards around solitary confinement.

**Important:** several disciplinary provisions in the 1894 Act and older Prison Rules reflect historical penal approaches. The existence of an old statutory power does not by itself establish that its present use is necessary, proportionate or consistent with the Constitution and contemporary human-rights standards.

## Prisoners Act 1900

The Prisoners Act is especially important for **lawful custody, warrants and court production**.

Key provisions used in this toolkit include:

- **ss 3–4:** custody in accordance with the relevant writ, warrant or order until lawful discharge or removal, and return of executed warrants/orders;
- **ss 15–17:** giving effect to lawful sentences/orders and dealing with doubts about authority;
- **ss 35–43:** court-production framework used for prisoners required before courts;
- **ss 47–48:** service, explanation and forwarding of court process to prisoners.

These provisions should be used particularly when investigating apparent over-detention, unclear warrants or failures of court production.

## NCHR Act 2012

Section **9(c)** expressly empowers the National Commission for Human Rights, or a person authorised by it, to visit jails and other places of detention to examine both the **legality of detention** and compliance with applicable laws concerning living conditions and other rights.

This provision is particularly relevant to access to prisons, records and prisoners where the visiting team is acting under NCHR authority.

It does not automatically create an equivalent statutory access power for every civil-society visitor. Other monitors should confirm their mandate or permission before relying on the toolkit.

## Core Topic 1

# Sleeping Space, Toilets And Water

## Domestic legal basis

### Prisons Act 1894

- **s 4:** adequate prison accommodation consistent with statutory separation requirements.
- **s 7:** temporary accommodation where overcrowding, epidemic disease or another cause makes existing accommodation unsafe or insufficient.
- **s 13:** Medical Officer's responsibility concerning sanitary administration.

### Pakistan Prison Rules 1978

Particularly relevant provisions include:

- **Rules 515–517:** clothing and bedding scales and additional provision on medical grounds;
- **Rule 667:** access to urinals and latrines;
- **Rules 745–747:** accommodation capacity, ventilation and fitness of accommodation;
- **Rules 768–769:** water supply and water-quality arrangements;
- **Rules 770–775:** cleanliness, conservancy, latrines, cells and drainage;
- **Rule 983:** Medical Officer's inspection of prison sanitation and health conditions.

These provisions provide the domestic basis for checking occupancy, bedding, ventilation, sanitation, toilet access, drinking water, drainage and environmental health.

The detailed numerical standards in the older Prison Rules should not automatically be reproduced as current national standards without checking the applicable provincial version.

## International supplement

The **Nelson Mandela Rules** supplement the domestic framework on adequate accommodation, ventilation, lighting, sanitation, bathing, cleanliness, bedding and continuous access to drinking water.

Use the international standard particularly where an older domestic provision gives a numerical minimum that no longer provides an adequate measure of dignity, safety or health.

## Core Topic 2

# Food And Nutrition

## Domestic legal basis

### Prisons Act 1894

**Sections 31–33** regulate food, clothing and bedding particularly for civil and unconvicted criminal prisoners, including the circumstances in which supplies may come from private sources.

These provisions should not be read to mean that family support may replace the prison's responsibility to meet essential needs.

### Pakistan Prison Rules

Key provisions include:

- **Rules 468–470:** diet scales, provision of daily food and medically ordered special/extra diets;
- **Rules 487–489:** additional historical provisions concerning nursing mothers, pregnant women and children living with mothers;
- **Rules 492–494:** issue and preparation of rations;
- **Rules 498–507:** cooks, hygiene, kitchen safeguards, food and water quality, medical inspection and supervision;
- **Rule 668:** meal arrangements affecting working prisoners.

The historical diet scales and quantities in older versions of the Rules should not automatically be treated as a current nutritional benchmark. The useful monitoring principle is whether the applicable diet is actually supplied and whether it is adequate for health.

## International supplement

The **Mandela Rules** require food of adequate nutritional value and quality, prepared and served hygienically, and drinking water whenever needed.

For pregnant and breastfeeding women, use the **Bangkok Rules** as an additional gender-specific benchmark.

## Core Topic 3

# Treatment By Staff And Protection From Violence

## Domestic legal basis

### Constitution

Articles **11 and 14** provide the core constitutional safeguards concerning forced labour, dignity and torture.

### Prisons Act 1894

Relevant provisions include:

- **s 27:** separation of specified categories;
- **s 29:** minimum safeguards for solitary confinement;
- **ss 45–49:** prison offences and disciplinary procedures;
- **ss 56–57:** irons/fetters.

