

**Training of In-Service Course
for
Medical Officer/Psychiatrist
(One Week)
2022**



**Bureau of Police Research and Development
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Message

Capacity Building of the prison staff is one of the key components of Prison Reforms. This equips the Prison Officers and Staff with the essential knowledge, skills and attitude to diligently discharge their duties in varied and complex areas related to Prisons and Correctional Administration. The MHA has mandated the BPR&D to prepare Training Manuals which can be circulated to all States and UTs for training purposes.

Services of 11 Individual Consultants with subject matter expertise were hired in 2021 to prepare the 50 Prison Training Manuals for various categories of Staff in Prisons. Numerous rounds of stakeholder consultations were held to finalize the drafts. The Manuals have adopted the contemporary principles of training and learning for indoor and outdoor classes, field visits and practical sessions and these have been prepared in compliance with the national and international best practices, the laws of the land, and the technological advancements in Prisons & Correctional Administration. The drafts were also uploaded on the BPR&D website for inviting suggestions/feedback from the stakeholders and citizens.

I extend my special appreciation to the 11 Individual Consultants, the Special Consultant (Master Trainer, DoPT) and the members of the Monitoring Committee who were instrumental in the preparation of these 50 Prison Training Manuals.

I am sanguine that these Manuals will bring about standardization of the training procedures and contents to a large extent and also facilitate capacity building of the Officers and Staff of the Prisons and Correctional Administration in the country.

(Balaji Srivastava)

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Emergence of the Course

The BPR&D has prepared 50 Prison Training Manuals for various ranks of Staff and Officers in Prison Administration under the categories viz., 05 Basic Courses, 08 In-Service Courses, 30 Specialized Courses, 02 Vertical Interaction Courses and 05 Handbooks for improving the quality and standardizing training of all Prison Officers and Staff across the country and to augment professional competency and capacity building of Prison Officers and Staff.

These Prison Training Manuals are objective oriented, learner centric and are outcome of several brainstorming sessions, consultative meetings (Online and Offline) and workshops for conceptualizing the drafts. Comments of the Monitoring Committee, Reports of Training Needs Analysis (TNA) for Prisons & Correctional Administration, National Training Policy (2012) have also been taken into account. In addition, various national and international practices, MHA Advisories, Landmark Judgements of the Apex Court and the High Courts, Statutory Acts/Rules have also been referred to in course of preparation of these training manuals. The design perspective of the Department of Personnel & Training, Government of India, has been adopted.

Introduction

The reformation of prison inmates requires a conducive environment – an environment characterized by good order, where a set of rules and regulations governs the daily lives of prisoners, where routines are established, and where prisoners do not fear for their personal safety. The sound health (physical and mental) of inmates is important for reformation.

The objective of this one-week in- service course for Medical officer/Psychiatrist is to impart knowledge and skills about providing medical care to prison inmates, handling medical emergency situations in prisons, treating prisoners of vulnerable sections.

Medical officers/ psychiatrists posted/deputed with prisons possess professional knowledge. By virtue of being posted in prisons, their roles and responsibilities differ when compared to other places. The in-service course which has eight learning units, aims to train them in this specific content.

(For Trainers & Participants)



COURSE GUIDE

**In-Service Course
for
Medical Officer/Psychiatrist
(One Week)**

COURSE GUIDE

INTRODUCTION

Organizations need to continuously grow, and develop and must be prepared to face the ever-emerging challenges. The Prison Department and the role of Prison Officers is no exception to this. Training is an instrument to help the Prison Administration meeting the twin challenges of continuous improvement and demands of change.

AIM OF THE COURSE

To impart knowledge and skills about handling emergency situations, prisoners of vulnerable sections

DESIGNED FOR

Medical Officers, Psychiatrists

FACILITATORS

In-House Faculty, Guest Faculty. The Guest Faculty can include retired or serving senior prison officers, Legal experts, Psychologists, Social Workers/Probation Officers and NGOs.

STYLE OF THE COURSE

This course encompasses a series of practical learning activities. The Course is delivered through multiple media, styles and activities with a ‘self-directed learning approach’ simulated by the use of field-based situations and sharing of best practices in prison management. Therefore, participants are expected to take responsibility, both for their own learning and in helping the development of other participants. Participants will be encouraged to share their learning experience with others, and to give and receive support and feedback.

OBJECTIVES – At the end of the training, the participants will be able to –

Unit – 1

Training Objective

Explain the promotion of health and prevention of diseases

Enabling Objectives

1. Explain the concept of health promotion
2. Discuss methods to promote health
3. Explain the levels of disease prevention
4. Identify ways to prevent diseases

Unit – 2

Training Objective

Explain the measures to handle emergency/epidemic situations

Enabling Objectives

1. Explain the steps/strategies in handling epidemic situations in prisons
2. Elucidate methods to sensitize the staff and prisoners to handle the epidemic situations

Unit – 3

Training Objective

Explain the issues relating to prisoners of vulnerable sections

Enabling Objectives

1. List the steps in classification and housing the transgender inmates inside the prisons

2. Describe the risk factors and issues of transgender inmates
3. State the rehabilitation programs for transgender inmates
4. Identify the health issues of women in prisons
5. Explain the strategies to handle the health issues of women prisoners
6. Describe the procedures to follow when children are admitted to prisons

Unit – 4

Training Objective

Explain Special Rules and Acts relating to prisoners

Enabling Objective

1. List the Special Rules and Acts relating to prisoners
2. Explain Special Rules and Acts at the national and international level

Unit – 5

Training Objective

Explain Complementary and Alternative Medicine

Enabling Objectives

1. Explain the concept, principles, and philosophy of Complementary and Alternative Medicine
2. List the categories of Complementary and Alternative Medicines and their concepts

Unit – 6

Training Objective

Explain the concept of Health and Wellness

Enabling Objectives

1. Explain the concept of health, wellness, and fitness

2. List the risk factors and stress among prison staff and inmates
3. Explain health and hygiene
4. Orient and educate the prison staff and inmates regarding health issues and communicable diseases
5. Prepare training model for the staff and inmates

Unit – 7

Training Objective

Explain the importance of communication

Enabling Objectives

1. Describe the importance and barriers in doctor-prisoner relationship
2. Explain the models and concepts of doctor – patient relationship

Unit – 8

Training Objective

Demonstrate the strategies to maintain work-life balance

Enabling Objectives

1. Explain the importance of the concept of work-life balance
2. Identify the reasons for the imbalance
3. Explain the strategies to maintain work-life balance

ASSESSMENT: -

The priority during the Course is to assist participants to develop their skills. Assessment is, therefore, concerned with informal feedback and advice to individual participants.

