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MONITORING TOOL FOR PERSONS DEPRIVED OF LIBERTY - FOR PNP, NBI, PDEA, AFP DETENTION FACILITIES

(FEMALE/MIXED POD)

CHR-	
Revision No. 001	
Revision Date:	June 2023

DOCUMENT CONTROL NO.:

Visitorial Division, Prevention Cluster Owner

MONITORING OF THE HUMAN F	RIGHTS SITUATION OF PERSONS
DEPRIVED OF LIBERTY IN	
CONDUCTED ON	

CHR Region _____

I. PDL Profile

Name					
Address					
Sex		Age		Date of Birth	
Religion		Citizenship		Ethnicity	
Civil		No. of depen	dents, if a	ny	
Status		_		-	
Highest Ed	ucational Attainm	ent			

II. Manner of Arrest

As to the Manner of Arrest	YES	NO	PDL CANNOT RECALL
Was the PDL informed of his/her rights?			
Did the arresting officer show proper identification?			
Did the arresting officer physically hurt the PDL?			
Did the arresting officer use profane or vulgar words during arrest?			
If the PDL was a minor, was he/she handcuffed?			
Was the PDL tortured to admit the crime alleged?			

III. Findings/Observations

Fill out the tables under this section by checking the appropriate spaces based on the response/s of the PDL/s being interviewed.

1. Accommodation	Yes	No	Remarks
Do the cells have artificial light and ventilation?			
Are sanitary installations adequate?			
Are adequate bathing and shower installations available?			
Are all parts of the facility regularly used by the PDL always maintained properly and kept clean?			

2. Clothing and Bedding	Yes	No	Remarks
Is a PDL who is not allowed to wear his/her own clothing provided with clothing?			
Are PDL allowed to wash and change their clothes as often as necessary?			
Are PDL allowed to wear his/her own clothing when removed outside the facility?			
Is every PDL being provided with a separate bed?			
Is every PDL provided with sufficient beddings, i.e. pillowcase, blanket, bedsheet?			

3. Separation of Categories	Yes	No	Remarks
Are male and female PDL detained separately?			
Are PDL undergoing trial kept separate from convicted PDL?			



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Are minor PDL kept separate from adults?		
Are PDL under special categories (older persons,		
Persons with Disabilities, LGBTQIA+) kept		
separate?		
Are PDL with highly communicable or infectious		
diseases isolated / kept separate?		

4. Personal Hygiene	Yes	No	Remarks
Are PDL provided with water throughout the day?			
Are PDL provided with toiletries, i.e soap, shampoo, toothpaste?			
Are female PDL provided with facilities and materials required to meet their specific hygiene needs, i.e sanitary napkin?			

5. Food and Drinking Water	Yes	No	Remarks
Are all PDL provided with breakfast, lunch, and dinner every day?			
Are the food served nutritious, well-prepared and served?			
Is drinking water available to every PDL whenever he/she wants it?			
Are dietary, religious, or culture restrictions of PDL considered in food preparation?			

- a. How many meals are provided in a day? _____

 b. Can you cite a sample menu of meals provided? ______

6. Exercise, Sport and Recreation	Yes	No	Remarks
Are PDL allowed to have at least one (1) hour of			
suitable exercise in the open air daily?			

7. Health-care Services	Yes	No	Remarks
Are PDL provided access to necessary healthcare services free of charge?			
Is there adequate and regular supply of medicine for common ailments of PDL?			
Is there continuity in treatment and care of infectious diseases, including for HIV and tuberculosis.			
Are PDL provided access to services of a qualified dentist?			
Are PDL provided with prompt access to medical attention in urgent cases?			
Are PDL in need of specialized treatment referred to a capable hospital?			
Are PDL with mental disabilities referred to specialized facilities?			
Are PDL suspected of having contagious diseases given adequate treatment?			
Does the facility conduct torture screening on newly-admitted PDL?			
Are PDL allowed to access their individual medical files?			
Are all medical examinations undertaken in full confidentiality?			



Are PDL informed of the nature of the accusation against them and are given time and facilities for

Are PDL allowed to defend themselves in person or through legal assistance, particularly in cases

Are opportunities to seek judicial review of

Are PDL subjected to torture or other cruel, inhumane, or degrading treatment or punishment as a form of restriction or disciplinary sanction? Are PDL subjected to solitary confinement as a

the preparation of their defense?

form of punishment?

involving serious disciplinary charges?

disciplinary sanctions available to PDL?