### Pakistan Prison Rules

Important provisions include:

- **Rule 559:** searches surrounding interviews, including privacy from visitors;
- **Rules 580–585:** disciplinary punishment and recording;
- **Rules 638–655:** older provisions governing solitary confinement, fetters and restraints;
- **Rule 646:** recording reasons and periods relating to fetters on the history ticket;
- **Rule 648:** review/removal of fetters when no longer required;
- **Rules 650–651:** exemptions;
- **Rule 1065:** humane and impartial treatment and attention to complaints;
- **Rule 1066:** restrictions on striking prisoners and excessive force;

- **Rule 1069:** disciplinary authority and prohibition of violent, abusive or insulting conduct.

## Important legal-standard distinction

The older domestic framework contains forms of isolation, restraint and punishment that must now be assessed alongside:

- constitutional dignity protections;
- the prohibition of torture and ill-treatment;
- necessity and proportionality; and
- current provincial law.

A punishment or restraint should therefore **not be marked acceptable simply because an old rule appears to authorise it**.

For example, section 29 of the Prisons Act provides minimum protections for solitary cells, but contemporary international standards impose substantially stricter limits on solitary confinement.

## International supplement

Use the **Nelson Mandela Rules** particularly for:

- dignity and protection from ill-treatment;
- disciplinary fairness;
- prohibited punishments;
- solitary confinement;
- restraints;
- searches; and

- investigation of serious injury or death.

The international benchmark is especially important where older prison legislation permits practices that would now constitute prolonged, unnecessary or disproportionate restriction.

## Core Topic 4

# Health Care And Access To Treatment

## Domestic legal basis

### Prisons Act 1894

- **ss 13–14:** Medical Officer's role in sanitary administration and reporting treatment or conditions injurious to health;
- **s 24:** medical examination on admission and recording wounds/marks;
- **s 26:** medical safeguards concerning transfer and discharge.

### Pakistan Prison Rules

Particularly relevant provisions include:

- **Rule 18:** medical examination after admission, including the prescribed admission-health recording;
- **Rules 19–20:** documentation and examination of unexplained injuries, including injuries following police custody;
- **Rules 787–788:** prison hospital and examination of prisoners reporting illness;
- **Rules 789–792:** hospital accommodation and patient-care arrangements;
- **Rule 795:** notification concerning serious illness;
- **Rule 796:** infectious-disease management;
- **Rules 976–983:** Medical Officer's responsibilities, visits, directions, health records and sanitary inspection;
- **Rules 1056–1059:** health examination, vaccination/pregnancy and duties concerning food, water, sanitation and ventilation.

## Mental health

Older Prison Rules contain provisions written in outdated terminology concerning prisoners experiencing serious mental illness.

They should not be used as the sole contemporary benchmark.

For monitoring purposes, assess whether the person receives:

- appropriate health assessment;
- necessary treatment;
- specialist referral where required;
- protection from harm; and
- conditions that do not substitute punishment or isolation for health care.

Avoid converting historical labels in the Rules into modern diagnostic assumptions.

## International supplement

The **Mandela Rules** provide the principal supplementary health standard, particularly on:

- equivalence of health care;
- clinical independence;
- continuity of treatment;
- confidentiality;
- admission screening;
- mental health;
- urgent referral; and
- medical oversight of conditions that may harm prisoners.

## Core Topic 5

# Lawyers, Court Attendance And Barriers To Release

## Constitutional framework

Articles **9, 10 and 10A** protect lawful liberty, access to counsel and fair trial/due process.

### A. Lawyer access and confidential communication

Relevant domestic provisions include:

- **Prisons Act s 40;**
- **Rules 538–539:** communications by newly convicted prisoners, including concerning appeal, bail, fines or security;
- **Rule 543:** legal communication concerning prisoners under sentence of death;
- **Rules 548, 550–551:** interview/correspondence permission and recording;
- **Rule 560:** reasons for refusing interviews;
- **Rules 564–568:** communication and lawyer-access protections for under-trial/civil prisoners, including confidential written instructions and interviews out of hearing.

### B. Appeals and legal documents

Relevant Rules include **90–99 and 101**, covering matters such as:

- informing convicted prisoners of appeal arrangements;
- presentation and forwarding of appeals;
- assistance where the prisoner lacks support;
- recording decisions and outcomes;

- dealing with transfers while an appeal is pending; and
- follow-up on outstanding results.