TIME TABLE

DAY/TIME (Hrs.)	CONTENT	OBJECTIVES
DAY-1		
0915-1030	Registration Inauguration of the Course	
1045-1200	- Concept of Health Promotion - Methods to promote health - Preventive - Promotive - Curative - Rehabilitative - Palliative Care	1.1 1.2
1215 -1330	- Prevention of diseases and their levels - Primary - Secondary - Tertiary	1.3
1430-1530	- Steps/strategies in handling the epidemic situation	2.1
1545-1645	- Handling Epidemics: Methods to sensitize the staff and inmates	2.2
DAY-2		
0915-1030	- Prisoners of vulnerable sections - Transgender: Classification, risk factors and issues	3.1 3.2
1045-1200	- Rehabilitation programs for transgender inmates - Education - Employability skills - Life & Social skills, etc.	3.3
1215 -1330	- Health issues of women in prisons - Depression - Dental - TB, HIV - Reproductive health, etc.	3.4

1430-1530	- Strategies to handle the health issues of women prisoners - Awareness - Orientation - Education, - Training, - Prevention, etc.	3.5
1545-1700	- Procedures to follow when children are admitted to prisons - Screening - Dietary provisions - Healthcare, etc.	3.6
DAY-3		
0915-1030	- the Mental Healthcare Act 2017 - International Standards – UNODC: Handbook on Prisoners with Special Needs	4.1
1045-1200	- United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders	4.1
1215 -1330	- NHRC-Suicide in Prison 2014 - The Transgender Persons Act, 2019	4.1
1430-1530	- Complementary and Alternative Medicine (CAM) - Concept and Principles	5.1
1545-1700	Guest Lecture: Handling drug and alcohol addicted and problematic prisoners	
DAY – 4		
0915-1030	- Categories of CAM and its concepts – 1 - Homeopathy - Naturopathy - Ayurveda - Acupuncture	5.2

1045-1200	- Categories of CAM and its concepts – 2 - Art and Music Therapy - Yoga and Meditation - Mindfulness-Based Stress Reduction	5.3
1215 -1330	- Health and Wellness – An overview - Concept of Fitness - Prison Staff: Risk factors to Longevity	6.1
1430-1530	- Stress among Prison Staff and inmates	6.2
1545-1700	- Health and hygiene - Concept, importance - Types - Methods to improve health and hygiene	6.3
DAY-5		
0915-1030	- Orient and educate the prison staff and inmates regarding health issues and communicable diseases	6.4
1045-1200	- Prepare training model for the staff and inmates - Discuss ways to organize training programs	6.5
1215 -1330	- Communication - Importance of doctor-patient relationship - Barriers in doctor-patient relationship	7.1
1430-1530	- Models and concepts of doctor–patient relationship - The Paternalistic model - The Informative model - The Interpretive model - The Deliberative model	7.2
1545-1700	Guest Lecture: Medical Case Studies & Dealing with misuse of Medical Drugs and malingering by Prisoners.	
DAY-6		
0915-1030	- Concept of work-life balance - Importance of work-life balance	8.1
1045-1200	- Reasons for the imbalance	8.2

	- Strategies to maintain work-life balance	
1215 -1330	Post-test, evaluation, feedback session	
1430-1530	Valediction	

Note:

Session I	0915 – 1030
Session II	1045 – 1200
Session III	1215 – 1330
Session IV	1430 – 1530
Session V	1545 – 1645
Yoga	0630 – 0730
Library	1700 – 1730
Sports	1730 – 1830
Tea Break	1030 – 1045 1200 – 1215 (Break) 1530 – 1545
Breakfast	0800 – 0845
Lunch	1330 – 1430
Dinner	1930 – 2100

(FOR TRAINERS ONLY)



TRAINER GUIDE

**IN-SERVICE COURSE
for
MEDICAL OFFICER/PSYCHIATRIST
(ONE WEEK)**

INTRODUCTION

The ‘Trainer Guide’ is a comprehensive overview of the content and process of the Course. It is designed in a structured format that presents the assembled information and the planned activities with learning outcomes. Trainer Guide serves as a “Map” for sequential implementation of various content segments.

The Trainer Guide also:

- Helps continuous recall
- Provides scope for storing illustrations, faculty questions, anticipated participants questions and appropriate responses
- Contains details of points for briefing & debriefing of case study, exercises, Films, etc.
- Serves as reminder when to administer exercises and
- Guides on the use of media

Pre-Course Preparation:

1. Get an idea on number and list of participants from the course coordinator
2. Resource Kit, Name plates, Name badges of participants
3. Photocopies of Handout, exercises for participants should be kept separately and distributed before the session.
4. Brief introduction about Resource Persons / Guest Speakers
5. Permission for field visit to prison

For Trainer:

- a. Trainer Guide
- b. Glossary of Terms
- c. References

For Participants

- Course Guide
- Handouts, Checklists, Exercise

DAY-WISE TIME TABLE

DAY – 1		
Time (Hrs.)	Content	Remarks
0915 – 0930	Registration	Registration form-1 Distribute Course Guide to participants
0930 – 1000	Inauguration	
1000 – 1030	Session -I: Ice–Breaking Session and Course Objectives Detailed Introduction Name, Designation, Years of Service, Place of Posting	Ice-Breaking Activity Name Tags and Name Plates of Participants. They should get to know each other.
1030 – 1045	Tea Break	
1045 – 1200	Session- II: Concept of health promotion Methods to promote health	Distribute HO – 01
1200 – 1215	Break	
1215 – 1330	Session-III: Levels of disease prevention Steps to prevent diseases	Ask participants to share one point to prevent diseases
1330 – 1430	Lunch	
1430 –1530	Session- IV: Steps in handling the epidemic situations in prisons	Distribute HO – 02
1530 – 1545	Tea Break	
1545 – 1645	Session –V: Panel Discussion: Methods to sensitize the staff and prisoners to handle the epidemic situations	Group discussion

DAY – 2		
Time (Hrs.)	Content	Remarks
0900 – 0915	Recap of Day – 1	
0915 – 1030	Session -I: Classification and housing of transgender inside the prisons Risk factors and issues of transgender inmates	Distribute HO – 03
1030 – 1045	Tea Break	
1045 – 1200	Session- II: Rehabilitation programs for transgender inmates	Group Discussion
1200 – 1215	Break	
1215 – 1330	Session-III: Health issues of women in prisons	Distribute HO – 04
1330 – 1430	Lunch	
1430 –1530	Session- IV: Strategies to handle the health issues of women prisoners	Invite senior medical officer as resource person
1530 – 1545	Tea Break	
1545 – 1645	Session- V: Procedures to follow when children are admitted to prisons	

