

Report

**to the Government of the Republic of Moldova
on the visit to the Republic of Moldova
carried out by the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment (CPT)**

from 14 to 25 September 2015

Since April 2011, reports on CPT visits to the Republic of Moldova are published under an automatic publication procedure.

Strasbourg, 30 June 2016

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Copy of the letter transmitting the CPT's report

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Strasbourg, 5 April 2016

Dear Ms Branîşte,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I enclose herewith the report to the Moldovan Government drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to Moldova from 14 to 25 September 2015. The report was adopted by the CPT at its 89th meeting, held from 7 to 11 March 2016.

The various recommendations, comments and requests for information formulated by the CPT are highlighted in bold type in the body of the report. As regards more particularly the CPT's recommendations, having regard to Article 10, paragraph 1, of the Convention, the Committee requests the Moldovan authorities to provide **within six months** a response giving a full account of action taken to implement them. The CPT trusts that it will also be possible for the Moldovan authorities to provide, in their response, reactions to the comments and requests for information formulated in this report.

As regards the recommendations in paragraph 65 of the report, the Committee requests the Moldovan authorities to provide a response **within three months**.

The CPT would ask, in the event of the response being forwarded in the Romanian language, that it be accompanied by an English or French translation.

I am at your entire disposal if you have any questions concerning either the CPT's visit report or the future procedure.

Yours sincerely,

Mykola Gnatovskyy
President of the European Committee for
the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment

EXECUTIVE SUMMARY

During its periodic visit to the Republic of Moldova, the CPT's delegation examined the conditions of detention and treatment of persons held in police establishments and prisons. In this context, particular attention was paid to the situation of female inmates, juveniles and prisoners sentenced to life imprisonment, as well as to the arrangements concerning the provision of health care to prisoners at Pruncul Prison Hospital. The delegation also visited a psychiatric hospital and a social care home.

The co-operation received by the delegation throughout the visit, from both the national authorities and staff at the establishments visited, was generally very good. That said, the principle of co-operation also requires that the CPT's recommendations be effectively implemented in practice. In this regard, the Committee is very concerned to note that little or no action has been taken by the Moldovan authorities in respect of certain longstanding key recommendations concerning the situation in prisons, in particular as regards inter-prisoner violence and intimidation, the conditions of detention of adult male prisoners (including the regime for remand prisoners), and prison staffing levels.

Police custody

The information gathered during the 2015 visit indicated that the situation as regards the treatment of persons detained by the police in the Republic of Moldova had improved since the CPT's previous visit in 2011. The great majority of persons interviewed by the delegation who were, or had recently been, detained by the police stated that they had been treated correctly whilst in custody. The delegation's discussions with various other interlocutors, such as non-governmental organisations and the Office of the Ombudsman, tended to confirm that there had been a decrease in recent times in the frequency and severity of alleged instances of police ill-treatment. It is also praiseworthy that no allegations of ill-treatment were received in respect of staff performing custodial duties in police temporary detention isolators.

However, the delegation did receive a number of allegations from detained persons of excessive use of force by the police at the time of apprehension, after the person concerned had been brought under control. Several allegations were also heard of physical ill-treatment during preliminary questioning by operational officers, in order to extract a confession. The alleged ill-treatment consisted essentially of slaps, punches and kicks, and in a few cases was of a severe nature (e.g. manual strangulation, severe beating, etc.).

Whilst acknowledging the progress made by the Moldovan authorities in recent years in combating police ill-treatment, the CPT stresses the need for additional vigorous action to stamp out this phenomenon. Several recommendations are also made to reinforce the safeguards afforded to persons detained by the police, in particular as concerns the right to be granted effective access to a lawyer as from the very outset of deprivation of liberty.

As regards material conditions of detention in police establishments, the CPT welcomes the major renovation work which has been carried out at the temporary detention isolator of the Chişinău Police Department since the 2011 visit. However, most of the other police detention facilities visited displayed various shortcomings, such as very limited or no access to natural light, dim artificial lighting, poor state of hygiene, inadequate ventilation, non-partitioned in-cell toilets, and filthy mattresses. Further, in some of the detention facilities visited, no outdoor exercise was offered to detained persons. The Committee recommends that the Moldovan authorities vigorously pursue their efforts to improve material conditions of detention in police temporary detention isolators and that all persons who are detained by the police for 24 hours or more be offered at least one hour of outdoor exercise per day.

Prison establishments

With the exception of Goian Prison, no allegations were received of recent physical ill-treatment by staff in the prisons visited. At Goian, the CPT's delegation received a number of allegations from juvenile inmates of physical ill-treatment by certain staff members. The alleged ill-treatment mainly followed instances of disobedient behaviour by the juveniles and consisted of slaps, punches, kicks and truncheon blows. The Committee recommends that effective investigations be carried out into these allegations.

The delegation found evidence of a number of cases of inter-prisoner violence at Soroca Prison and, to a lesser extent, at Chişinău and Rezina Prisons. Such a situation is largely linked to the well-established informal hierarchy among inmates, which has been a long-standing feature of the prison subculture in the Moldovan penitentiary system. In particular at Soroca Prison, the delegation heard numerous accounts of beatings, threats and extortion by fellow inmates. The CPT is particularly concerned about the situation of the lowest caste of prisoners in the hierarchy, the so-called "untouchables", who were frequently subjected to humiliation by other inmates. Certain features of the prison subculture (including the inmate caste system) were also prevalent among juvenile inmates at Goian Prison. The CPT calls upon the Moldovan authorities to take resolute action to prevent inter-prisoner intimidation and violence in all these establishments, in particular by taking effective measures to tackle the phenomenon of an informal prison hierarchy with all its negative consequences.

The delegation observed that the national standard of at least 4 m² of living space per prisoner was far from being met in most of the prisons visited; in particular at *Chişinău and Soroca Prisons*, the levels of overcrowding had reached disturbing proportions. Material conditions of detention in these two prisons were inadequate also in many other respects (e.g. poor, or even very poor, state of repair and hygiene; limited access to natural light; insalubrious sanitary facilities; infestation by vermin; worn-out and filthy mattresses; etc.) and, in the CPT's view, could be considered as amounting to inhuman and degrading treatment. At Chişinău Prison, the situation was further exacerbated by the impoverished regime to which remand prisoners were subjected. The Committee notes the Moldovan authorities' plans to construct a new prison near Chişinău; it recommends that, in the interim, measures be taken to bring conditions of detention in the existing prison to an acceptable level. As regards Soroca Prison, the CPT calls upon the Moldovan authorities to submit an action plan setting out how the existing shortcomings will be addressed, within a reasonable timescale, through extensive refurbishment, reconstruction or other means, and outlining the funding which will be provided.

Material conditions of detention at *Rusca Prison for women* were on the whole satisfactory; nevertheless, some rooms were grossly overcrowded. Further, although it is positive that the vast majority of inmates at Rusca were allowed to move freely around the prison premises throughout the day, the existing opportunities for work and other organised activities were generally limited. It is also a matter of concern that women held under the initial detention regime were confined to their cells for 22 hours per day for months or even years on end. As regards *female prisoners at Chişinău Prison*, their situation was similar to that of their male counterparts.

The *juvenile unit at Goian Prison* offered satisfactory conditions of detention. The CPT is also pleased to note that juveniles held in this establishment were offered general education classes, vocational training and various occupational activities, as well as sports and recreation. Efforts were also being made at *Chişinău Prison* to involve as many juveniles as possible in schooling and in vocational and sports activities. However, the delegation was concerned to note that the juvenile remand prisoners at *Rezina Prison* were provided with no out-of-cell activities, apart from one-hour school classes two to three times per week and daily outdoor exercise of two hours. The Committee stresses that a lack of purposeful activity is especially harmful for juveniles, who have a particular need for physical activity and intellectual stimulation; it recommends that immediate steps be taken at *Rezina Prison* to provide structured out-of-cell activities for juveniles.

The CPT notes some progress as regards the regime offered to *life-sentenced prisoners* at *Rezina Prison*. However, it is a matter of concern that such prisoners were still not offered any educational/training programmes or employment opportunities. As concerns security measures, the Committee welcomes the fact that, except for a few inmates, life-sentenced prisoners at *Rezina Prison* were no longer handcuffed whenever they left their cells escorted by prison officers.

Regarding health care, the CPT is concerned to note that the contributions made by the Prison Administration from its budget for the purchase of medication were insufficient, and the prisons visited depended to a certain extent on the humanitarian aid they could secure and on prisoners' families. Further, medical confidentiality was not observed in most of the prison establishments visited; in particular, despite the specific recommendation repeatedly made by the Committee in the past, medical consultations were still usually conducted in the presence of custodial staff.

Material conditions varied in different parts of *Pruncul Prison Hospital*; they were very good in the newly built unit for mothers and children and certain improvements were noted on the psychoneurological ward, which had already been visited by the CPT in 2011. However, many patients' rooms in other parts of the hospital remained dilapidated and dirty. Moreover, in most parts of the hospital, rooms were crowded and poorly equipped. The state of sanitary facilities was rather poor.

As regards health-care staff, the CPT is critical about the existing vacancies and the low number of staff present on the wards.

The CPT gained a generally positive impression of the treatment provided to patients on the two TB wards. That said, the treatment administered to psychoneurological patients was almost exclusively pharmacological and no individualised treatment plans were drawn up for the patients. Moreover, the delegation noted the shortage of anti-psychotic medication. The care provided in the surgery ward was generally of a good standard; however, the ward was particularly affected by staff vacancies.

The CPT is concerned that medical procedures in the hospital were conducted through bars, in full view of other patients and the custodial staff present.

The CPT formulates a number of specific recommendations regarding various other prison-related issues, such as prison staff, prisoners' contact with the outside world, discipline and security, and complaints procedures. In particular, the Committee recommends that the Moldovan authorities review, as a matter of priority, prison staffing levels at *Chişinău*, *Rusca* and *Soroca Prisons*, with a view to increasing the number of custodial staff present in the detention areas.

Bălți Psychiatric Hospital

No allegations of physical ill-treatment of patients by staff were received during the visit to Bălți Psychiatric Hospital. On the contrary, the patients interviewed by the delegation spoke positively of the staff and the general atmosphere was relaxed.

Living conditions in the hospital were generally good. Overall, most of the premises were clean, in a good state of repair and well-lit and ventilated. That said, conditions in some of the patient's rooms were cramped and there was not enough equipment, such as wardrobes or chairs. Moreover, some of the sanitary facilities were in a very poor state of repair and needed to be completely refurbished. In addition, it was a matter of concern that at the time of the visit, the hospital did not benefit from a continuous water supply.

As regards treatment, pharmacotherapy was supplemented by a range of therapeutic activities, such as various forms of physiotherapy, hydrotherapy and kinesitherapy. However, no individualised treatment protocols were drawn up for the patients and, due to a lack of staff, the offer of occupational therapy was virtually non-existent for the majority of adult patients. The situation was better with regard to juvenile patients who could continue some school classes and frequent an activity/play room. The CPT recommends that individual treatment plans be drawn up for each patient, a wider range of therapeutic options be introduced and long-term patients be involved in rehabilitative psychosocial activities to prepare them for living independently and returning to their families.