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Are female PDL provided gender-specific health-care services?	:			Is prolonged restriction of family contact being imposed as a form of disciplinary sanction?		
Are prenatal and postnatal care and treatment available in a female facility?				9. Instruments of restraint	Yes	N
Additional questions: a. In a female facility, are arrangements made for a outside the facility? b. Is the newborn child allowed to stay with the				Are instruments of restraints, i.e. handcuffs, chains, irons, and other instruments, used as sanction for disciplinary restraints on PDL?		
long?				10. Searches of PDLs and cells	Yes	N
8. Restrictions, discipline and sanctions Are there alternative dispute resolution mechanisms employed in the facility to prevent disciplinary offences or to resolve conflicts?		No	Remarks	Are searches conducted in a manner that is respectful of the inherent dignity and privacy of the PDL being searched? Are PDL subjected to intrusive searches,		
Are the imposed disciplinary sanctions fair?				including strip and body cavity search?		

11. Information for PDL on facility's regulations, PDL rights and obligations	Yes	No	Remarks
Are PDL informed of the facility regulations, as well as their rights and obligations?			

12. Requests or complaints by the PDL						Yes	No	Remarks	
Are	PDL	given	the	opportunity	to	make			
unce	nsored	request	s or c	omplaints?					

Remarks

Remarks

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Are PDL subjected to any risk of retaliation,		
intimidation, or negative consequences as a result		
of having submitted a request or complaint?		
Are allegations of torture or other cruel, inhuman,		
or degrading treatment or punishment of PDL		
dealt with immediately?		

13. Torture	Yes	No	Remarks
Were you subjected to any form of torture or other cruel, inhuman, or degrading treatment or punishment while in the facility?			
If yes, did you inform the facility of such incidence?			
Did the facility act on this information?			
Have you witnessed any torture or other cruel, inhuman, or degrading treatment or punishment against other PDL?			

14. Contact with the outside world	Yes	No	Remarks
Are PDL allowed to communicate in writing or using electronic/digital means with their family and friends?			
Are PDL allowed to receive regular visits from family?			
Are PDL allowed to receive visits from friends?			
Are the search and entry procedures for visitors not degrading?			
Are children subjected to body cavity searches?			

Are PDL provided with adequate opportunity, time and facilities to be visited by and to communicate with a legal counsel or a legal aid provider?		
Are foreign PDL allowed to communicate with the diplomatic or consular representatives of their country?		
Are PDL informed regularly of the important items of news?		

15. Exercise of Religion	Yes	No	Remarks
Are PDL allowed to practice their religion openly and without any restrictions?			
Are religious organizations allowed to hold regular services and to pay pastoral visits to PDL?			
Are PDL allowed to attend the religious services provided in the facility?			
Can the PDL choose not to participate in religious services or freely decline any religious education, counselling or indoctrination?			
Have you observed any discriminatory acts against a practice of religion of a fellow PDL committed by the facility personnel?			

16. Removal and Transport	Yes	No	Remarks
Are PDL exposed to public view when removed			
from the facility?			



Name: Position: Signature: Date: _

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Are PDL provided proper safeguards to protect	FOR REQUEST OF LEGAL ASSISTANCE
hem from insult, curiosity, and publicity in any corm?	Details of Imprisonment Date of Arrest:
IV. REQUEST FOR ASSISTANCE BY THE PDL (IF ANY) Action Type: Legal Assistance Referral to other agencies/organizations	Date of Arrest: Arrested with a Warrant? (Yes/No): Date of Detention by Arresting Officer (mm/dd/yyyy): Date of Commitment in BJMP Jails/Provincial Jails/ BUCOR Prisons/Others (mm/dd/yyyy): Case Number: Crimos Committed/Charged:
Releval to other agencies/organizationsFollow-up case in court Facilitate transfer of PDL Forensic Investigation Psychosocial Intervention Others	Case Status Court where case is filed: Branch: Name of Lawyer:
Details of Request:	Private: PAO: Case Status: Status Date (mm/dd/yyyy): Convicted? Yes / No
Date of Request (mm/dd/yyyy): Complaints /Other Requests (if any):	Sentence: Minimum Sentence Served? Yes / No Nature of Conviction: Final On-Appeal : If On-Appeal, Date of Appeal (mm/dd/yyyy) : Court where Appeal is Filed : Branch :
	Initial action/s taken, if any
Interview conducted by:	