DAY – 3		
Time (Hrs.)	Content	Remarks
0900 – 0915	Recap of Day – 2	
0915 – 1030	Session -I: Mental Healthcare Act 2017 International Standards – UNODC: Handbook on Prisoners with Special Needs	Distribute HO – 05 HO – 06
1030 – 1045	Tea Break	
1045 – 1200	Session – II: United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders	
1200 – 1215	Break	
1215 – 1330	Session-III: NHRC-Suicide in Prison 2014 The Transgender Persons Act, 2019	CL – 02
1330 – 1430	Lunch	
1430 –1530	Session- IV: Complementary and Alternative Medicine: Concept, principles and philosophy	Distribute HO – 07
1530 – 1545	Tea Break	
1545 – 1645	Session-V: Guest Lecture: Handling drug and alcohol addicted and problematic prisoners	

DAY – 4		
Time (Hrs.)	Content	Remarks
0900 – 0915	Recap	
0915 – 1030	Session – I: Categories of CAM and their concepts – 1	Invite experts as resource person
1030 – 1045	Tea	
1045 – 1200	Session – II: Categories of CAM and their concepts – 2	Invite experts as resource person
1200 – 1215	Break	
1215 – 1330	Session-III: Health, wellness, and fitness Risk factors of prison staff	Distribute HO - 08
1330 – 1430	Lunch	
1430 –1530	Session- IV: Stress among prison staff and inmates	Group Discussion
1530 – 1545	Tea Break	
1545 – 1645	Session- IV: Health and Hygiene	

DAY – 5		
Time (Hrs.)	Content	Remarks
0900 – 0915	Recap	
0915 – 1030	Session – I: Orient and educate the prison staff and inmates regarding health issues	
1030 – 1045	Tea	
1045 – 1200	Session – II: Prepare training model for the staff and inmates	Prepare with the guidance of prison officer
1200 – 1215	Break	
1215 – 1330	Session-III: Communication: importance and barriers in doctor-prisoner relationship	Group Discussion
1330 – 1430	Lunch	
1430 –1530	Session- IV: Models and concepts of doctor – patient relationship	Distribute HO – 9
1530 – 1545	Tea Break	
1545 – 1645	Session- IV: Guest Lecture: Medical Case Studies & Dealing with misuse of Medical Drugs and malingering by Prisoners.	

DAY – 6		
Time (Hrs.)	Content	Remarks
0900 – 0915	Recap	
0915 – 1030	Session - I: Work-life balance: Concept Reasons for imbalance	Distribute HO – 10
1030 – 1045	Tea Break	
1045 – 1200	Session- II: Strategies to maintain work-life balance	Write one point you follow
1200 – 1315	Session-III: Assessment: Emotional Intelligence Scale Post evaluation, Feedback, Summarizing the learnings	Distribute required materials
1315 – 1430	Lunch	
1430 – 1530	Session – IV: Valedictory Address & Distribution of Certificates	

The course coordinator should compile the feedback of the participants and submit to the Head of Training Institute.

End of Course

PART – B

- 1. COURSE GRID**
- 2. LEARNING UNITS**

COURSE GRID

COURSE GRID

01	Health Promotion and Disease Prevention in prison	02	Handling Emergency/ Epidemic situations
03	Prisoners of Vulnerable sections	04	Special Rules and Acts relating to prisoners
05	Complementary and Alternative Medicine(CAM)	06	Health and Wellness
07	Effective Communication	08	Work-Life Balance

LEARNING UNITS

LEARNING EVENT

IN-SERVICE COURSE for MEDICAL OFFICER/PSYCHIATRIST (ONE WEEK)

Unit	1						
Learning Unit	Health Promotion & Disease Prevention in Prison						
Training Objective	At the end of the training, participants will be able to explain the importance of promotion of health and the prevention of diseases						
<i>Enabling Objectives</i> At the end of the training, participants will be able to -	Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1. Explain the concept of health promotion	- Concept - Principles	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-house /Guest faculty		Q/A
2. Discuss methods to promote health	- <i>Preventive</i> - Promotive - Curative - Rehabilitative - Palliative Care	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-house /Guest faculty		Q/A
3. Explain the levels of disease prevention	- Prevention - Primary - Secondary - Tertiary	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-house /Guest faculty		
4. Identify ways to prevent diseases	- Techniques to prevent diseases	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-house faculty/ Medical Officer		

LEARNING EVENT

Unit	2						
Learning Unit	Handling Emergency/Epidemic situation						
Training Objective	At the end of the training, participants will be able to explain the measures to handle emergency/epidemic situations						
<i>Enabling Objectives</i> At the end of the training, participants will be able to -	Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1. Explain the steps in handling the epidemic situations in prisons	- Screening - Early identification - Isolation - Referral	Lecture-cum-Discussion	White Board, Marker, Projection System	60	In-House Faculty/ Medical Officer		Q/A
2. Elucidate methods to sensitize the staff and prisoners to handle the epidemic situations	-Awareness -Orientation -Education, - Training - Prevention, etc.	Panel Discussion	White Board, Marker, Projection System	60	In-House Faculty/ Prison Officer		

LEARNING EVENT

Unit	3						
Learning Unit	Prisoners of Vulnerable sections						
Training Objective	At the end of the training, participants will be able to explain the issues relating to prisoners of vulnerable sections						
<i>Enabling Objectives</i> At the end of the training, participants will be able to -	Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1. List the steps in classification and housing inside the prisons	- Screening - Risk assessment - Classification - Housing	Lecture-cum-Discussion	White Board, Marker, Chart	30	Medical Officer, Prison Officer	Checklist	
2. Describe the risk factors and issues of transgender inmates	- Depression - Suicide - Sexual violence - Privacy, etc.	Lecture, Group Discussion	White Board, Marker, Projection System	30	In-house /Guest faculty		Q/A
3. State the rehabilitation programs for transgender inmates	- Education - Employability skills - Life & Social skills, etc.	Lecture-cum-Discussion	White Board, Marker, Projection System	60	In-house /Guest faculty		Q/A
4. Identify the health issues of women in prisons	- Depression - Dental - TB, HIV - Reproductive	Lecture-cum-Discussion	White Board, Marker, Projection	60	In-House/ Medical Officer		

	health, etc.		System				
5. Explain the strategies to handle the health issues of women prisoners	- Awareness - Orientation - Education, - Training, - Prevention, etc.	Lecture-cum-Discussion	White Board, Marker, Projection System	60	Medical Officer, Prison Officer		
6. Describe the procedures to follow when children are admitted to prisons	- Screening - Dietary provisions - Healthcare, etc.	Lecture-cum-Discussion	White Board, Marker, Projection System	60	In-house /Guest faculty		Q/A