In general, the available medication allowed the hospital to meet the very basic needs of patients. However, occasional supply shortages resulted in abrupt changes or interruption of medication or in requesting patients' families to supply the medication; certain modern medication was not available.

Resort to means of restraint was not excessive and periods of restraint usually lasted less than one hour. However, restraint was systematically applied by orderlies without any specific training in restraining patients and patients were sometimes called to help restrain other patients. Moreover, it was not unusual that patients were fixated to beds in full view of other patients. The CPT makes several recommendations concerning the application of means of restraint.

As regards involuntary placement of civil patients to the hospital, the placement procedure provided for by the relevant legislation was very rarely applied in practice and all patients were formally regarded as voluntary although they were not allowed to leave the hospital of their own free will. The CPT therefore considers that a number of patients were *de facto* deprived of their liberty and formulates recommendations with a view to ensuring that the procedures envisaged by the relevant legislation are duly complied with and that the legal safeguards are genuinely effective.

As regards forensic patients, the procedural time limits for the review of their placement in the hospital were complied with. However, the patients concerned did not usually attend the court hearing, nor did they receive a copy of the court decision. Moreover, the psychiatric expert reports which were prepared in the context of the review appeared to be a mere formality.

Edineț Psychoneurological Home

At *Edineț Psychoneurological Home*, the CPT heard no allegations of physical ill-treatment of residents by staff. On the contrary, the overall atmosphere was relaxed, a number of residents made positive remarks about staff and the delegation observed that staff were making efforts to provide proper care to the residents.

As regards living conditions, the premises were generally in a good state of repair and clean, residents' rooms had good access to natural light, were adequately heated and ventilated and artificial lighting was sufficient. Residents were allowed to personalise their rooms, could keep a number of personal belongings and most of them had keys to their rooms. That said, conditions in some rooms were cramped. Moreover, the state of repair and cleanliness of sanitary facilities in the unreconstructed blocks 1 and 2 was very poor and the facilities were not adapted to facilitate access to residents in wheelchairs who were being accommodated in the establishment.

The CPT considers that the staffing levels and the number of staff on duty at any given time were grossly insufficient and recommends that they be thoroughly reviewed and significantly increased, taking due account of the number of residents and their needs.

Although efforts were being made to provide residents with activities and occupational therapy, the number of residents participating in any organised activity was very small and the majority of residents spent their days wandering around, watching TV or at best playing board games; a few of them read books from the institution's library. The CPT recommends widening the range of therapeutic options and ensuring greater participation by residents in psychosocial rehabilitation activities in order to prepare them for living independently or returning to their families.

In general, access of residents to somatic care did not pose a major difficulty. However, recommendations are made to improve access to dental and gynaecological care, as well as the treatment of epileptic patients.

No means of mechanical restraint were used in the establishment. However, resort to chemical restraint was not recorded in the residents' individual medical files and there was no specific register of the use of means of restraint. A recommendation is made to ensure that all instances of recourse to means of restraint (including rapid tranquillisation) are registered in the residents' medical files. In addition, a specific register of the use of means of restraint should be maintained in each establishment.

As regards placement of residents in the establishment, the CPT concludes that, while the residents were *de facto* deprived of their liberty, their placement and continued stay in the establishment were surrounded by virtually no safeguards. The Committee recommends that the Moldovan authorities take urgent steps to put in place a clear and comprehensive legal framework governing involuntary placement and stay of residents in social care homes.

I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a periodic visit to the Republic of Moldova from 14 to 25 September 2015. It was the Committee’s sixth periodic visit to the Republic of Moldova.¹

2. The visit was carried out by the following members of the CPT:

- Lətif HÜSEYNOV, Head of delegation
- Djordje ALEMPIJEVIC
- Julia KOZMA
- Alexander MINCHEV
- Anna MOLNÁR
- George TUGUSHI.

They were supported by Elvin ALIYEV and Petr HNÁTÍK of the CPT's Secretariat, and assisted by:

- Cyrille ORIZET, psychiatrist, Georges Pompidou European Hospital, Paris, France (expert)
- Sergiu BUFTEAC (interpreter)
- Ala CONDROVA (interpreter)
- Elena DOLGHI (interpreter)
- Alexandru MELENCIUC (interpreter)
- Natalia ROMANDAS (interpreter).

¹ The reports on previous CPT visits to the Republic of Moldova and related Government responses are available on the Committee’s website: <http://www.cpt.coe.int/en/states/mda.htm>

B. Establishments visited

3. The delegation visited the following places of deprivation of liberty:

Establishments under the authority of the Ministry of the Interior

- Chişinău Police department
- Bălţi Police Station
- Cimişlia Police Station
- Donduşeni Police Station
- Drochia Police Station
- Edineţ Police Station
- Hînceşti Police Station
- Soroca Police Station

Establishments under the authority of the Ministry of Justice

- Prison No. 6, Soroca
- Prison No. 7 for women, Rusca
- Prison No. 10 for juveniles, Goian
- Prison No. 13, Chişinău
- Prison No. 16, Pruncul Prison Hospital
- Prison No. 17, Rezina (units for life-sentenced prisoners and for juveniles)

In addition, the delegation paid a targeted visit to Prison No. 11 in Bălţi in order to interview prisoners who had recently been in police custody.

Establishments under the authority of the Ministry of Health

- Bălţi Psychiatric Hospital

Establishments under the authority of the Ministry of Labour, Social Protection and Family

- Psychoneurological Home in Brînzani (Edineţ).

C. Consultations held by the delegation and co-operation encountered

4. In the course of the visit, the CPT's delegation had consultations with Mr Vladimir CEBOTARI, Minister of Justice, Mr Oleg BABIN, Deputy Minister of the Interior, Ms Valentina ROTARU, Deputy Minister of Health, as well as with senior officials from the ministries and services concerned, including the Ministry of Labour, Social Protection and Family.

The delegation also met Mr Mihail COTOROBAI, Ombudsman, and members of his staff, as well as representatives of non-governmental organisations active in areas of concern to the CPT.

A list of the national authorities and non-governmental organisations met by the delegation is set out in the Appendix to this report.

5. The co-operation received by the delegation throughout the visit, from both the national authorities and staff at the establishments visited, was generally very good. The delegation enjoyed rapid access to all the places visited (most of which had not been notified in advance), was provided with the information necessary for carrying out its task and was able to speak in private with persons deprived of their liberty.

That said, at Hîncești Police Station, attempts were made by staff to mislead the delegation as regards the use of custody cells which had reportedly been taken out of use. Further, at Dondușeni Police Station, the delegation was given inaccurate information about the periods of time actually spent by detainees in the holding cell (intended for stays of up to three hours). As the CPT has had occasion to point out in the past, **such acts are not in conformity with the principle of co-operation set out in Article 3 of the Convention.**

6. More generally, the CPT must stress once again that the principle of co-operation between States Parties to the Convention and the Committee is not limited to facilitating the task of a visiting delegation. It also requires that decisive action be taken in response to the Committee's recommendations. In this regard, the 2015 visit revealed that progress has been made as regards the prevention of ill-treatment of persons in police custody. However, the CPT is very concerned to note that little or no action has been taken by the Moldovan authorities in respect of certain longstanding key recommendations concerning the situation in prisons, in particular as regards inter-prisoner violence and intimidation, the conditions of detention of adult male prisoners (including the regime for remand prisoners), and prison staffing levels.

Having regard to Articles 3 and 10, paragraph 2, of the Convention,² the CPT calls upon the Moldovan authorities to take determined action to improve the situation in the light of the recommendations made by the Committee in this visit report.

D. Immediate observations under Article 8, paragraph 5, of the Convention

7. During the end-of-visit talks with the Moldovan authorities on 25 September 2015, the CPT's delegation outlined the main facts found during the visit. On that occasion, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention, requesting the Moldovan authorities to carry out a thorough review of the conditions of detention at Soroca Prison with the aim of providing a humane environment. More specifically, the authorities were requested to submit within three months a detailed report and action plan setting out how the existing shortcomings will be addressed, within a reasonable timescale, through extensive refurbishment, reconstruction or other means, and outlining the funding which will be provided.

The above-mentioned immediate observation was subsequently confirmed in a letter of 14 October 2015 from the Executive Secretary of the CPT.

By letter of 15 January 2016, the Moldovan authorities provided comments on various issues raised by the delegation during the end-of-visit talks, including the immediate observation referred to above. This information will be commented upon in the relevant sections of the present report.

² Article 10, paragraph 2, reads as follows: "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

E. General issues

8. As stressed by the CPT in the past, mechanisms for the independent monitoring of places of detention are capable of making an important contribution to the prevention of ill-treatment of persons in custody and, more generally, towards ensuring satisfactory conditions of detention.

9. During the 2015 visit, the CPT's delegation learned that the Consultative Council for the Prevention of Torture, which had for several years fulfilled, albeit to a limited extent,³ the functions of a National Preventive Mechanism (NPM) under the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), had ceased to function in 2014. According to the 2014 law on the Ombudsman, the functions of the NPM are to be vested in a new body – the Council for the Prevention of Torture – which should be composed of seven members (the Ombudsman, the Ombudsman for the rights of the child, and five members nominated by civil society).

At the time of the visit, work was still underway to elaborate new regulations on the setting up and functioning of the new Council and, as a result, there was no functional NPM in the country.

The CPT recommends that the Moldovan authorities intensify their efforts towards establishing a fully functional National Preventive Mechanism.

10. The delegation noted that the Ombudsman's Office continued to carry out visits to police establishments, prisons and social care institutions and to publish reports.⁴ In this connection, the Committee is pleased to note that, upon invitation by the authorities, a representative of the Office participated at the delegation's talks with the Minister of Justice at the end of the 2015 visit.

11. The CPT welcomes the fact that, following an amendment (new Section 166¹) made to the Criminal Code in 2012, the crime of "torture, inhuman or degrading treatment" has been incorporated into Moldovan criminal legislation. According to this new provision, acts of torture and inhuman or degrading treatment are punishable by two to fifteen years of imprisonment.

³ See CPT/Inf (2012) 3, paragraphs 7 and 8.

⁴ According to information provided to the delegation at the outset of the visit, since 1 January 2015, the Office had undertaken 32 visits, both announced and unannounced, to various places of detention around the country.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

12. The legal framework governing deprivation of liberty by the police in the Republic of Moldova has remained largely unchanged since the CPT's last visit in 2011. It should be recalled that, under the Code of Criminal Procedure (CCP), persons suspected of having committed a criminal offence can be detained by the police for up to 72 hours⁵ from the moment of deprivation of liberty. By the expiry of this period, the suspect must be presented to a judge who shall decide whether he/she is to be remanded in custody, made subject to another preventive measure (e.g. house arrest, bail, etc.) or released.

Persons suspected of having committed an administrative offence can, in principle, be detained by the police for a maximum period of three hours.⁶ Persons may also be detained for identification purposes, for a period not exceeding six hours.⁷

13. At the outset of the visit, the delegation was informed by senior officials of the Ministry of the Interior that *persons serving administrative sentences* were no longer held in a police temporary detention isolator (TDI) but were sent to a prison.

However, as in 2011, the delegation came across a number of cases in which *persons remanded in custody* by courts had been held in police detention facilities, usually for up to ten days, before being transferred to a prison. This was authorised by the investigator handling the criminal case and was said to be necessitated mainly by the conduct of further investigative activities.