### C. Court attendance and prolonged under-trial detention

The Prisoners Act court-production provisions and **Prison Rules 389–397** support checks concerning:

- production orders;
- escorts;
- food during court attendance;
- notifications of discharge or bail;
- repeated missed appearances;
- illness preventing production; and
- prolonged under-trial detention.

**Rule 395** provides for specified reporting of under-trial prisoners detained beyond the period set out in that Rule. Its precise category and exclusions should be applied rather than treating it as a general entitlement covering every delayed case.

## D. Authority for custody and sentence calculations

Particularly relevant provisions include:

### **Prisoners Act 1900**

- ss 3–4;
- ss 15–17.

### **Prison Rules**

- **Rules 25–44**, concerning examination of warrants, correction of defects and sentence/release calculations.

The Prisoners Act requires detention to be supported by the lawful writ, warrant or order. This is the foundation for checking apparent over-detention or uncertainty about authority.

## E. Release

Relevant Prison Rules include **112–130 and 142**, covering:

- release records;
- advance checking of warrants;
- final release dates;
- court-ordered release;
- verification of entitlement;
- implementation and authentication of release orders;
- bond/recognisance confirmation; and
- release certificates and warrant endorsement.

Where another case is said to prevent release, the monitoring team should ask to see the current legal authority supporting continued custody.

Remission records may also affect release calculations. Relevant Rules include **207–223**, together with the applicable remission law, orders and provincial arrangements.

Specialist legal review should be sought where the calculation itself is disputed.

## International supplement

The ICCPR and Mandela Rules support the domestic framework on:

- lawful detention;
- access to counsel;
- ability to challenge detention;
- fair criminal proceedings; and
- communication with legal advisers.

## Core Topic 6

# Family Contact

## A. Visits and correspondence

Relevant domestic provisions include:

- **Prisons Act s 40;**
- **Rules 538–540:** communications following conviction and transfer;
- **Rules 543–566:** visits, correspondence, interview arrangements, writing materials, postage, refusal/restriction and under-trial communication.

Particularly useful Rules include:

- **Rule 540:** notification/contact following transfer;
- **Rule 545:** additional or urgent contact in specified circumstances;
- **Rule 549:** writing materials and postage arrangements;
- **Rule 550:** recording interviews and specified correspondence;
- **Rules 551–553:** interview applications, arrangements and location;
- **Rule 560:** recorded reasons for refusal;
- **Rules 564–566:** under-trial communication and interviews.

## B. Visitors, searches and family deposits

Relevant provisions include:

- **Prisons Act ss 41–44;**
- **Rule 555:** visitor searches and safeguards including women searching women;
- **Rule 559:** prisoner searches before/after interviews out of visitors' sight;

- **Rules 562–563:** permitted deposits/articles and associated recording requirements, subject to current local rules.

## C. Serious illness, death and family emergencies

Relevant Rules include:

- **Rule 117:** communication relating to release;
- **Rule 540:** communication following transfer;
- **Rule 545:** urgent/special communication;
- **Rule 733:** notification following death;
- **Rule 795:** serious-illness notification.

Any province-specific provision allowing additional forms of family contact or temporary attendance at family events should be identified as provincial rather than described as a nationwide entitlement.

Telephone/video-contact systems may be governed by newer provincial policies or administrative arrangements and should be verified separately.

## International supplement

The **Mandela Rules** support regular communication with family and friends through correspondence, visits and available telecommunications.

For women, the **Bangkok Rules** add important safeguards concerning placement near home, family contact and contact with children.

## Core Topic 7

# Complaints And Protection From Retaliation

## A. Internal complaints and requests

Important Pakistan Prison Rules include:

- **Rule 673:** requests during the Superintendent's weekly inspection;
- **Rule 674:** urgent representations, including complaints of assault or ill-treatment;
- **Rule 955(4):** complaints and requests during weekly parade;
- **Rule 1065:** duty to hear prisoners' complaints;
- **Rule 542:** representations to Government, the Inspector General or other authorised Government officers, subject to the Rule;
- **Rule 898(e):** opportunity to make complaints during Inspector General inspections.
- **Rule 915:** visitor access and responsibilities;
- **Rules 919–921:** access, interviews and complaints/representations;
- **Rule 923:** historical protection concerning statements to visitors, subject to provincial variation;
- **Rule 924:** private communication out of the guard's hearing;
- **Rule 927:** entry in the visitors' book and Superintendent's comments/action;
- **Rule 928:** subsequent action by the Inspector General/Government.