LEARNING EVENT

Unit	4						
Learning Unit	Special Rules and Acts relating to prisoners						
Training Objective	At the end of the training, participants will be able to explain Special Rules and Acts relating to prisoners						
<i>Enabling Objectives</i> At the end of the training, participants will be able to -	Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1. List the Special Rules and Acts relating to prisoners	- Rules - Acts Refer HO – 05	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-House/Guest Faculty		
2. Explain Rules and Acts at the national and international level	- Features - Guidelines useful for a Medical Officer working in correctional settings	Lecture-cum-Discussion	White Board, Marker, Projection System	180	Legal Experts, Prison Officers, Medical Officers	Checklist	Q/A

LEARNING EVENT

Unit	5						
Learning Unit	Complementary and Alternative Medicine(CAM)						
Training Objective	At the end of the training, participants will be able to explain Complementary and Alternative Medicine						
<i>Enabling Objectives</i> At the end of the training, participants will be able to -	Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1. Explain the concept, principles and philosophy of Complementary and Alternative Medicine	- Concept - Principles - Philosophy	Lecture-cum-Discussion	White Board, Marker, Projection System	60	In-house /Guest faculty		
3. List the categories of Complementary and Alternative Medicines and their concepts	- Homeopathy - Naturopathy - Ayurveda - Acupuncture - Aromatherapy - Yoga & Meditation, etc.	Lecture-cum-Discussion	White Board, Marker, Projection System	120	Experts from various medical fields		

LEARNING EVENT

Unit	6						
Learning Unit	Health and Wellness						
Training Objective	At the end of the training, participants will be able to explain the concept of Health and Wellness						
<i>Enabling Objectives</i> At the end of the training, participants will be able to -	Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1. Explain the concept of health, wellness, and fitness	- Definition - Concept	Lecture-cum-Discussion	White Board, Marker, Projection System	60	In-house /Guest faculty		
2. List the risk factors and stress among prison staff and inmates	-Factors create difficulties in their life	Lecture, Group Discussion	White Board, Marker, Chart	60	Prison Officer, Psychologist		Q/A
3. Explain health and hygiene	- Concept, importance - Types - Methods for enhancement	Lecture-cum-Discussion	White Board, Marker, Projection System	60	In-house /Guest faculty		
4. Orient and educate the prison staff and inmates regarding	- Awareness - Orientation - Education,	Lecture-cum-Discussion	White Board, Marker, Projection	60	In-house /Guest faculty		

health issues and communicable diseases	- Training, - Prevention, etc.		System				
5. Prepare training model for the staff and inmates	- Types of programs and the model needed for the staff and inmates	Lecture, Brainstorming, Group discussion	White Board, Marker, Chart	60	Medical & Prison Officer, Psychologist		Q/A

LEARNING EVENT

Unit	7						
Learning Unit	Effective Communication						
Training Objective	At the end of the training, participants will be able to explain the importance of Communication						
<i>Enabling Objectives</i> At the end of the training, participants will be able to -	Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1. Describe the importance and barriers in their relationship	- Importance - Obstacles	Lecture, Group Discussion	White Board, Marker, Projection System	60	In-House/ Guest Faculty		Q/A
2. Explain the models and concepts of doctor – patient relationship	- The Paternalistic model - The Informative model - The Interpretive model - The Deliberative model	Lecture-cum-Discussion	White Board, Marker, Projection System	60	In-House/ Guest Faculty		Q/A

LEARNING EVENT

Unit	8						
Learning Unit	Work-Life balance						
Training Objective	At the end of the training, participants will be able to demonstrate strategies to maintain work-life balance						
<i>Enabling Objectives</i> At the end of the training, participants will be able to -	Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1. Explain the importance of the concept of work-life balance	- Healthy work-life balance - Benefits	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-house /Guest faculty		Q/A
2. Identify the reasons for the imbalance	- Reasons for imbalance	Lecture, Group Discussion	White Board, Marker, Chart	30	In-house /Guest faculty		
3. Demonstrate the strategies to maintain work-life balance	- Strategies to maintain balance	Lecture-cum-Discussion	White Board, Marker, Projection System	60	In-house /Guest faculty		Q/A

DAY WISE TASKS

6-DAYS COURSE

Day – 1

- Registration
- Inauguration
- Detailed Introduction
- Expectations of the course
- Course Overview
- Ground Rules
- Course Guide
- Distribution of the training kit (Training material, name badges, note pads, etc)
- Training
- Group Discussion

Day – 2

- Recap of Day-1
 - Training
 - Group Discussion
- Post Lunch
- Video show

Day – 3

- Recap of Day-2
 - Training
- Post Lunch

- Guest Lecture

Day – 4

- Recap of Day-3
- Training
Post Lunch
- Video show

Day – 5

- Recap of Day-4
- Training
Post Lunch
- Guest Lecture
- Video show

Day – 6

- Recap of Day-5
- Learning points of all sessions
- Training
- Assessment: Emotional Intelligence
- Feedback session

Post Lunch
- Valediction
- Certificate
- Group Photo with Chief Guest

PART - C

LIST OF RESOURCE MATERIAL

Section-1 Handouts

Section – 2 Checklist

Section – 3 Exercises

Section – 4 Videos Films

LIST OF RESOURCE MATERIAL

Section-1 Handouts

- HO – 1** Health Promotion and Disease Prevention
- HO – 2** Handling Epidemic situations
- HO – 3** Transgender : Concept
- HO – 4** Health Care of Women Prisoners
- HO – 5** Special Rules and Acts
- HO – 6** Mental Healthcare Act, 2017
- HO – 7** Complementary and Alternative Medicine
- HO – 8** Wellness
- HO – 9** Models of Doctor – patient relationship
- HO – 10** Work-Life balance

Section – 2 Checklist

- CL-1 Report on death of the prisoner
- CL-2 MHA Advisory related to Treatment and Care of Transgender Persons in Prisons

Section – 3 Exercises

- EX-1 Emotional Intelligence Scale

Section - 4 Videos & Films

- Stress Management <https://www.youtube.com/watch?v=15GaKTP0gFE>

- Doctor-Patient Communication:
<https://www.youtube.com/watch?v=fIj74DbG1LY>
- Transgender short film: <https://www.youtube.com/watch?v=UOzSq6BSen0>
- Transgender in Prison documentary:
<https://www.youtube.com/watch?v=ZXunQkqGEbE>

HANDOUTS

Health Promotion

Health promotion is a behavioural social science that draws from the biological, environmental, psychological, physical, and medical sciences to promote health and prevent disease, disability, and premature death through education-driven voluntary behaviour change activities.