The Committee wishes to emphasise that, as a matter of principle, remand prisoners should not be held in police detention facilities but instead in a prison establishment;⁸ this is also enshrined in the European Prison Rules.⁹ Continued detention on police premises, even after the person concerned has been brought before a judge, increases the risk of intimidation and ill-treatment. **The CPT therefore recommends that the Moldovan authorities take the necessary measures to ensure that persons remanded in custody are promptly transferred to a prison establishment.**

⁵ 24 hours in the case of juveniles (Section 166, paragraph 6, of the CCP).

⁶ Section 249 of the Code of Administrative Offences. Further, a foreign national illegally present on the territory of the Republic of Moldova may be held for a maximum of three hours for the preparation of the custody report, or for up to 72 hours, by judicial decision, with a view to identifying the person concerned and clarifying the circumstances of the offence.

⁷ Section 166, paragraph 5¹, of the CCP.

⁸ This does not rule out that in exceptional cases a person remanded in custody may be held for a certain period in a police detention facility.

⁹ See Rule 10.2.

14. The information gathered during the visit also revealed that it was still common practice throughout the country – albeit apparently to a lesser extent than in the past – for remand prisoners to be returned from prison to police TDIs, if this was considered necessary for investigation purposes. As far as the delegation could ascertain, Moldovan legislation does not provide for any specific time limits in these cases; the delegation found that, in practice, such returns usually lasted one to two weeks.

The CPT must stress that, from the standpoint of the prevention of ill-treatment, it is far preferable for further questioning or other investigative activities vis-à-vis persons committed to a remand prison to be undertaken in prisons rather than on police premises. **The Committee reiterates its recommendation that further efforts be made to ensure that the return of prisoners to police premises is only sought and authorised very exceptionally, for specific reasons and for the shortest possible time; supervising prosecutors should examine carefully any requests for such returns made by police investigators.**

15. The CPT also noted that *remand prisoners placed under state protection* could be held in police TDIs, sometimes for periods of months. It is a matter of concern that the regime applied to such prisoners was basically the same as for persons held by the police for up to 72 hours; the persons concerned usually spent 23 hours a day locked up in their cells, the only out-of-cell activity available to them being daily outdoor exercise.

In the Committee's view, **where it is apparent that a person needs long-term protection, efforts should be made to provide a suitable programme of activities (as a minimum, access to television, longer periods of outdoor exercise, more frequent family visits, etc.).** The longer the period for which such persons are detained in a police establishment, the more developed the activities which are offered to them should be.

2. Ill-treatment

16. The information gathered during the 2015 visit indicated that the situation as regards the treatment of persons detained by the police in the Republic of Moldova had improved since the CPT's 2011 visit. The great majority of persons interviewed by the delegation who were, or had recently been, detained by the police stated that they had been treated correctly whilst in custody; several of them spontaneously emphasised the contrast with the severe ill-treatment they had experienced during previous periods of custody some years previously. The delegation's discussions with various other interlocutors, such as non-governmental organisations and the Office of the Ombudsman, tended to confirm that there had been a decrease in recent times in the frequency and severity of alleged instances of police ill-treatment.

The Committee welcomes this positive development.

17. It is also praiseworthy that no allegations of ill-treatment were received in respect of police officers performing custodial duties in TDIs.

18. However, the delegation did receive a number of allegations from detained persons of excessive use of force by the police at the time of apprehension, after the person concerned had been brought under control. Several allegations were also heard of physical ill-treatment during preliminary questioning by operational officers, in order to extract a confession. The alleged ill-treatment consisted essentially of slaps, punches and kicks, and in a few cases was of a severe nature (e.g. manual strangulation, severe beating, etc.). Further, several persons alleged ill-treatment of a psychological nature (such as threats of physical ill-treatment), as well as verbal abuse.

19. Most of the allegations referred to above related to periods some time before the delegation's visit; consequently, any injuries which might have been caused by the ill-treatment alleged would almost certainly have healed in the meantime. Nevertheless, some of the allegations of physical ill-treatment were supported by medical reports (including photographs of injuries) drawn up on entry into prison.

20. The Committee acknowledges the progress made by the Moldovan authorities in recent years in combating torture and other forms of ill-treatment by the police. However, the picture which emerges from the information gathered by the CPT's delegation is not entirely reassuring. Additional vigorous action is still required to stamp out ill-treatment by the police, which often appears to be related to an overemphasis on confessions during criminal investigations. In this connection, careful selection at the recruitment stage, as well as appropriate training (both initial and ongoing) of police officers, is essential.

The Committee recommends that the Moldovan authorities redouble their efforts to combat ill-treatment by the police, in the light of the above remarks. In particular, all police officers should be reminded, at regular intervals, that all forms of ill-treatment (including verbal abuse) of detained persons are illegal and will be punished accordingly. Further, it should be made clear that the force used by police officers when performing their duties should be no more than is strictly necessary and that, once persons have been brought under control, there can be no justification for striking them.

21. As stressed in previous visit reports, it is axiomatic that the imposition of appropriate sanctions on those responsible for ill-treatment will have a highly dissuasive effect upon police officers who might otherwise be minded to ill-treat detained persons. In this context, it is striking that, according to the information provided by the Moldovan authorities by letter of 15 January 2016, no criminal proceedings were initiated against police officers for offences related to ill-treatment of persons in their custody during the period 2013 to 2015. Having said that, no reference is made in the letter to any disciplinary proceedings launched, nor to the number of complaints of ill-treatment lodged.

In order to obtain a clear picture of the current situation at national level concerning ill-treatment by police staff, **the CPT would like to receive the following information, in respect of the period from 1 January 2013 to the present time:**

- **the number of complaints about ill-treatment by police officers and the number of disciplinary/criminal proceedings which have been instituted as a result;**
- **an account of disciplinary/criminal sanctions imposed following complaints about ill-treatment by the police (with an indication of the relevant sections of the Criminal Code).**

22. Judges called upon to decide within 72 hours of apprehension on the application of a procedural preventive measure are well-placed to ensure that any indications of ill-treatment are recorded and investigated at an early stage (i.e. before any traces disappear). The information gathered during the visit suggests that, although some judges have started to react to allegations of police ill-treatment made by persons brought before them (notably when the latter bear visible injuries), effective action is still not always being taken by judicial authorities at this stage. As was the case during previous CPT visits, a number of detained persons met by the delegation claimed that when they had complained to a judge about instances of ill-treatment by police officers – even when they had displayed injuries on visible parts of the body – the judge had shown little interest and had taken no further action on the matter.

As already stressed in the past, whenever a detained person brought before a judicial authority alleges ill-treatment by the police, those allegations should be recorded in writing, a forensic medical examination should be immediately ordered, and the necessary steps taken to ensure that the allegations are promptly and properly investigated. Such an approach should be followed whether or not the person concerned bears visible injuries. Further, even in the absence of an express allegation of ill-treatment, a forensic medical examination should be ordered whenever there are other grounds to believe that the detained person could have been the victim of ill-treatment.

The CPT recommends that the Moldovan authorities take appropriate steps (including through the issuance of guidelines by the Supreme Court of Justice and the provision of training for judges) to ensure that the precepts set out above are systematically applied in practice.

3. Safeguards against ill-treatment

23. It should be recalled that three fundamental rights (the rights of access to a lawyer and to a doctor and the right to have the fact of one's detention notified to a relative or another third party) should apply from the very outset of a person's deprivation of liberty. These safeguards should apply not only to persons detained by the police in connection with a criminal or administrative offence, but also to those who are obliged to remain with the police for other reasons (e.g. as a witness or for identification purposes).

24. As regards notification of custody, according to Section 64, paragraph 2 (12), of the CCP, persons detained by the police are entitled to have a person of their choice informed *immediately* of their situation. Further, Section 173, paragraph 1, of the CCP provides that the officer who draws up the protocol of detention¹⁰ shall *immediately, and at the latest within six hours*, give the detained person the possibility of notifying the place of his/her detention to a close relative or another third party, or shall notify them him-/herself.¹¹

¹⁰ The protocol of detention shall be drawn up within three hours from the moment of the deprivation of liberty of a criminal suspect (Section 167 of the CCP).

¹¹ In exceptional cases, when it is required for ensuring the secrecy of the initial stage of a criminal proceeding, the exercise of the right of notification of custody may be delayed for up to 12 hours with the permission of the judge, save as regards juveniles (Section 173, paragraph 4).

In this context, the CPT noted that, according to an amendment made to the CCP in 2012, the phrase “and at the latest within six hours” had been dropped from the text of Section 64, paragraph 2 (12). However, Section 173, paragraph 1, has remained intact. **The Committee would like to receive the Moldovan authorities’ comments on this matter.**

25. The great majority of detained persons met by the delegation during the visit confirmed that they had been placed in a position to inform relatives of their situation, or that notification had been given by a police officer, shortly after apprehension. Nevertheless, in some cases, allegations of considerable delays in notification were received, as well as of absence of feedback to the detained person (as to whether notification had indeed been made by the police officer).

The CPT trusts that the Moldovan authorities will make further efforts to render fully effective in practice the right of persons deprived of their liberty by the police to inform a relative or another third party of their situation, as from the outset of their deprivation of liberty. Further, detained persons should always be provided with feedback on whether it has been possible to have the fact of their detention notified.

26. The applicable norms regarding access to a lawyer have remained basically unchanged since the CPT’s 2011 visit.¹² In this regard, it is a matter of serious concern that, despite the specific recommendation repeatedly made by the Committee after previous visits, the right of access to a lawyer is still not formally guaranteed as from the very outset of deprivation of liberty, but only after the person concerned has been officially declared a criminal suspect.

27. As was the case in 2011, criminal suspects were generally able to contact their own lawyer or were offered an ex officio lawyer. However, a number of allegations were received from detained persons that, despite having expressed the wish to have a lawyer present immediately after apprehension, they had been subjected to (often lengthy) informal questioning by operational officers without the presence of a lawyer, prior to the taking of a formal statement (in the lawyer’s presence); as already indicated above, several of them alleged to have been physically ill-treated during such periods of initial questioning. The delegation also heard complaints from detained persons that they had not been given the opportunity to consult with their lawyer in private. Further, it appeared that it was still not uncommon for detained persons, in respect of whom an ex officio lawyer had been appointed, to only meet that lawyer for the first time at the court hearing, even in cases where a lawyer had been requested shortly after apprehension.

28. The CPT has repeatedly stressed that, in its experience, the period immediately following deprivation of liberty is when the risk of intimidation and ill-treatment is at its greatest. Consequently, the existence of the possibility for persons detained by the police to have access to a lawyer during this period will have a dissuasive effect on those minded to ill-treat detained persons; moreover, a lawyer is well-placed to take appropriate action if ill-treatment actually occurs.

¹² The right of detained persons to have access to a lawyer is regulated by Section 64, paragraph 2, of the CCP. In particular, it is stipulated that detained persons shall be provided with the possibility to have confidential access to a lawyer prior to their first questioning as a suspect. Further, indigent persons are entitled to state-guaranteed free legal aid. In this connection, Section 167, paragraph 1¹, of the CCP provides that, within one hour after the detention of a person, the police or other law enforcement agencies shall request the relevant territorial branch of the National Legal Aid Council to appoint an ex officio lawyer.