These provide concrete domestic routes against which a monitor can ask:

- Can prisoners actually reach the responsible officer?
- Can an urgent complaint be raised without waiting for an ordinary weekly routine?
- What happens after it is raised?

## B. Visitors and external oversight

Relevant provisions include:

### Prisons Act

- **s 12:** visitors' book;
- **s 59:** rule-making concerning communications, petitions and visitors.

### Pakistan Prison Rules

The **NCHR Act 2012, s 9(c)** separately authorises NCHR detention visits to examine legality, living conditions and compliance with rights.

## International supplement

**Mandela Rules 56–57** provide an important modern benchmark on:

- ability to make requests/complaints;
- confidentiality;
- prompt handling;
- protection from retaliation; and
- external complaint routes.

## Specialist Module 1

# Women In Detention And Children Living With Them

## Domestic legal basis

### Prisons Act 1894

- **s 24(3):** safeguards concerning examination/search of women;
- **s 27:** separation of female and male prisoners.

### Pakistan Prison Rules

Particularly relevant provisions include:

- **Rules 305–328:** women prisoners and children living with them;
- **Rules 305–311:** separation, placement and women staff/escort arrangements;
- **Rules 321–325:** women-prison arrangements, pregnancy, childbirth and birth notification;
- **Rules 326–328:** children living with mothers and arrangements when they leave;
- **Rules 487–489:** historical diet provisions for pregnant/nursing women and children;
- **Rule 1057:** pregnancy and child vaccination matters;
- **Rules 1180–1190:** women staff and supervision of women prisoners.

## Children living with mothers: important provincial issue

The historical and provincial prison-rule texts are not fully consistent on the age at which a child must cease living with a mother in prison.

The Practical Guide therefore deliberately **does not state one national age threshold.**

The monitor should establish:

1. which current provincial rule is being applied;
2. the child's age;
3. whether the mother has been informed;
4. what safe care arrangement is proposed; and
5. whether continued mother-child contact has been considered.

## International supplement: Bangkok Rules

The Bangkok Rules provide the principal international supplement, particularly:

- **Rules 2–5:** admission, children, placement and hygiene;
- **Rules 6–18:** women's health;
- **Rules 19–24:** searches, discipline and restraints;
- **Rule 25:** abuse and complaints;
- **Rules 26–28:** family contact;
- **Rules 40–47:** classification, activities and reintegration;
- **Rules 48–52:** pregnancy, breastfeeding and children living with mothers.

They require women's distinctive needs to be addressed as part of substantive equality.

## Specialist Module 2

# Children In Detention

## Controlling national statute

The principal modern statute is the **Juvenile Justice System Act 2018 (JJSA)**.

For this toolkit, particularly relevant provisions are:

| JJSA provision   | Monitoring relevance                                                                                                                                        |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>s 2</b>       | Defines a child/juvenile and the modern concepts of observation home and Juvenile Rehabilitation Centre.                                                    |
| <b>s 3</b>       | State-funded legal assistance and information about rights by a legal practitioner within 24 hours of custody.                                              |
| <b>s 4</b>       | Juvenile Courts and the statutory framework for timely trial.                                                                                               |
| <b>s 5</b>       | Arrest, observation-home arrangements and notification of guardian/probation structures.                                                                    |
| <b>s 6</b>       | Special bail protections, including prolonged pre-trial detention safeguards.                                                                               |
| <b>s 8</b>       | Age determination.                                                                                                                                          |
| <b>ss 9–10</b>   | Diversion and Juvenile Justice Committees.                                                                                                                  |
| <b>s 11(5)</b>   | Treatment where serious physical or mental illness is identified.                                                                                           |
| <b>s 13</b>      | Protection of juvenile identity.                                                                                                                            |
| <b>ss 14–15</b>  | Probation/social investigation, best interests and alternatives/rehabilitation.                                                                             |
| <b>s 16</b>      | Restrictions on orders including prison labour, corporal punishment, fetters and handcuffs, subject to the narrow statutory exception contained in the Act. |
| <b>s 17</b>      | Additional protection for girls.                                                                                                                            |
| <b>ss 20, 22</b> | Establishment/certification and inspection of observation homes and Juvenile Rehabilitation Centres.                                                        |

| JJSA provision | Monitoring relevance             |
|----------------|----------------------------------|
| s 23           | JJSA overrides inconsistent law. |

The Act guarantees State-funded legal assistance and requires a juvenile to be informed of available legal rights by a legal practitioner within 24 hours of custody.