Disease Prevention

Disease prevention means specific, population-based, and individual-based interventions for primary and early prevention, aiming to minimize the burden of diseases and associated risk factors. It involves actions to reduce or eliminate exposure to risks that might increase the chances that an individual or group will incur disease, disability, or premature death.

Levels of Prevention

Primary prevention refers to efforts to eliminate health or functional problems at their source—that is, preventing their occurrence—or to procedures (such as immunizations, improving nutritional status, and increasing physical fitness and emotional well-being) that reduce the incidence of disease or render a population at risk not vulnerable to that risk.

Secondary prevention involves efforts to detect adverse health conditions early in their course and to intervene promptly and effectively, or to curtail the spread of disease to others.

Tertiary prevention aims to reduce the duration and severity of potentially disabling sequelae of disease and disability, to reduce complications of disease once established, to minimize suffering, and to assist the individual in adjusting to irremediable conditions

Handling Epidemic situation

Early identification – Early treatment – Protecting risk group
Control of source – Control of transmission – Protecting risk group – Out break
Orientation and awareness about the epidemics
Dietary provisions, sufficient stock of medicines, and other necessary items
Sensitizing the staff and prisoners to tackle the fear of the epidemic situation
Challenges: Poor infrastructure and healthcare facilities, overcrowding, lack of resources, etc.

Transgender: Concept

Transgender is an umbrella term for persons whose gender identity or expression (masculine, feminine, other) is different from their sex (male, female) at birth. *Gender identity* refers to one's internal understanding of one's own gender, or the gender with which a person identifies. *Gender expression* is a term used to describe people's outward presentation of their gender. Now they are called as LGBT community

- The term lesbian refers to females with a same-sex sexual orientation.
- The term gay refers to all persons with a same-sex sexual orientation, although it is usually used to refer to males.
- The term bisexual refers to individuals who may feel attraction to and sexual interest in other individuals of both their own gender and the opposite sex.

Lesbian gay, bisexual and transgender (LGBT) persons comprise a particularly vulnerable group in the criminal justice system and in prisons. LGBT persons, when arrested for an alleged offence or when lodging a complaint of harassment by third parties, may be subjected to further victimization by the police, including verbal, physical and sexual assault and rape

The main and most important need of LGBT prisoners is protection from sexual abuse and rape, generally perpetrated by other prisoners.

Health Care of Women Prisoners

Women in prison constitute a special group within the prison population, first and foremost because of their sex and gender inequalities. They constitute a small proportion of prison populations worldwide, usually between 2% and 9% of the prison population. Although women should be entitled to the same rights as men, prison systems were primarily designed for men, and many prisons do not have adequate facilities to protect women's rights or to promote their health. Women in prison often come from deprived social backgrounds, and many of them have experienced physical or sexual abuse and inadequate health care before imprisonment. Many women in prison are mothers and usually the primary or sole caregivers for their children. Female prisoners have complex health needs, particularly with regard to their physical and mental health. High rates of post-traumatic stress disorders are reported. The prison service should pay careful attention to women's special needs, including specific health care needs, and guarantee a gender-sensitive system of care while recognizing the opportunity for empowerment and supporting healthy choices.

The health issues facing women in prisons

- Physical health issues
- Mental health issues
- Infectious diseases
- Reproductive health (Pregnancy, prenatal & postnatal care and breastfeeding)
- Dental health
- Menstruation problems

Special Rules and Acts

- Mental Healthcare, Act 2017
- International Standards – UNODC: Handbook on Prisoners with Special Needs
- United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders
- NHRC-Suicide in Prison 2014
- The Transgender Persons (Protection of Rights) Act, 2019
- Report on death of prisoner

Mental Healthcare Act, 2017

The Mental Healthcare Act, 2017 aims to provide mental healthcare services for persons with mental illness. It ensures that these persons have a right to live life with dignity by not being discriminated against or harassed.

Key features and provisions:

1. The Act provides statutory rights to all persons to access mental healthcare and treatment from mental health services run or funded by the Government which includes affordable, good quality, and easy access to facilities such as minimum mental health services in every district without any discrimination.
2. The Act ensures the right to equality of treatment, and protection from inhuman and degrading treatment at any medical health establishment.
3. The Act broadens the definition of mental illness as a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs and does not include mental retardation which is characterized by sub-normality of intelligence.
4. The Act provides for procedure and process of admission, treatment and discharge of patients. The patient has the right to make an 'advance directive' stating how he wishes to be treated and how not to be treated.
5. They can also appoint a 'nominated representative' to take all health-related decisions on their behalf.

6. Entitlement to free mental health services at all mental health establishments run or funded by the Government for those persons with mental illnesses living below the poverty line or who are destitute or homeless.

7. Insurers are now bound to provide medical insurance to persons with mental illnesses for treatment on the same basis as available for treatment of physical illnesses.

8. Suicide is decriminalized. An attempted suicide will not be considered as punishable, which earlier included imprisonment up to a year and/or fine. Now, the attempt will be presumed as a result of severe stress and the person will not be subjected to investigation or prosecution.

Source:<https://medium.com/one-future/the-mental-healthcare-act-2017-9edc0e84da5b>

Complementary and Alternative Medicine (CAM): Concept

The terms “complementary medicine” or “alternative medicine” refer to a broad set of health care practices that are not part of that country’s own tradition or conventional medicine and are not fully integrated into the dominant health-care system.

The two terms, complementary and alternative refer to different concepts:

- If a non-mainstream approach is used together with conventional medicine, that complement traditional western (or allopathic) medicine it’s considered “complementary.”
- If a non-mainstream approach is used in place of conventional medicine, it’s considered “alternative.”

People may use the term "natural," "holistic," "home remedy," or "Eastern Medicine" to refer to CAM. However, experts often use five categories to describe it.

- Biological based practices/Nutritional: e.g., special diets, dietary supplements, herbs, probiotics, and microbial-based therapies.
- Psychological/Mind body therapies: e.g., meditation, hypnosis, music therapies, relaxation therapies).
- Body based practices/Physical: e.g., acupuncture, massage, spinal manipulation).
- Biofield Therapy/energy medicine, involves the belief that the body has energy fields that can be used for healing and wellness, e.g., reiki, therapeutic touch, etc.

- Whole medicine system: These are healing systems and beliefs that have evolved over time in different cultures and parts of the world, e.g., ayurvedic, medicine, homeopathy, traditional Chinese medicine, naturopathic medicine, etc.