The Committee once again calls upon the Moldovan authorities to amend the provisions of the Code of Criminal Procedure regarding the right of access to a lawyer so as to ensure that this right is guaranteed from the very outset of deprivation of liberty. In this connection, police officers should be regularly reminded that persons taken into custody must be able to effectively benefit from the right of access to a lawyer (which includes both the right to speak with the lawyer in private and to have him/her present during interviews) as from the moment they are obliged to remain with the police.

Further, the CPT invites the Moldovan authorities to make further efforts, in cooperation with the National Legal Aid Council, to ensure that the system of legal aid for persons in police custody operates effectively.

29. According to Section 69, paragraph 1 (4), of the CCP, the participation of a defence lawyer in criminal proceedings shall be mandatory where the suspect is a minor. However, as was the case during the 2011 visit, some detained juveniles claimed that they had been questioned by the police without the presence of a lawyer and/or another trusted person. Such a practice would be unacceptable.

The CPT reiterates its recommendation that the Moldovan authorities take the necessary steps to ensure that juveniles deprived of their liberty by the police are not required to make any statement related to the offence of which they are suspected without the benefit of a lawyer and, in principle, another trusted adult being present to assist them. Such arrangements will protect this age group and provide them with adult support so that they do not have to make decisions with important legal implications on their own.

30. Pursuant to the CCP,¹³ detained persons have the right of access to a doctor and to “independent medical assistance, including at their own expense” immediately after their apprehension. Further, according to the Execution Code, all persons entering a police TDI should be the subject of a medical examination immediately. Detained persons should also undergo such an examination upon leaving the establishment, as well as upon their request during the stay in a TDI, including at their own expense.¹⁴

31. From the information gathered during the visit, it transpired that persons detained by the police were usually examined by a feldsher shortly after their admission to a TDI. However, it would appear that such examinations were often performed in a cursory manner¹⁵ and, in some cases, with a delay of two to three days. Further, the examination of medical records in various police establishments revealed that, whenever bodily injuries were recorded by a feldsher, the description of injuries was superficial, the person’s account of how the injuries had been sustained was not recorded and, as a consequence, no assessment was made of the consistency between the medical findings and any allegations made.

¹³ Section 64, paragraph 2 (15¹).

¹⁴ Section 175¹, paragraph 2.

¹⁵ At the TDI of Chişinău Police Department, this was confirmed by CCTV footage viewed by the delegation.

The CPT is also concerned by the continuing lack of medical confidentiality in police detention facilities.¹⁶ The delegation noted that medical examinations of detained persons in the TDIs visited were either usually performed in the presence of a police officer or – as was the case at Chişinău Police Department – could be monitored via CCTV. Further, it remained the case that copies of medical records were included in the administrative files of detained persons and were therefore accessible to non-medical staff.

32. In the light of the above, **the Committee reiterates its recommendations that the Moldovan authorities take steps to ensure that:**

- **all persons admitted to a police TDI are thoroughly screened by a health-care professional without delay. The record drawn up following that screening should contain: (i) a full account of objective medical findings based on a thorough examination, (ii) a full account of statements made by the person concerned which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment), and (iii) the health-care professional's conclusions in the light of (i) and (ii), indicating, as far as possible, the consistency between any allegations made and the objective medical findings;**
- **all medical examinations of persons in police custody are conducted out of the hearing and – unless the health-care professional concerned expressly requests otherwise in a given case – out of the sight of police officers;**
- **medical data are, as a rule, not accessible to non-medical staff.**¹⁷

33. It remained the case that the health-care staff working in police TDIs were in most cases employed by the Ministry of the Interior and also provided care for the police. As the Committee has stated in the past,¹⁸ a situation of this kind is likely to give rise to an obvious conflict of interest. Whilst acknowledging the fact that persons detained by the police are entitled to a medical examination by an outside specialist, **the CPT considers that health-care staff working in all police TDIs should preferably be independent of the police.**

34. The delegation noted that, as a rule, persons detained by the police were requested to sign an information sheet setting out their rights and duties, usually during the first hours of custody. It appeared that detained persons were in most cases provided with a copy of that information sheet; however, a number of persons met by the delegation claimed that, although they had been asked to sign the form, they had not received a copy of it. Further, the information sheet was drafted in a rather complex and legalistic manner (basically consisting of extracts from the criminal procedure legislation) and was thus not user-friendly. Moreover, in some of the police establishments visited, such forms only existed in the Romanian language. It also appeared that detained persons did not usually receive any verbal information about their basic rights immediately after apprehension.

¹⁶ See also CPT/Inf (2012) 3, paragraphs 26 and 27.

¹⁷ See also paragraph 99 of this report.

¹⁸ See, most recently, paragraph 28 of CPT/Inf (2012) 3.

The CPT recommends that the Moldovan authorities take steps to ensure that all persons detained by the police – for whatever reason – are fully informed of their fundamental rights as from the very outset of their deprivation of liberty (that is, from the moment when they are obliged to remain with the police). This should be ensured by provision of clear verbal information at the very outset, to be supplemented at the earliest opportunity (that is, immediately upon arrival at police premises) by provision of a written form setting out the detained person's rights in a straightforward manner. The form should be available in an appropriate range of languages.

35. In most of the police establishments visited, custody registers were generally well kept. Nevertheless, the examination of relevant registers sometimes revealed a failure to record the time of apprehension, release or transfer of detained persons. Further, in some of the establishments visited (e.g. in Cimişlia and Edineţ), the delegation was confronted with the need to consult several registers and files in order to reconstruct the chronology of events pertaining to the period of detention in police custody and to obtain accurate information concerning length of stay.

The CPT recommends that steps be taken to remedy the above-mentioned shortcomings. In the Committee's view, the fundamental safeguards for persons in police custody would be reinforced if a single and comprehensive custody record were to be kept for all persons taken to a police station.

4. Conditions of detention

36. The CPT welcomes the major renovation work which has been carried out at the *TDI of the Chişinău Police Department* since the previous visit; material conditions of detention in this facility could now be considered on the whole acceptable for stays not exceeding a few days. In particular, custody cells generally offered adequate living space¹⁹ and were in a good state of repair, clean, sufficiently ventilated and suitably furnished. As regards cell lighting, although access to natural light was just about acceptable, artificial lighting was poor in most cells. Further, in-cell toilets in multi-occupancy cells throughout the facility were only partially screened.

Conditions of detention were also generally adequate (for short stays) at the *TDI at Edineţ*.

37. As regards the *other TDIs visited*,²⁰ they displayed a number of shortcomings. Custody cells in most of these detention facilities (e.g. Cimişlia, Drochia, Soroca) had very limited or no access to natural light and only dim artificial lighting. Further, at Soroca, cells (including the in-cell toilets) were extremely dirty and badly ventilated. Moreover, at Cimişlia, Drochia, Edineţ and Soroca, the in-cell toilets were only partially partitioned or not partitioned at all, including in multi-occupancy cells. In addition, with the exception of the TDIs at Chişinău and Edineţ, detained persons were not provided with bed linen and often had to sleep on filthy mattresses.

¹⁹ For example, some 12.5 m² for two persons, some 24 m² for six persons, etc. It is also noteworthy that the establishment's official capacity has been reduced from 105 to 67 places.

²⁰ The TDI at Bălţi Police Station had been withdrawn from service pending refurbishment. At Donduşeni, the TDI was closed in 2008 and the only functioning detention facility was the temporary holding cell (see paragraph 42).

38. Specific mention should be made of the *TDI at Hîncești Police Station*. When the delegation visited this establishment, only one custody cell out of nine was officially in use; the remaining eight cells were sealed and, according to the management, were not operational as they were considered by the authorities to be substandard.²¹ However, it quickly became clear that at least one of the sealed cells was also frequently used for holding detained persons. Furthermore, the delegation received complaints from detained persons about long delays in gaining access to the communal toilet facility.

39. The delegation also noted that hygiene items supplied to detained persons in all the TDIs visited were generally limited to soap and toilet paper.²²

40. In the light of the above, **the CPT recommends that the Moldovan authorities vigorously pursue their efforts to improve conditions of detention in police TDIs. In particular, immediate measures should be taken to ensure that:**

- **in-cell lighting and ventilation are improved and cells (including sanitary facilities) are maintained in an adequate state of cleanliness;**
- **in-cell toilets in multi-occupancy cells are fully partitioned (i.e. from floor to ceiling);**
- **detained persons staying overnight are provided with clean bedding;**
- **persons detained longer than 24 hours are provided with a basic sanitary kit (including soap, toilet paper, towel, tooth paste and a tooth brush).**

As regards Hîncești Police Station, **the Committee recommends that the eight sealed custody cells be never used as detainee accommodation. Further, detained persons should be granted rapid access to a toilet facility on request, including at night.**

41. In some of the detention facilities visited (e.g. Hîncești and Soroca), staff wrongly assumed that outdoor exercise should only be offered to those detained persons staying longer than 72 hours, i.e. remand prisoners. That said, at Hîncești, even remand prisoners did not benefit from outdoor exercise. Further, at Chișinău, outdoor exercise was generally limited to some 30 minutes per day.

The CPT reiterates its recommendation that all persons who are detained by the police for 24 hours or more be offered at least one hour of outdoor exercise per day.

42. Finally, the delegation noted that, at Dondușeni Police Station, detained persons could be held for up to three days in a holding cell which was intended for stays of a maximum of three hours. The cell was devoid of any equipment, except for a small bench (approximately 150 cm long and 40 cm wide). This is unacceptable. **Steps should be taken to ensure that the cell in question is not used for periods of detention in excess of a few hours.**

²¹ In particular, they were in a poor state of repair and had limited access to natural light.

²² At Hîncești, not even toilet paper was provided.

B. Prison establishments

1. Preliminary remarks

43. The CPT's delegation visited for the first time Prison No. 6 in Soroca, Prison No. 7 for women in Rusca and Prison No. 10 for juveniles in Goian. Further, full follow-up visits were carried out to Prison No. 13 in Chişinău and the Prison Hospital in Pruncul. The delegation also paid a targeted follow-up visit to Prison No. 17 in Rezina, where it focused on the situation of life-sentenced prisoners and juveniles. In addition, the delegation went to Prison No. 11 in Bălţi in order to interview persons who had recently been in police custody.

44. **Prison No. 6** in Soroca operates primarily as a closed-type prison for repeat offenders. It comprised several old double-storey buildings which housed eleven living units (each holding between 55 and 120 prisoners) mainly consisting of large dormitories, as well as one cell-type unit used for inmates under protection. With an official capacity of 800 places, the prison was accommodating 848 inmates (all sentenced male adults) at the time of the visit. Of them, 826 were serving their sentences under the ordinary detention regime and the rest under the re-socialisation regime (see, in this regard, paragraph 47).

Prison No. 7 for women, located in the village of Rusca (Hînceşti district), is the only prison establishment for sentenced women in the country. At the time of the visit, the establishment was operating slightly above its official capacity of 310 places, with a total of 327 prisoners (including one juvenile and five mothers with young children). Twenty-five of them were under the initial regime, 296 under the ordinary regime and six under the re-socialisation regime.