## Older prison law

**Prisons Act s 27(2)** refers to separation of male prisoners under 21. This is an older prison-classification provision. It does **not change the JJSA's modern definition of a child as a person under 18**.

**Pakistan Prison Rules 289–304** contain older provisions concerning juvenile prisoners/Borstal institutions, education, training, association and preparation for release.

They should be read **subject to the JJSA**, particularly where the older framework conflicts with the 2018 Act.

## Domestic/international distinction: solitary confinement

Section 16 contains a narrow domestic exception concerning specified restrictive measures in particular circumstances.

For monitoring purposes, however, international children's-rights standards are stricter: **solitary confinement of children should be treated as prohibited and as a serious protection concern**.

Do not therefore conclude that child isolation is acceptable solely because a domestic order exists.

## International supplement

Use:

- Convention on the Rights of the Child, particularly Arts 37 and 40;
- Havana Rules;
- Beijing Rules; and
- CRC General Comment No. 24.

Key principles include:

- detention as a last resort and for the shortest appropriate period;
- separation from adults;
- access to family and legal assistance;
- education and development;
- rehabilitation/reintegration; and
- protection against harmful punishment.

## Specialist Module 3

# Drug Dependence And Drug-Related Health Needs

## Domestic legal basis

### Control of Narcotic Substances Act 1997

Chapter VI expressly addresses **treatment and rehabilitation**.

- **s 52:** provincial registration for treatment and rehabilitation and historical statutory language concerning compulsory first-time detoxification/de-addiction;
- **s 53:** provincial power/duty to establish centres for detoxification, treatment, education, after-care, rehabilitation and social integration and to supply necessary detoxification medicines.

### Pakistan Prison Rules

Relevant provisions include:

- **Rule 18:** health examination on admission;
- **Rule 778:** prisoners dependent on opium or other narcotics to be placed under medical treatment, although the terminology and treatment conception are dated;
- **Rules 787–788:** prison hospital and assessment of illness;
- **Rules 976–979:** Medical Officer's role, treatment directions and relevant health documentation.

### Important conflict: compulsory treatment

Section 52 of the CNSA retains wording concerning **compulsory** detoxification/de-addiction.

This should be clearly distinguished from the modern human-rights benchmark.

The **International Guidelines on Human Rights and Drug Policy** state that drug-dependence treatment should be evidence-based and voluntary, with informed consent, privacy and continuity of care. They also require people in detention to have access to drug-related health care equivalent to that available in the community.

Accordingly:

**Domestic law:** retains compulsory-treatment language.

**Human-rights benchmark:** treatment should ordinarily be voluntary and based on informed consent.

**Monitoring approach:** record coercion, assess health/protection risk and distinguish emergency medical intervention from compulsory rehabilitation.

### Limited services in Pakistan

The monitoring tool should not assume that every prison has:

- opioid agonist treatment;
- naloxone;
- specialist addiction medicine;

- a needle-and-syringe programme; or
- a comprehensive community referral network.

Where such a service is unavailable, distinguish:

**Facility-level issue:** something the prison can reasonably address, such as failure to identify dangerous withdrawal, failure to provide available treatment or failure to make an available referral.

**System-level gap:** absence of a service that requires action by provincial/federal health, drug-control or prison authorities.

## International supplement

The International Guidelines require persons deprived of liberty to have access to voluntary, evidence-based drug treatment, harm reduction, essential medicines and relevant HIV/hepatitis services, with continuity on entry, transfer and release.

Do not convert international recommendations about specific services into a fictional claim that those services are currently authorised or available in a particular Pakistani jail.

## Specialist Module 4

# Torture And Other Serious Ill-Treatment

## Constitutional basis

**Article 14(2)** of the Constitution provides that no person shall be subjected to torture for the purpose of extracting evidence. Article 14(1) separately protects human dignity.