Philosophy:

The basic philosophy of complementary and alternative medicine includes holistic care, which focuses on treating a human being as a whole person. The goal of conventional medicine is to find the physical source of a particular disease and treat it. For example, if a person has an infection, a conventional doctor may prescribe an antibiotic to kill the invading bacteria. CAM practitioners, on the other hand, take a more "holistic" approach to health care. They believe that health and disease involve a complex interaction of physical, spiritual, mental, emotional, genetic, environmental, and social factors. In order to treat a disease or promote good health, CAM practitioners treat the whole person.

Basic principles

- The focus is on the whole person, the physical, emotional, social, and spiritual.
- Prevention of illness is a primary goal.
- Treatments are highly individualized.
- Treatments are aimed at the causes of illness rather than at its symptoms.
- Treatments are designed to support the natural healing processes of the body.

Wellness

According to the National Wellness Institute, wellness is considered, “an active process through which people become aware of, and make choices toward, a more successful existence”. This definition is based on 3 tenets:

1. Wellness is considered a conscious, self-directed and evolving process of achieving full potential.
2. Wellness is multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment.
3. Wellness is positive and affirming.

In understanding the difference between health and wellness, in short, health is a state of being, whereas wellness is the state of living a healthy lifestyle. Health refers to physical, mental, and social well-being; wellness aims to enhance well-being.

Prisons have duties to care for both staff and prisoners and Prison management has a key role to ensure that staff and prisoners alike feel safe and have opportunities to maintain and improve their health. Prison staff require training in health matters if they are to achieve adequate levels of health, starting with basic measures to create a safe working and living environment.

Fitness

Fitness is the condition/state of being physically and mentally strong, healthy, suitability or appropriateness. Total fitness is a multi-dimensional concept that includes aspects such as emotional, social, spiritual, mental, nutritional, and physical fitness. Components of Physical fitness: Muscular strength, Muscular endurance, Cardiovascular fitness, Motor fitness and Flexibility.

Model of Physician – Patient relationship

The Paternalistic Model

In this model, the physician-patient interaction ensures that patients receive the interventions that best promote their health and well-being. Physicians use their skills to determine the patient's medical condition and his or her stage in the disease process and to identify the medical tests and treatments most likely to restore the patient's health or ameliorate pain. Then the physician presents the patient with selected information that will encourage the patient to consent to the intervention the physician considers best. At the extreme, the physician authoritatively informs the patient when the intervention will be initiated.

The Informative Model

In this model, the objective of the physician-patient interaction is for the physician to provide the patient with all relevant information, for the patient to select the medical interventions he or she wants, and for the physician to execute the selected interventions. To this end, the physician informs the patient of his or her disease state, the nature of possible diagnostic and therapeutic interventions, the nature and probability of risks and benefits associated with the interventions, and any uncertainties of knowledge. At the extreme, patients could come to know all medical information relevant to their disease and available interventions and select the interventions that best realize their values.

The Interpretive Model

The aim of the physician-patient interaction is to elucidate the patient's values and what he or she actually wants, and to help the patient select the available medical interventions that realize these values. Like the informative physician, the interpretive physician provides the patient with information on the nature of the condition and the risks and benefits of possible interventions. The

interpretive physician assists the patient in elucidating and articulating his or her values and in determining what medical interventions best realize the specified values, thus helping to interpret the patient's values for the patient.

The Deliberative Model

The aim of the physician-patient interaction is to help the patient determine and choose the best health-related values that can be realized in the clinical situation. To this end, the physician must delineate information on the patient's clinical situation and then help elucidate the types of values embodied in the available options. The physician's objectives include suggesting why certain health related values are more worthy and should be aspired to. At the extreme, the physician and patient engage in deliberation about what kind of health-related values the patient could and ultimately should pursue.

Work-life balance

Work-life balance is the state of equilibrium where a person equally prioritizes the demands of one's career and the demands of one's personal life. It involves looking at how working people manage time spent at and outside of work.

Strategies to improve work-life balance

- Accept that there is no 'perfect' work-life balance.
- Find a hobby that you love.
- Prioritize your health.
- Do not be afraid to unplug.
- Take time off from work
- Make time for yourself and your loved ones.
- Set boundaries and work hours.
- Set goals and priorities (and stick to them).
- Creating a work leisure plan
- Leaving out activities that waste time and energy
- Outsourcing and Delegating work
- Set enough time for relaxation
- Prioritizing work
- Learn the power of “no.”
- Avoid the trap of perfectionism.

CHECKLIST

1. Report on Death of Prisoner
2. MHA Advisory related to Treatment and Care of Transgender Persons in Prisons

Report on Death of Prisoner

The Prisons Act, 1894: Section 15:

Description: On the death of any prisoner, the Medical Officer shall forthwith record in a register the following particulars, so far as they can be ascertained, namely:

- (1) the day on which the deceased first complained of illness or was observed to be ill,
- (2) the labour, if any, on which he was engaged on that day,
- (3) the scale of his diet on that day,
- (4) the day on which he was admitted to hospital,
- (5) the day on which the Medical Officer was first informed of the illness,
- (6) the nature of the disease,
- (7) when the deceased was last seen before his death by the Medical Officer or Medical Subordinate,
- (8) when the prisoner died, and
- (9) (in cases where a post-mortem examination is made) an account of the appearances after death, together with any special remarks that appear to the Medical Officer to be required.

Transgender Persons (Protection of Rights) Rules, 2020

In exercise of the powers conferred under the Act, the Government of India notified the Transgender Persons (Protection of Rights) Rules, 2020 on 25th September 2020. These Rules inter-alia specify the procedure by which a transgender person can obtain a certificate of identity, welfare measures for transgender persons, their education, social security, health, and provisions for non-discrimination, etc.

Advisory related to Treatment and Care of Transgender Persons in Prisons

- Identity
- Infrastructure in Prisons
- Self-identity to be respected
- Admission in Prisons
- Search of Transgender Prisoners
- Access to Health Care
- Communication with Outside World
- Aftercare and Rehabilitation
- Training and Sensitization of Prison Personnel

https://www.mha.gov.in/sites/default/files/Advisory_TransgenderPersonsInPrisons_10012022_0.PDF

EXERCISES

1 Emotional Intelligence Scale

Emotional intelligence questionnaire (EI)

...Daniel Goleman

This self-assessment questionnaire is designed to get you thinking about the various competences of emotional intelligence as they apply to you. Daniel Goleman first brought ‘emotional intelligence’ to a wide audience with his 1995 book of that name. He found that while the qualities traditionally associated with leadership such as intelligence, toughness, determination and vision are required for success, they are insufficient. Truly effective leaders are also distinguished by a high degree of emotional intelligence, which includes:

- **Self-awareness:** The ability to recognise what you are feeling, to understand your habitual emotional responses to events and to recognise how your emotions affect your behaviour and performance. When you are self-aware, you see yourself as others see you, and have a good sense of your own abilities and current limitations.
- **Managing emotions:** The ability to stay focused and think clearly even when experiencing powerful emotions. Being able to manage your own emotional state is essential for taking responsibility for your actions and can save you from hasty decisions that you later regret.
- **Motivating oneself:** The ability to use your deepest emotions to move and guide you towards your goals. This ability enables you to take the initiative and to persevere in the face of obstacles and setbacks.
- **Empathy:** The ability to sense, understand and respond to what other people are feeling. Self-awareness is essential to having empathy with others. If you are not aware of your own emotions, you will not be able to read the emotions of others.