Prison No. 13 in Chişinău has been visited by the Committee on several occasions. Being one of the oldest prisons in the country (dating from the 1850s), its replacement by a new prison establishment has long been planned. The delegation was informed during the 2015 visit that the opening of a new 1,500-place remand prison in the Chişinău area, financed in large part by a loan from the Council of Europe Development Bank, was now envisaged for June 2018.

Chişinău Prison, with an official capacity of 1,000 places, remains the largest prison establishment in the Republic of Moldova and operates primarily as a remand facility, with a very high turnover of prisoners.²³ At the time of the visit, the establishment was accommodating 1,186 inmates in three separate accommodation blocks, including 81 female adults and 22 male juveniles. The inmate population also included 56 sentenced prisoners (who mainly worked in the prison's general services) and two persons serving administrative sanctions. In addition, eight life-sentenced prisoners were temporarily held in the establishment as they had a case pending before a court in Chişinău.

Prison No. 10 for juveniles, located in the village of Goian on the northern outskirts of Chişinău, was formerly an open-type prison for adults. In 2012, following major renovation, it reopened as the country's only prison establishment for sentenced male juveniles. The prison occupied a four-storey building and had an official capacity of 60 places. At the time of the visit, it was holding fourteen juveniles (aged between 15 and 18) and eight young adults (aged between 18 and 20), accommodated separately on the two top floors.

²³ According to the management, between 13,000 and 15,000 prisoners were admitted to the prison every year.

Prison No. 17 in Rezina has already been described in previous visit reports.²⁴ At the time of the 2015 visit, the prison was accommodating 375 inmates (all male), including 97 life-sentenced prisoners and four juveniles. The establishment's official capacity remained at 510.

45. At the time of the 2015 visit, the Moldovan prison population had increased by some 1,300 inmates as compared to the CPT's previous visit in 2011 and stood at approximately 7,770 (some 20% on remand). This represents an incarceration rate of some 220 per 100,000 inhabitants – one of the highest among Council of Europe member states. The Moldovan authorities recognised that the size of the prison population and the resulting overcrowding in prisons constituted a major challenge. Indeed, the delegation observed for itself that the national standard of at least 4 m² of living space per prisoner²⁵ was far from being met in most of the prison establishments visited; in particular at Chişinău and Soroca Prisons, the levels of overcrowding had reached disturbing proportions (see paragraphs 58 and 63). In this context, the delegation was told by the authorities that the increase in the number of prisoners was largely attributable to the rising re-offending rates and excessive resort to remand detention, as well as to a reluctance on the part of judges to grant early conditional release.

46. The CPT must stress that a strategy for a sustainable reduction of prison overcrowding should include a variety of steps to ensure that imprisonment is really the measure of last resort. This implies, in the first place, an emphasis on non-custodial measures in the period before the imposition of a sentence and the availability to the judiciary, especially in less serious cases, of alternatives to custodial sentences. Further, the adoption of measures to facilitate the reintegration into society of persons who have been deprived of their liberty could reduce the rate of re-offending. Efforts to step up training to judges and prosecutors with a view to promoting the use of alternatives to imprisonment must form an integral part of this strategy.

The CPT recommends that the Moldovan authorities make vigorous efforts – in consultation with the prosecutorial and judicial authorities – to eradicate prison overcrowding, in the light of the above-mentioned remarks. In so doing, the authorities should be guided by the relevant Recommendations of the Committee of Ministers of the Council of Europe: Recommendation R (99) 22 concerning prison overcrowding and prison population inflation, Recommendation Rec(2000)22 on improving the implementation of the European rules on community sanctions and measures, Recommendation Rec(2003)22 on conditional release (parole), Recommendation Rec(2006)13 on the use of remand in custody, and Recommendation Rec(2010)1 on the Council of Europe Probation Rules.²⁶

The Committee would like to receive updated information on progress made by the Moldovan authorities in this area.

47. Before setting out the delegation's findings regarding the establishments visited, the CPT would like to raise one issue of a more general nature concerning the regime applied to sentenced prisoners.

²⁴ See, most recently, the report on the CPT's 2011 visit.

²⁵ See Section 225(4) of the Execution Code.

²⁶ See also CPT/Inf (2015) 44: "Living space per prisoner in prison establishments: CPT standards".

Under the Moldovan Execution Code,²⁷ the execution of a prison sentence starts with an *initial detention regime*. In closed and semi-closed prisons, this regime involves confinement in a cell holding not more than two or four persons respectively and, in principle, separation from the rest of the prison population. For adults, the initial regime lasts one month in open prisons, up to three months in semi-closed prisons and up to six months in closed prisons, while prisoners serving a life sentence must spend the first ten years²⁸ of their sentence under this regime. As for juvenile prisoners, the initial detention regime lasts up to three months. The initial regime is followed by an *ordinary detention regime* which notably involves an open-door regime within the prison premises during the day (except for life-sentenced prisoners).²⁹ It is also noteworthy that prisoners under the initial regime have generally limited work opportunities³⁰ and – in the case of juveniles and life-sentenced prisoners – fewer possibilities for maintaining contact with the outside world (see paragraphs 128 and 129).

The CPT recalls that “imprisonment is by the deprivation of liberty a punishment in itself and therefore the regime for sentenced prisoners shall not aggravate the suffering inherent in imprisonment.”³¹ Moreover, although it is for the judicial authority to determine the appropriate length of sentence for a given offence, prison authorities should be responsible for determining security and regime requirements, on the basis of professionally agreed criteria and individual assessments of prisoners (e.g. prisoners’ attitude, behaviour, participation in activities, etc.). In this context, it is difficult to justify all prisoners being required to serve part of their prison sentence under the initial detention regime. In the Committee’s view, the initial regime should never be imposed as part of the sentence. It may be necessary for a prisoner to be kept apart from the other prisoners for a certain period of time; however, the decision whether or not to impose such a measure should lie with the prison authorities.

The CPT recommends that the Moldovan authorities review the relevant legislation in the light of the above remarks.

2. Ill-treatment

48. With the exception of Goian Prison for juveniles, the delegation received no allegations of recent physical ill-treatment by staff in any of the prisons visited. That said, at Rusca Prison for women, a few inmates complained of the use of disrespectful or even contemptuous language against them by one male officer.

49. At Goian Prison, the delegation received a number of allegations from juvenile inmates of physical ill-treatment by certain staff members. The alleged ill-treatment mainly followed instances of disobedient behaviour by the juveniles and consisted of slaps, punches, kicks and truncheon blows. In one case, a juvenile claimed that he had been slapped in the face by a prison officer while being handcuffed behind the back to the metal ladder of a bunk bed and with his leg cuffed to another bed, in a painful stretch position. The delegation also heard many allegations of verbal abuse of juveniles by prison officers. In general, the delegation gained the impression that relations between inmates and staff were rather tense.

²⁷ Sections 249 to 251, 253 and 255.

²⁸ This period can be shortened by decision of the Prison Administration (Section 257¹(2)).

²⁹ Further, prisoners preparing for early conditional release are transferred to a *re-socialisation regime* at least six months before the end of the prison term (Section 282).

³⁰ As the law prevents them from working outside the territory of the prison.

³¹ See Rule 102.2 of the European Prison Rules.

During the meeting with the Minister of Justice at the end of the visit, the delegation called upon the Moldovan authorities to carry out a prompt and independent inquiry into the manner in which inmates of Goian Prison were treated by staff.

50. By letter of 15 January 2016, the Moldovan authorities informed the CPT that the Ministry of Justice had requested the Office of the Ombudsman and the General Prosecutor's Office to initiate an inquiry into how inmates of Goian Prison were treated. In the course of December 2015, representatives of both offices carried out visits to the prison.

It transpires from the information provided that, during their visit to Goian Prison, representatives of the Ombudsman's Office held individual interviews, in private, with practically all the inmates (i.e. about 30 juveniles and young adults) of the establishment. The majority of the interviewed prisoners stated that they had been subjected to physical and/or verbal abuse by certain members of staff (indicating their names and functions); ten of them claimed that physical force had been used against them, including in the form of so-called "welcome beatings".

As regards prosecuting authorities, the CPT understands from the information provided that the Rîșcani District Prosecutor's Office has re-examined all formal complaints received from Goian Prison and reached the conclusion that the inquiries into those complaints had been carried out in a timely and objective manner. It is not clear, however, whether the competent prosecutors conducted individual interviews with inmates during their visit to Goian Prison. Naturally, private personal interviews are an essential element of an investigation into possible ill-treatment, a fortiori vis-à-vis young prisoners who are inherently more vulnerable than adults and may be easily discouraged from making a formal complaint.

51. In the light of the above information, **the CPT recommends that the Moldovan authorities take steps to ensure that effective investigations are carried out by the prosecuting authorities into all allegations and other information (including the relevant findings of the Ombudsman's Office) indicative of possible ill-treatment of prisoners by staff at Goian Prison. The Committee would like to be informed, in due course, of the outcome of these investigations.** Further, in the Committee's view, **the prison officers implicated in the alleged ill-treatment should be transferred to duties not requiring day-to-day contact with inmates, pending the results of the investigations.**

More generally, **the CPT recommends that a firm message be delivered at regular intervals to the management and staff of Goian Prison that ill-treatment of prisoners is not acceptable and will be punished accordingly. As part of this message, staff should be reminded in particular that no form of physical chastisement should ever be used against juveniles; any prisoner who fails to comply with prison rules should be dealt with only in accordance with the prescribed disciplinary procedures (see also paragraph 126).**

Steps should also be taken to ensure that the management of Goian Prison make use of all means at their disposal to defuse tension in the establishment. In addition to investigating complaints made by prisoners, this will require the regular presence of the prison's senior managers in the detention areas, their direct contact with prisoners, and the improvement of prison staff training (in particular in the management of violent incidents, especially in verbal de-escalation to reduce tension and professional restraint techniques).

As regards Rusca Prison, staff should be reminded that disrespectful or insulting behaviour towards prisoners will not be tolerated and will be sanctioned accordingly.

52. The CPT's mandate is not limited to the prevention of ill-treatment inflicted by prison staff. The Committee is also very concerned when it discovers a prison culture which is conducive to inter-prisoner intimidation and violence. In this context, the delegation found evidence of a number of cases of such violence at Soroca Prison, confirmed by medical documentation (such as medical records and a register of traumatic injuries), and, to a lesser extent, at Chişinău and Rezina Prisons. A number of inmates met by the delegation in these prisons claimed that they had been threatened, harassed or physically assaulted by other inmates.

53. The above situation is largely linked to the well-established informal hierarchy among inmates, which has been a long-standing feature of the prison subculture in the Moldovan penitentiary system.³² At Soroca Prison in particular, it appeared that giving a degree of authority to a criminal subculture in order to ensure security within the establishment was an acceptable practice for staff, who were in limited number in detention areas.³³ As a result, rather than staff being in control of the dormitories at all times, order and discipline within a dormitory were maintained by the informal prisoner leaders. Moreover, it appeared that unit officers usually communicated only with or via the dormitory leaders.³⁴ Such an approach exposed the weakest prisoners to a heightened risk of intimidation and violence. Many prisoners told the delegation that they had been victims of racketeering and threats of use of force by an unofficial leader (or one or more of his "deputies"), while some alleged to have been beaten for having broken the hierarchy's internal rules. The CPT is particularly concerned about the situation of the lowest caste of prisoners in the hierarchy, the so-called "untouchables", who were frequently subjected to humiliation by other inmates and were forced to clean the dormitories and communal toilets.