## Torture and Custodial Death (Prevention and Punishment) Act 2022

Key provisions include:

The 2022 Act is the principal specific federal statute.

| Provision      | Monitoring relevance                                                                                                                                                                           |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>s 2</b>     | Definitions of custody, torture, custodial death and related concepts.                                                                                                                         |
| <b>s 3</b>     | Inadmissibility of statements/information/confessions extracted through torture or cruel, inhuman or degrading treatment.                                                                      |
| <b>s 4</b>     | Specific safeguards concerning women in custody.                                                                                                                                               |
| <b>s 5</b>     | FIA's exclusive investigative jurisdiction over offences under the Act, under NCHR supervision; Magistrate-ordered medical examination where torture is reasonably suspected or complained of. |
| <b>s 6</b>     | Exclusive trial jurisdiction of the Court of Sessions.                                                                                                                                         |
| <b>s 7</b>     | Statutory measures concerning implicated public officials in the circumstances specified.                                                                                                      |
| <b>ss 8–10</b> | Offences concerning torture, custodial death and custodial rape.                                                                                                                               |
| <b>s 13</b>    | Time limits governing investigation/trial/appeal.                                                                                                                                              |
| <b>s 14</b>    | Protection for victims, complainants and witnesses.                                                                                                                                            |

| Provision   | Monitoring relevance                                                 |
|-------------|----------------------------------------------------------------------|
| <b>s 16</b> | Overriding effect over inconsistent law.                             |
| <b>s 18</b> | Government duties concerning implementation, awareness and training. |

Section 5 expressly gives the Agency exclusive investigative jurisdiction and requires investigation under NCHR supervision. It also provides for a Magistrate to order medical examination where there are reasonable grounds to believe torture occurred or a complaint is made by a person in custody.

## NCHR role

NCHR is both:

- a statutory detention-monitoring body under **s 9(c) of the NCHR Act**; and
- the supervisory body for FIA investigation under the Torture Act.

NCHR has developed a protocol for receiving and processing torture complaints.

## Pakistan Prison Rules: injury and health documentation

Particularly relevant Prison Rules include:

- **Rule 18:** admission health examination;
- **Rule 19:** recording unexplained injuries, including in the Injury Register/admission material;
- **Rule 20:** examination/reporting where a prisoner arrives injured following police custody;
- **Rule 979:** relevant medical/admission recording;
- **Rule 982:** Medical Officer reporting where treatment or discipline is causing or likely to cause harm.

These provisions make the prison admission process an important **detection point for torture occurring before arrival in jail**.

A monitor should therefore compare, where authorised:

- admission time;
- medical examination;
- Injury Register;
- earlier medico-legal documentation;
- police/court custody documents; and
- the prisoner's account.

## Important gap in domestic definition

The 2022 Act's definition does not encompass psychological torture or mental suffering, nor does it criminalise cruel, inhuman or degrading treatment.

The monitoring tool should therefore cover **torture and other serious ill-treatment more broadly than the minimum domestic criminal definition**.

This does not mean labelling every allegation as the criminal offence of torture. It means that serious psychological ill-treatment must still trigger protection, medical and monitoring action.

## Investigation versus monitoring

These roles must remain separate.

**Monitoring team:** identifies risk, hears the account safely, secures medical/protection assistance, records essential information and refers appropriately.

**Medical/forensic professional:** conducts medical or Istanbul Protocol assessment where qualified and appropriate.

**FIA:** conducts the statutory criminal investigation into offences under the Torture Act.

**NCHR:** supervises investigation under the Act and may exercise its own statutory inquiry and monitoring powers.

**Court of Sessions:** exercises the trial jurisdiction assigned under the Act.

The prison monitoring team should not attempt to conduct a criminal investigation itself.

## Records that may support a concern

Depending on the allegation:

- admission register;
- Injury Register;
- history ticket;
- medical examination;
- medico-legal report;
- hospital/outdoor records;
- Medical Officer's report book;
- gate/movement records;
- duty rosters;
- punishment/isolation records;
- incident reports;
- escort/transfer records;
- complaint/referral correspondence;
- CCTV or other video where available;
- Death Register;
- post-mortem report;
- FIA/NCHR correspondence; and
- relevant inquiry/investigation material.

Do not delay urgent medical care or protection while trying to corroborate an allegation.

## International supplement

Use:

- UN Convention against Torture;
- Istanbul Protocol (2002);
- Nelson Mandela Rules;
- Méndez Principles on Effective Interviewing; and
- Minnesota Protocol where a custodial death may be unlawful.

International standards are particularly important for:

- psychological torture;
- safe and non-coercive interviewing;
- independent medical documentation;
- protection against retaliation;
- investigation of deaths;
- evidence preservation; and
- independence of investigation.





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