▪ **Social Skill:** The ability to manage, influence and inspire emotions in others. Being able to handle emotions in relationships and being able to influence and inspire others are essential foundation skills for successful teamwork and leadership.

What to do:

1. Assess and score each of the questionnaire's statements.

Score your assessment, using a scale where

- 1 indicates that the statement does NOT apply at all
- 3 indicates that the statement applies about half the time
- 5 indicates that the statement ALWAYS applies to you

2. Total and interpret your results

▪ Transfer your scores to the calculation table and total your results. Remember, this tool is not a validated psychometric test - the answers you give are likely to vary depending on your mood when you take it.

3. Consider your results and identify one or two actions you can take immediately to strengthen your emotional intelligence.

Assess and score how much each statement applies to you

S. No	Statement	Score				
		1	2	3	4	5
1.	I realize immediately when I lose my temper					
2.	I can 'reframe' bad situations quickly					

3.	I can always motivate myself to do difficult tasks					
4.	I am always able to see things from the other person's viewpoint					
5.	I am an excellent listener					
6.	I know when I am happy					
7.	I do not wear my 'heart on my sleeve'					
8.	I am usually able to priorities important activities at work and get on with them					
9.	I am excellent at empathizing with someone else's problem					
10.	I never interrupt other people's conversations					
11.	I usually recognize when I am stressed					
12.	Others can rarely tell what kind of mood I am in					
13.	I always meet deadlines					
14.	I can tell if someone is not happy with me					
15.	I am good at adapting and mixing with a variety of people					
16.	When I am being 'emotional' I am aware of this					
17.	I rarely 'fly off the handle' at other					

	people					
18.	I never waste time					
19.	I can tell if a team of people are not getting along with each other					
20.	People are the most interesting thing in life for me					
21.	When I feel anxious, I usually can account for the reason(s)					
22.	Difficult people do not annoy me					
23.	I do not prevaricate					
24.	I can usually understand why people are being difficult towards me					
25.	I love to meet new people and get to know what makes them 'tick'					
26.	I always know when I'm being unreasonable					
27.	I can consciously alter my frame of mind or mood					
28.	I believe you should do the difficult things first					
29.	Other individuals are not 'difficult' just 'different'					
30.	I need a variety of work colleagues to make my job interesting					
31.	Awareness of my own emotions is very important to me at all times					

32.	I do not let stressful situations or people affect me once I have left work					
33.	Delayed gratification is a virtue that I hold to					
34.	I can understand if I am being unreasonable					
35.	I like to ask questions to find out what it is important to people					
36.	I can tell if someone has upset or annoyed me					
37.	I rarely worry about work or life in general					
38.	I believe in 'Action this Day'					
39.	I can understand why my actions sometimes offend others					
40.	I see working with difficult people as simply a challenge to win them over					
41.	I can let anger 'go' quickly so that it no longer affects me					
42.	I can suppress my emotions when I need to					
43.	I can always motivate myself even when I feel low					
44.	I can sometimes see things from others' point of view					
45.	I am good at reconciling					

	differences with other people					
46.	I know what makes me happy					
47.	Others often do not know how I am feeling about things					
48.	Motivations has been the key to my success					
49.	Reasons for disagreements are always clear to me					
50.	I generally build solid relationships with those I work with					

Total and interpret your results

1. Record your 1, 2, 3, 4, 5 scores for the questionnaire statements in the grid below. The grid organises the statements into emotional competency lists

Self-awareness		Managing emotions		Motivating oneself		Empathy		Social Skill	
1		2		3		4		5	
6		7		8		9		10	
11		12		13		14		15	
16		17		18		19		20	
21		22		23		24		25	
26		27		28		29		30	
31		32		33		34		35	
36		37		38		39		40	
41		42		43		44		45	

46		47		48		49		50	
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2. Calculate a total for each of the 5 emotional competencies.

Total =		Total =		Total =		Total =		Total =	
(SA)		(ME)		(MO)		(E)		(SS)	

2. Interpret your totals for each area of competency using the following guide.

35-50	This area is a strength for you.
18-34	Giving attention to where you feel you are weakest will pay dividends.
10-17	Make this area a development priority .

4. Record your result for each of the emotional competencies: strength, needs attention or development priority.

Components	Strength	Needs attention	Development priority
Self-awareness			
Managing emotions			
Motivating oneself			
Empathy			
Social skill			

REFERENCE

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14. World health Organization: Prisons and Health

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- Working Group on Prisons (1972-73)
- The All India Committee on Jail Reforms (1980-1983)
- Group of Officers on Prison Administration (1986-1987)
- Relevant Law Commission of India Reports

Websites

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APPENDICES

- 1. REGISTRATION FORM**
- 2. PRE-COURSE ASSESSMENT**
- 3. POST-COURSE ASSESSMENT**
- 4. FEEDBACK FORM**
- 5. COURSE COORDINATOR'S REPORT**
- 6. FIELD-VISIT FORMAT**
- 7. NOTE FOR THE FACILITATOR ON PANEL DISCUSSION**
- 8. PRISON STATISTICS, 2021 (IN BRIEF)**

(Name of the Training Institute)

(Name of the Course)

(Dates)

REGISTRATION FORM

PARTICIPANT DETAILS

1. Name :
2. Date of birth :
3. Male/Female
- 4.. Qualifications :
(a) Academic
(b) Professional
5. Designation :

ORGANIZATION DETAILS

6. Department/Organization :
7. Address
8. Telephone No.
9. E-mail id :

RESIDENTIAL DETAILS

10. Address
11. Telephone No.
12. Mobile No.
13. Emergency contact details:

Signature
Name
Date

APPENDIX- 2

PRE-COURSE ASSESSMENT EXERCISE

Answer the following –

S. No.	Name of Unit (As given in the Course Grid)	Pre-Assessment (Knowledge-level before training)		
		Absolutely Yes	Not Sure	No knowledge
_____	_____	_____	_____	_____
1.	Are you aware of.....			
2.	Do you have an understanding of.....			
.....				