The existence of the problem of inter-prisoner violence was also acknowledged by staff working at Soroca Prison. The prison management, in their turn, indicated that they were doing their best to prevent violence among prisoners (for example, by segregating prisoners potentially at risk under Section 206 of the Execution Code³⁵ and by recording and reporting any injuries indicative of inter-prisoner violence).

54. It is a matter of serious concern that certain features of the above-mentioned prison subculture (such as the inmate caste system) were also prevalent among juvenile inmates at Goian Prison. Moreover, it transpired from the information gathered that fights between juveniles were not a rare occurrence in this establishment.

³² See, most recently, CPT/Inf (2012) 3, paragraph 64.

³³ See paragraph 125.

³⁴ Some of the prisoners told the delegation that it would be considered suspicious by other prisoners if a prisoner took the initiative of talking to a unit officer directly.

³⁵ Indeed, many prisoners had requested to be transferred to Unit 12, offering cell-type accommodation, in order to escape potential aggressors.

55. In the CPT's view, it is inadmissible for prison staff to use a system of subordination among prisoners to maintain order and discipline in an establishment. Such a delegation of authority by the staff will inevitably result in exploitation and abuse of weaker prisoners by other inmates. The Committee must recall that it should be the responsibility of the staff and of the prison administration as a whole to protect the physical and psychological integrity of all prisoners, including against assault by fellow inmates, and to take resolute action to prevent episodes of inter-prisoner intimidation and violence. In this context, the existence of positive relations between staff and prisoners, based on notions of dynamic security³⁶ and care, is a decisive factor; such relations can help to overcome the habitual reluctance of victims, or witnesses, to denounce the perpetrators of inter-prisoner violence.

It is also obvious that an effective strategy to tackle inter-prisoner intimidation/violence should seek to ensure that prison staff are placed in a position to exercise their authority in an appropriate manner. Consequently, the level of staffing must be sufficient to enable prison officers to supervise adequately the activities of prisoners and support each other effectively in the exercise of their tasks. Further, both initial and ongoing training programmes for staff of all grades must address the issue of managing inter-prisoner violence.

The CPT calls upon the Moldovan authorities to take resolute action to prevent inter-prisoner intimidation and violence at Soroca, Chişinău and Rezina Prisons, in the light of the above remarks. This will, in particular, require that effective measures be taken to tackle the phenomenon of an informal prison hierarchy with all its negative consequences.

As regards Goian Prison, urgent steps should be taken to ensure that no juvenile prisoner is in a position to exercise power over other juveniles.

56. In their letter of 15 January 2016, the Moldovan authorities informed the CPT that the Prison Administration had set up a working group tasked with elaborating a "Strategy on fighting violence in the penitentiary system". **The Committee would like to receive a copy of this strategy once adopted as well as information on the measures taken to implement it.**

57. The Committee is also of the view that it will hardly be possible to effectively tackle the problem of inter-prisoner violence in prisons with large-capacity dormitories, which provide a breeding ground for criminal subcultures. The risk of violence and intimidation between prisoners will always be high in such accommodation facilities.³⁷ **The CPT therefore recommends that the Moldovan authorities draw up a plan to replace the large dormitories at Soroca Prison with smaller accommodation units; the Committee would like to receive a timetable for the implementation of this plan.**

³⁶ Dynamic security is the development by staff of constructive relationships with prisoners based on firmness and fairness, in combination with an understanding of their personal situation and any risk posed by individual prisoners.

³⁷ The various drawbacks of large-capacity dormitories are described in the CPT's standards (CPT/Inf/E (2002) 1 - Rev. 2015, pages 24 and 25).

3. Conditions of detention of adult male prisoners

58. While there had been some improvements over the years concerning *material conditions* at Chişinău Prison – such as the partitioning of in-cell toilets in most cells and the renovation of the visiting facilities – the overall conditions of detention remained far from satisfactory. Many cells were in a poor state of repair and stuffy, and had limited access to natural light (due to the small size of the windows). Further, the state of hygiene in the cells usually left much to be desired and many of them were infested with cockroaches. Moreover, inmates often had to sleep on filthy – and sometimes bare – mattresses. The delegation also received many complaints that the cells could become very cold in the winter. In addition, in several multi-occupancy cells, the delegation saw in-cell toilets which were only partly partitioned (and partly screened by a curtain).

The situation was further aggravated by the fact that the majority of remand prisoners at Chişinău Prison were being held in very cramped conditions. The level of overcrowding observed by the delegation in a number of cells was quite simply unacceptable. For example, a cell measuring 8.2 m² (including the toilet area of some 1.5 m²) held six prisoners. Another cell holding 14 prisoners measured only some 23 m².

59. At the end of the visit, the delegation made it clear to the Moldovan authorities that such conditions of detention could be considered as amounting to inhuman and degrading treatment, all the more so when bearing in mind the often long periods of detention of persons on remand and the impoverished regime to which they were subjected (see paragraph 61). It requested the authorities to take urgent measures to reduce occupancy levels at Chişinău Prison.

In their letter of 15 January 2016, the Moldovan authorities informed the Committee that certain categories of prisoner had been sent to other prison establishments, without specifying the total number of transferred inmates or the places they were sent to. **The CPT would like to receive further information in this respect.**

60. The Committee understands that no further large-scale investment is planned to be made in the current establishment given the plans to construct a new prison near Chişinău (see paragraph 44). Nevertheless, pending the construction of the new prison, **the CPT recommends that the Moldovan authorities step up their efforts to bring conditions of detention at Chişinău Prison to an acceptable level. In particular, measures should be taken to ensure that:**

- cell occupancy rates are reduced in order to provide for at least 4 m² of living space per person in multi-occupancy cells (not counting the area taken up by in-cell toilets);
- cells are kept in an adequate state of repair and hygiene and that regular disinfestation of the premises is carried out;
- cells are adequately ventilated and heated;
- every prisoner has a clean mattress and clean bedding;
- all in-cell toilets are fully partitioned (i.e. from floor to ceiling).

61. As in the past, nearly all remand prisoners at Chişinău Prison were subject to an impoverished *regime* consisting of one to two hours of outdoor exercise per day, which was taken in small yards³⁸ (some of which contained basic sports equipment such as weightlifting bars and a punching bag). Prisoners spent the rest of the day locked up in their cells, often for months or even years on end, in a state of enforced idleness. This is totally unacceptable.

62. The CPT shares the view of the prison management that it is unrealistic in the existing premises of Chişinău Prison to offer a satisfactory programme of out-of-cell activities (such as education, sports, recreation) to remand prisoners, due to a lack of appropriate facilities for organising such activities. However, in the Committee's opinion, extending the daily outdoor exercise period for remand prisoners could be usefully considered; **the Committee would like to receive the Moldovan authorities' observations on this matter.**

63. The delegation was struck by the appalling *material conditions* at Soroca Prison. No substantial refurbishment had reportedly been carried out in the establishment for decades, and the prison as a whole had a decrepit and run-down appearance. The vast majority of prisoners were accommodated in very cramped conditions in large-capacity dormitories³⁹ (some holding over 80 inmates), which inevitably meant a lack of privacy for inmates in their everyday lives. A few bigger dormitories comprised separate multi-occupancy rooms (some of which had no door), while most of them were simply divided into small living areas in a makeshift manner (usually by tarpaulin sheets).

The general conditions of detention in the establishment could well be characterised as inhuman and degrading. The bulk of prisoner accommodation areas were extremely dilapidated, badly ventilated and in a poor state of hygiene. The equipment consisted essentially of old narrow bunk beds fitted with mattresses which were often worn out and, according to inmates, infested with bed-bugs. Further, the communal sanitary facilities (washbasins, lavatories) were generally insalubrious. The conditions were particularly deplorable in Units 5 and 9, which were located in the establishment's oldest building: walls and ceilings were crumbling and covered with mould, floors were damaged, and some of the makeshift rooms in Unit 9 had almost no access to natural light.

That said, every unit possessed at least one accommodation room which was in a good state of repair, spacious and very well-equipped (including with a sofa, an aquarium and a large television set). It quickly became apparent that the rooms in question housed informal leaders and their close circle. Such a stark contrast between material conditions served as another indicator of a strong prisoner hierarchy at Soroca Prison.

64. As already mentioned in paragraph 7, at the end of the visit the delegation invoked Article 8, paragraph 5, of the Convention with respect to the situation observed at Soroca Prison. It requested the Moldovan authorities to submit a detailed report and action plan setting out how the existing shortcomings would be addressed and outlining the funding which would be provided.

³⁸ For example, some 16 m² in Block 1; some 20 m² in Block 3.

³⁹ For example, 45 inmates in some 100 m² (Unit 8).

65. In their letter of 15 January 2016, the Moldovan authorities refer to an Action Plan for reforming the penitentiary system for the period 2004 - 2020 which provides, inter alia, for the modernisation of Soroca Prison. However, it is made clear that no budget allocations have been made available for this purpose. Reference is also made to fundraising efforts by the Prison Administration with a view to securing the necessary funds in order to carry out renovation work in the living units of Soroca Prison.

The CPT finds it regrettable that the Moldovan authorities have failed to take the necessary measures to implement the immediate observation made by the delegation, which flagrantly disregards the principle of co-operation. The Committee must stress that the existing living conditions at Soroca Prison are intolerable; **it therefore calls upon the Moldovan authorities to submit, within three months, an action plan setting out how the existing shortcomings will be addressed, within a reasonable timescale, through extensive refurbishment, reconstruction or other means, and outlining the funding which will be provided.** In the interim, **immediate measures should be taken at Soroca Prison to alleviate the effects of the existing situation, in particular by:**

- **reducing the dormitories' occupancy rates, including by distributing prisoners more evenly throughout the available accommodation;**
- **carrying out a full disinfestation of the establishment;**
- **maintaining the dormitories and the communal sanitary facilities in a clean condition.**

66. Turning to the *regime* for sentenced prisoners, it is positive that the great majority of inmates at Soroca Prison could benefit from an open-door policy and had access to a large courtyard at any time during the day. Further, about 80 prisoners were involved in a remunerated activity⁴⁰ and some 50 prisoners in vocational training (metalwork, carpentry, etc.). However, due to the limited work and training opportunities and the fact that hardly any organised sports or recreational activities were offered,⁴¹ the bulk of the inmates spent their days doing little except watching television or walking in the courtyard.

The situation described above is of serious concern to the Committee. Purposeful activities are of crucial importance for the well-being of any prisoner and as regards more specifically sentenced prisoners, they are essential to render meaningful a term of imprisonment. **The CPT therefore recommends that efforts be made at Soroca Prison to offer constructive and purposeful activities to all sentenced prisoners and, in particular, provide more employment opportunities (preferably of a vocational value).**

67. In both prisons, the delegation heard numerous complaints from inmates about the quantity and quality of food. In this connection, the delegation was informed that the daily food allowance per prisoner was about 13 MDL (approximately 0.60 EUR). It also appeared that no special diets were available for prisoners with medical conditions such as diabetes. Further, many prisoners said that they preferred to prepare their own food with products they received from their families; however, according to a new regulation, they were now required to pay between 15 and 25 MDL for every food parcel received. **The CPT would like to receive the Moldovan authorities' comments on these issues.**

⁴⁰ They worked in the establishment's general services (kitchen, maintenance, etc.) or in a small workshop producing barbed wire.

⁴¹ Although the prisoners themselves organised football matches from time to time.

4. Conditions of detention of female prisoners

68. *Material conditions* of detention at Rusca Prison were on the whole satisfactory. The accommodation rooms were in an adequate state of repair, bright, airy, clean and suitably equipped. In addition, they generally offered sufficient living space for the numbers of persons detained (usually between two and six inmates). Nevertheless, some rooms were grossly overcrowded (for example, rooms with four and six prisoners measuring respectively some 9 and 14 m²). **Steps should be taken to remedy this situation.**

69. The more recently constructed mother-and-child unit⁴² offered even better material conditions; efforts had also been made, in the design and layout of the premises, to avoid the impression of a carceral environment. The CPT welcomes this.

That said, out of the five accommodation rooms available in the unit, only two were being used to hold the five women with young children at the time of the visit; the remaining three rooms were occupied by the only juvenile prisoner (who stayed alone in the room) and a few inmates working in the kitchen. This led to somewhat cramped conditions in the two rooms with mothers and children.⁴³ In this connection, the delegation was told by the management that the working women would soon be transferred to an ordinary accommodation block. **The CPT would like to receive confirmation that this has been done.**

70. As regards *regime* activities, it is positive that the vast majority of prisoners at Rusca Prison (i.e. those serving their sentences under the ordinary and re-socialisation regimes) benefited from an open-door regime and could move freely around the prison premises throughout the day.⁴⁴ Further, according to information provided to the delegation, 75 prisoners had paid work inside the establishment⁴⁵ and some 60 were contracted by an agricultural company for seasonal field work outside the prison. A further 75 prisoners were enrolled in vocational training courses (sewing, leatherwork, computer classes). The delegation also heard accounts of various cultural activities and anger-management programmes, as well as of individual sessions with a psychologist.

Despite the above, as acknowledged by the prison management, the existing opportunities for work and other organised activities were generally limited. Indeed, the delegation received many complaints from prisoners that they had nothing else to occupy themselves than watching television, reading or conversing with each other.

71. As already indicated, Rusca Prison was also accommodating 25 prisoners held under the initial regime – either imposed as part of the sentence or as a disciplinary measure. The delegation was concerned to note that, in contrast to the rest of the inmate population, this specific category of prisoners were subjected to a very restrictive regime for months or even years on end. The only regular out-of-cell activity available to them was outdoor exercise, for one hour in the morning and one hour in the afternoon; it was taken on a cell-by-cell basis (no association with other prisoners being allowed) in the yards which were, for the most part, devoid of any shelter from inclement weather.

⁴² Under Section 256 of the Execution Code, children of female prisoners may stay with their mother until they reach the age of three.

⁴³ These rooms measured some 15 m² each.

⁴⁴ The room doors were unlocked at all times, and the doors opening to the courtyard were only locked at around 10 p.m.

⁴⁵ 50 of them were employed in a sewing workshop and 25 worked in the prison's general services.

As a result, with some exceptions,⁴⁶ the prisoners concerned were confined to their cells for 22 hours per day. It is also a matter of concern that a number of them did not even have access to television.

72. In the light of the above, **the CPT recommends that further efforts be made at Rusca Prison to enhance the programme of out-of-cell activities and in particular to provide work for a larger number of prisoners.**

As regards, more specifically, the situation of prisoners subject to the initial detention regime as part of the sentence, **reference is made to the recommendation in paragraph 47** (regarding those held under the initial regime as a disciplinary measure, see paragraph 136).

The Committee also recommends that steps be taken to ensure that all outdoor exercise yards designated for prisoners under the initial regime are equipped with a shelter against inclement weather. Further, all such prisoners should be provided with access to television.

73. The delegation heard many complaints from inmates at Rusca Prison that they were obliged to line up in the open air for a roll-call three times a day, even in inclement weather.⁴⁷ At the end of its visit to the prison, the delegation received assurances from the Director of the establishment that this anachronistic practice would be discontinued forthwith. **The CPT would like to receive confirmation that this has indeed been done.**

74. The women's section at Chişinău Prison displayed shortcomings similar to those observed in the men's accommodation areas, notably as regards state of repair, access to natural light and living space (for example, eight prisoners in a cell of some 20 m²). It is also a matter of concern that, like their male counterparts, female prisoners generally spent 22 hours confined to their cells; they were usually not offered any other activity apart from two hours of outdoor exercise per day. In this context, **the recommendation and the comment made in paragraphs 60 and 62 should be read as applying also to female prisoners at Chişinău Prison.**

75. In both prisons, the delegation received complaints from female prisoners regarding difficulties in obtaining hygiene products. Further, female prisoners at Chişinău Prison, as well as inmates under the initial regime at Rusca Prison, were entitled to shower only once a week.

The CPT recommends that steps be taken at Chişinău and Rusca Prisons to ensure that female prisoners have access to sufficient quantities of personal hygiene products; the specific hygiene needs of women should be addressed in an appropriate manner. Steps should also be taken in these prisons to allow female prisoners more frequent access to shower facilities, taking into account Rule 19.4 of the European Prison Rules.⁴⁸

⁴⁶ Several of them attended vocational courses or counselling sessions.

⁴⁷ This rule had reportedly been introduced after the escape of a prisoner from Rusca Prison some time before.

⁴⁸ Rule 19.4 reads: "Adequate facilities shall be provided so that every prisoner may have a bath or shower, at a temperature suitable to the climate, if possible daily but at least twice a week (or more frequently if necessary) in the interest of general hygiene."

5. Conditions of detention of juvenile prisoners

76. In the course of the visit, the delegation paid particular attention to the situation of juvenile prisoners at Goian, Chişinău and Rezina Prisons.⁴⁹

77. As already mentioned, there were fourteen sentenced juveniles at Goian Prison at the time of the visit, held in a separate unit.⁵⁰ The unit offered satisfactory conditions of detention to the juveniles; they were mainly accommodated in adequately sized double-occupancy rooms⁵¹ (measuring some 11 m²) which had good lighting (including natural light) and ventilation, and were clean and suitably furnished. However, none of the rooms was equipped with a call system. **Steps should be taken to remedy this shortcoming.**

78. The delegation gained a positive impression of the regime offered at Goian Prison. Nearly all juveniles were engaged in vocational training (hairdressing, car repairing, shoe-making) every morning during the week, for two to three hours.⁵² In the afternoon, a number of them attended general education classes for up to three hours, and those who did not have to go to school were involved in various occupational activities, such as woodworking, origami and handicraft. In addition, juveniles had access to a large exercise yard for up to two hours per day and an indoor gym facility, as well as to a recreation room equipped with a television set and a video game console. It is also noteworthy that all but one of the juveniles were allowed to move freely within the unit during the day (as they were subject to the ordinary regime).⁵³

On a more critical note, the two exercise areas (in fact, exercise boxes) designated for prisoners under the initial regime were too small; each of them measured only some 14 m². **Steps should be taken to ensure that prisoners of this category have sufficient space to exert themselves physically during the exercise period.**

79. Material conditions of detention in the juvenile unit at Chişinău Prison were generally adequate in terms of state of repair and hygiene, cell lighting and ventilation. The cells were also suitably equipped, including with a television set. However, **the occupancy rates were too high in one of the cells** (six persons in some 18 m²).

80. Genuine efforts were being made at Chişinău Prison to involve as many juveniles as possible in schooling as well as in vocational (e.g. woodworking) and sports activities, in the mornings and afternoons on weekdays. It is also positive that a psychologist attended the unit every weekday, holding individual and group sessions with juveniles.

⁴⁹ The total number of imprisoned juveniles in the country was 69 at the time of the visit (46 of them on remand).

⁵⁰ The situation of young adults was similar to that of juveniles in terms of both material conditions and regime.

⁵¹ The unit also had a number of triple-occupancy cells, measuring some 15 m², which were designed for holding inmates under the initial regime.

⁵² Some juveniles also participated in acting classes three times per week.

⁵³ The only prisoner under the initial regime (imposed in a disciplinary context) could equally participate in communal activities.

However, it is a matter of concern that the regime offered to juvenile prisoners on Saturdays and Sundays consisted only of two hours of outdoor exercise and one hour of gym, with the result that the juveniles remained locked up in their cells for 21 hours a day. **The CPT recommends that steps be taken at Chişinău Prison to substantially increase out-of-cell time for juvenile prisoners at weekends.**

81. As regards the situation of the few juvenile remand prisoners at Rezina Prison, the material conditions in the two cells where they were being held were on the whole acceptable. However, the delegation was concerned to note that the juveniles concerned were provided with no out-of-cell activities, apart from one-hour school classes two to three times per week and daily outdoor exercise of two hours.

In the CPT's opinion, given that juveniles could be held in the establishment for periods of several months, the paucity of the regime of activities described above is totally unacceptable. Although a lack of purposeful activity is detrimental for any prisoner, it is especially harmful for juveniles, who have a particular need for physical activity and intellectual stimulation. They should be offered a full programme of education, sport, vocational training, recreation and other purposeful activities. Physical education should constitute an important part of that programme.

The CPT recommends that immediate steps be taken to provide structured out-of-cell activities for juveniles at Rezina Prison, in the light of the above remarks.

82. On a more general note, the Committee has misgivings as regards the policy of placing juveniles who are remanded in custody in adult prisons. In the CPT's view, it would be far preferable for all juvenile prisoners, whether on remand or sentenced, to be held in detention centres specifically designed for persons of this age, offering regimes tailored to their needs and staffed by persons trained in dealing with young persons. In this connection, the Committee noted with interest the plans of the relevant authorities to transfer all juveniles from Chişinău Prison to Goian Prison in the course of 2016. **The CPT encourages the Moldovan authorities to attach a high priority to these plans; it would like to receive up-to-date information on this matter.**

83. Finally, almost all juveniles interviewed by the delegation in the three prisons visited complained that the food provided to them was not adequate – in particular in terms of quantity – and some of them claimed to have lost weight since their arrival at the prison.

The food provided to prisoners should be sufficient to ensure their well-being. This is particularly important for juveniles, who may not have reached their full growth potential. In such cases, the consequences of inadequate nutrition may become evident more rapidly – and be more serious – than for those who have reached full physical maturity. Therefore, **the CPT recommends that the Moldovan authorities review the provision of food to juvenile prisoners so as to ensure that it is adequate in terms of both quantity and quality.**

6. Conditions of detention of life-sentenced prisoners

84. Rezina Prison continues to accommodate practically all of the country's life-sentenced prisoners. As already indicated, the establishment was holding 97 such prisoners at the time of the visit. Further, eight life-sentenced prisoners were being temporarily held at Chişinău Prison, with a view to participating in court proceedings.⁵⁴

85. Material conditions in the cells for life-sentenced prisoners at *Rezina Prison* were described in the report on the CPT's 2011 visit,⁵⁵ and they remained adequate at the time of the 2015 visit.