POST-COURSE ASSESSMENT EXERCISE

Answer the following –

S. No.	Name of Unit (As given in the Course Grid)	Post-Assessment (Knowledge-level after-training)		
		Absolutely Yes	Not Sure	No knowledge
1.	Are you aware of.....			
2.	Do you have an understanding of.....			
.....				

**(Name of the Training Institute)
(Title of the Course)
(Dates of the Course)**

FEEDBACK FORM

(To be filled-in by individual participants at the end of the Course)

1. To what extent the Objectives of the Course were met

To a great extent 4	To some extent 3	To a limited extent 2	Not at all 1

2. Did you receive advance intimation from the Institution about the Course. if so, did you respond to the Institution?

Yes

No

3. What do you think about the structure and organization of the Course to meet the objectives?

Very well Structured 4	Well Structured 3	Some-what structured 2	Un-structured 1

4. How useful this training would be to you immediately in your job?

Very Useful 4	Quite Useful 3	Of limited Use 2	Not at all Useful 1

5. How useful this training is likely to be for the future jobs you may handle?

Very Useful 4	Quite Useful 3	Of limited use 2	Not at all Useful 1

6. Practical Orientation of the course.

Highly Practical Oriented 4	Practically Oriented to a Great extent 3	Practically Oriented to a Limited extent 2	Not Practically Oriented 1

7. How far have you been benefited from interaction with the other participants in the Course?

Substantially 4	Considerably 3	Fairly 2	Not at all 1

8. How far was the Course Material supplied relevant and related to the Course Contents?

Extremely Relevant 4	Considerably Relevant 3	Fairly Relevant 2	Not at all relevant 1

9. To what extent are you satisfied with the following:

(The Training Institution may please block the parameters not applicable)

Satisfied fully 4	Satisfied to a large extent 3	Satisfied to a limited extent 2	Not satisfied 1

- a) Reception & Transport

- b) Residential

Accommodation

c) Food Quality & Service

d) Classroom facilities

e) Library facilities

f) Computer facilities

g) Interaction with the staff
of the Institute

10. Feedback on the Training/Faculty:
(Kindly fill up the Annexure)

11. Which parts of the Course did you find most helpful?

12. Which parts of the Course did you find least helpful?

13. Your overall impression of the course:

Excellent 4	Very Good 3	Good 2	Fair 1

14. Did the Course give you any specific ideas Yes/No
about improvements in your working
situation when you get back.

15. If yes, kindly spell them out briefly?

16. Any other comments/observations you wish to make about the Course

Date:

Name:

Designation:

Place:

Organisation:

COURSE COORDINATOR’S REPORT
on
(Name of the Training Course)
(Duration)

1. Name of the Training Institution :
2. Whether the Course was conducted :
In the Institute’s Campus or elsewhere
3. Title of the Course :
4. Duration of the Course :
5. Number of participants :
(Attach final list of participants)
6. Details of Training Facilitators :
(Name/Designation/Organization)
(In-House/Guest)
7. States/UTs represented :
8. Details of Sessions with working hours :
9. List of Training Material distributed :
10. Details of Methods/Methodology used:
11. Feedback of participants :
(Attach copies of Feedback Forms)
12. Summary of the Feedback :
13. Summary of the Pre/Post Assessments :
14. Any areas of improvement noticed :
15. Overall impression of the Course :
Coordinator

Signature
(Name of the Course Coordinator)
Designation
Date
(Mobile Number/E-mail)

FIELD VISIT REPORT FORMAT

Format of Field Visit Report

Name of the trainee officer :

Batch No. :

Officer in charge of the visit :

Name of the Institute/organization visited :

Time and Date of visit :

Subject for which visit is made :

Signature of the trainee

Signature of the officer in charge of the visit

Structure of the Report

- Introduction about the institute
- Origin and history of the institute
- Primary duties and functions of the institute
- Officer with whom interacted
- Report of the Visit [write summary of learnings from the visit] \
- Any other Comments/ remarks about the visit and the learnings from the visit.

NOTE FOR THE FACILITATOR ON THE PANEL DISCUSSION

Instructions to Course Coordinator

Invite a member from each of the agencies to have a panel discussion

While conducting the panel discussion, faculty should act as a Moderator

The Moderator should introduce the theme and then the panellists. Each panellist can be given around 15 minutes time to speak and discuss the role of their agencies and areas where coordination is required. After all panellists have spoken, the panel should be open for discussion with question from the participants. The key points of each speaker should be summed up by the moderator and the discussion should be concluded by the moderator well within time. The participants should be instructed to ask specific questions to the panellists.

Group Discussion:

Each Participant should be encouraged to participate. Establish Ground Rules first. Cull out the important points that emerge from the discussion

Action Plan: Group Work Activity

Prison based Rehabilitation programs

Participants should be divided into groups of 5-6 members of all ranks (warder, to Superintendent) and all should brainstorm and discuss what goals to set for prisoner rehabilitation programs in a particular prison. Action Plan should be time bound and can be short term, medium term and long term. Work Sheets, Flip chart sheets and sketch pen should be distributed to all the groups and facilitator should ensure that all contribute their ideas. Each goal should make clear the responsibility-what you can do at your level (e.g. at Deputy Superintendent level), what can be done by others (e.g. at headquarters). Further review of action is essential. Make clear that there is a start and end date to the action, so the Plan is time bound.

APPENDIX - 8

PRISON STATISTICS INDIA – 2021

Total Number of Prison Inmates as on 31.12.2021			
Male	:	5,31,025	
Female	:	22,918	
Transgender	:	91	
Prison Population	:	5,54,034	

Prisoner Types and Demography

Convicts		Undertrials		Detenues		Others	
Male	117846	Male	409346	Male	3381	Male	452
Female	4990	Female	17745	Female	88	Female	95
Transgender	16	Transgender	74	Transgender	01	Transgender	00
Total	122852	Total	427165	Total	3470	Total	547

Number of Jails, Capacity, Population and Occupancy Rate in India at the end of 2021

Type of Jail	Number	Authorized Capacity	Population of Inmates	Occupancy Rate (%)
Central Jail	148	193536	239311	123.7
District Jail	424	163606	254214	155.4
Sub Jail	564	45436	46736	102.9
Special Jail	41	7473	6582	88.1
Open Jail	88	5953	2178	36.6
Women Jail	32	6767	3808	56.3
Borstal School	19	1775	745	42.0
Others	03	1063	460	43.3
Total	1319	425609	554034	130.2

Source: NCRB, MHA (2021) <https://ncrb.gov.in/en/prison-statistics-india-2021>