86. The conditions of detention under which life-sentenced prisoners were being held at *Chişinău Prison* were comparable to those of other adult male prisoners (see paragraph 58); in other words, the cells for life-sentenced prisoners were substandard and very cramped (e.g. up to three persons in some 8 m², only partially partitioned in-cell toilets, inadequate ventilation, etc.). In this regard, **reference is made to the recommendation in paragraph 60**. Further, the windows in these cells were obstructed by grids and bars, severely restricting access to natural light and fresh air. **The CPT recommends that this shortcoming be remedied.**

87. The CPT noted that some progress had been made since the previous visit as regards the regime offered to life-sentenced prisoners at *Rezina Prison*. Apart from daily outdoor exercise of two hours (during which they could associate with prisoners from other cells), the majority of life-sentenced prisoners could now also participate in 90-minute outdoor football or volleyball sessions two to three times per week and twice-weekly association periods in a common room for up to three hours (where they could play video and board games). Other activities were also available, such as handicraft, music/theatre and table tennis, usually several times per week. In addition, some 20 life-sentenced prisoners attended courses in religion once or twice a week.

That said, it is a matter of concern that life-sentenced prisoners were still not offered any educational/training programmes or employment opportunities (except for a small turnery workshop attended by some five to seven inmates). This was partly due to existing legal constraints.⁵⁶

The CPT recommends that the Moldovan authorities take further steps – including, if necessary, through legislative amendments – to expand the range of out-of-cell activities offered to life-sentenced prisoners, with a particular focus on work and educational/vocational training.

⁵⁴ Another four life-sentenced prisoners were held at Pruncul Prison Hospital, bringing the total number of prisoners of this category to 109.

⁵⁵ See CPT/Inf (2012) 3, paragraph 67. In the context of that visit, the CPT was informed that a new unit was being built at Prison No.1 in Taraclia for life-sentenced prisoners under the ordinary detention regime. However, the delegation was told during the 2015 visit that the plans to transfer life-sentenced prisoners from Rezina Prison to the new facility had had to be abandoned due to the inappropriate security features of the latter.

⁵⁶ The Execution Code entitles life-sentenced prisoners only to “self-education” (Section 240 (5¹)). Further, Section 257¹ of the Code provides that life-sentenced prisoners may engage in work only in cells or in a workshop specially designated for this purpose.

88. In contrast to the situation observed at Rezina Prison, the regime offered to life-sentenced prisoners at *Chişinău Prison* was very impoverished; their out-of-cell time was limited to a maximum of two hours of outdoor exercise per day, which was taken in a small (some 14 m²) exercise box, strictly on a cell-by-cell basis. As was the case with the vast majority of the inmate population at Chişinău Prison, for the rest of the time life-sentenced prisoners remained in their cells in a state of total idleness, often for many months and at times even years.

In this context, reference is made to the comment in paragraph 62. Further, steps should be taken at Chişinău Prison to ensure that life-sentenced prisoners are provided with possibilities for association with prisoners from other cells.

89. As regards security measures, at Rezina Prison, the delegation noted that, except for a few inmates, life-sentenced prisoners were no longer handcuffed whenever they left their cells escorted by prison officers. The CPT welcomes this development.

However, it is a matter of concern that the above-mentioned practice was routinely applied to all life-sentenced prisoners held at Chişinău Prison. As the CPT has stressed in the past, the practice of handcuffing prisoners when they are being escorted by staff inside the prison may only be justified in exceptional cases; it should always be based on an individual and comprehensive assessment of the real risks posed by a prisoner and should be reviewed on a regular and frequent basis. **The Committee recommends that steps be taken to review the current practice of systematic handcuffing of life-sentenced prisoners at Chişinău Prison, in the light of these remarks.**

90. As highlighted in the reports on previous visits, the CPT sees no justification for the systematic segregation of life-sentenced prisoners from the rest of the prison population. Indeed, the experience in various European countries has shown that life-sentenced prisoners are not necessarily more dangerous than other prisoners and that they can be successfully integrated into the mainstream prison population; many of them have a long-term interest in a stable and conflict-free environment. Therefore, the placement of persons sentenced to life imprisonment should be the result of a comprehensive and ongoing risk and needs assessment, based on an individualised sentence plan, and not merely a result of their sentence.

The CPT calls upon the Moldovan authorities to take steps – including of a legislative nature – to institute a process for integrating life-sentenced prisoners into the general prison population, in the light of the above remarks. In so doing, the authorities should be guided, inter alia, by Recommendation Rec(2003)23 of the Committee of Ministers of the Council of Europe on the management by prison administrations of life sentence and other long-term prisoners.⁵⁷

⁵⁷ See also the 25th General Report on the CPT's activities.

7. Health-care services

91. The delegation conducted a full evaluation of the health-care services at Chişinău, Goian, Rusca and Soroca Prisons. It also examined certain health-care related issues at Rezina Prison, in particular as regards staffing levels, medical screening and recording of injuries.

92. The health-care teams in most of the prisons visited were under-resourced, particularly as regards feldshers and nurses.

*Chişinău Prison*⁵⁸ employed nine full-time doctors (including two general practitioners, two TB specialists, a psychiatrist/narcologist, an ophthalmologist⁵⁹ and a dentist) and two part-time doctors (a gynaecologist and a radiologist).⁶⁰ They were supported by five feldshers and five nurses (all full-time).

At *Goian Prison*,⁶¹ the health-care staff included 1½ full-time equivalent doctors, a part-time (50%) psychiatrist and four full-time feldshers.

*Rusca Prison*⁶² had two full-time doctors (a head doctor and a general practitioner) as well as a psychiatrist, a gynaecologist and a dentist, all working on a part-time basis. The prison also employed four feldshers and two nurses (all full-time).

At *Soroca Prison*,⁶³ the medical team consisted of a full-time head doctor as well as a psychiatrist, a radiologist and two dentists, all working on a part-time (50%) basis. Further, the delegation was informed that a full-time general practitioner's post had been vacant since 2009. As regards the paramedical staff, it comprised four full-time feldshers.

At *Rezina Prison*,⁶⁴ the health-care team comprised a full-time head doctor, a full-time psychiatrist, a part-time dentist, four full-time feldshers and a full-time nurse. A full-time internist's post had been vacant since 2007.

It is noteworthy that, in all the prisons visited, the teams of feldshers ensured a 24-hour presence on a rota basis.

The CPT recommends that the vacant post of a general practitioner at Soroca Prison and the vacant post of an internist at Rezina Prison be filled without further delay. Further, the number of feldshers/nurses at Chişinău, Soroca and Rezina Prisons should be increased.

93. Health-care facilities were of a good standard at Goian and Rusca Prisons; they were also generally satisfactory in most of the other establishments visited.

However, at Soroca Prison, some of the patient's rooms in the infirmary were found to be in a deplorable state of repair and hygiene. Further, some of the dental instruments were rusty. **The CPT recommends that these deficiencies be remedied.**

⁵⁸ 1,186 inmates at the time of the visit for a capacity of 1,000 places.

⁵⁹ Who also provided services at Pruncul Prison Hospital.

⁶⁰ Further, a dermatologist visited the establishment once a week.

⁶¹ 22 inmates at the time of the visit for a capacity of 60 places.

⁶² 327 inmates at the time of the visit for a capacity of 310 places.

⁶³ 848 inmates at the time of the visit for a capacity of 800 places.

⁶⁴ 375 inmates at the time of the visit for a capacity of 510 places.

94. The delegation noted that, at Chişinău Prison, the two rooms designed for medical interventions in the health-care unit were equipped with a metal bar partition which was used to separate patients from health-care staff. Moreover, prisoners were provided with medical treatment (e.g. injections, collection of blood samples, etc.) through the hatch in these partitions.

At the end of the visit, the delegation stated that such a practice was degrading for both prisoners and health-care staff and requested the Moldovan authorities to remove immediately the metal partitions. In their letter of 15 January 2016, the Moldovan authorities indicated that the metal partitions were needed in order to ensure the safety of health-care personnel.

The CPT acknowledges that special security measures may be required during medical examinations in a particular case, when a security threat is perceived by the medical staff. However, there can be no justification for systematically performing such examinations through metal bars. Alternative solutions can and must be found to meet legitimate security requirements. One possibility might be the installation of a call system, whereby a doctor would be in a position to rapidly alert prison officers in those exceptional cases when a prisoner becomes agitated or threatening during a medical examination.

The CPT recommends that the metal partitions in the medical examination rooms at Chişinău Prison be removed without further delay, taking into account the above remarks.

95. The CPT is concerned to note that the contributions made by the Prison Administration from its own budget for the purchase of medication were insufficient, and the prisons visited depended to a certain extent on the humanitarian aid they could secure and on prisoners' families. Indeed, in practically all the prisons visited, the delegation received complaints from prisoners about a lack of medication.

The Committee must stress that it is the responsibility of the State to ensure that, irrespective of the prevailing economic circumstances, persons in its custody have access to basic elements of health care, including the medicines required by their state of health. **The CPT recommends that the Moldovan authorities take the necessary measures to ensure that all prison establishments have a sufficient supply of medicines.**

96. The situation observed in the prisons visited as regards the medical examination of newly arrived inmates was on the whole adequate. Such examinations were usually conducted by a feldsher (reporting to a doctor) within 24 hours of admission and entailed physical examination of the body; the height, weight and blood pressure of the prisoners were also recorded. Further, screening for tuberculosis was systematically performed (see paragraph 101). In addition, tests for HIV and viral hepatitis (types B and C) were carried out on a voluntary basis.

97. As regards the recording of injuries (on admission or during imprisonment) in the prisons visited, the delegation noted that in many cases injuries were not described in sufficient detail. Further, prisoners' statements were not always recorded, and, as a rule, there were no doctor's conclusions on the consistency of the injuries with any recorded statements. It is also a matter of concern that no trauma register was kept at Rusca Prison. On a more positive note, at Chişinău Prison, photographs of injuries were taken and "body-charts" were used to indicate injuries.

It should also be noted that injuries observed on prisoners were, as a rule, reported by health-care staff to the prison management. However, the delegation found examples of failure by the prison authorities to bring such cases to the attention of the relevant prosecutor.

98. **The CPT recommends that the Moldovan authorities take the necessary steps (including through the issuance of instructions and the provision of training to relevant staff) to ensure that in all the establishments visited, as well as in other prisons in the Republic of Moldova, the record drawn up after the medical examination of a prisoner contains: i) an account of statements made by the person which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment), ii) a full account of objective medical findings based on a thorough examination, and iii) the health-care professional's observations in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings. The record should also contain the results of additional examinations carried out, detailed conclusions of specialised consultations and a description of treatment given for injuries and of any further procedures performed. Further, the results of every examination, including the above-mentioned statements and the doctor's conclusions, should be made available to the prisoner and, upon request, to his/her lawyer.**

Recording of the medical examination in cases of traumatic lesions should be made on a special form provided for this purpose, with "body charts" for marking traumatic lesions that will be kept in the medical file of the prisoner. Further, it would be desirable for photographs to be taken of the injuries; these photographs should also be included in the medical file. In addition, a special trauma register should be kept in which all types of injury observed should be recorded.

Whenever injuries are recorded which are consistent with allegations of ill-treatment made by the prisoner (or which, even in the absence of the allegations, are indicative of ill-treatment), the information should be immediately and systematically brought to the attention of the competent prosecutor, regardless of the wishes of the person concerned.

99. With the notable exception of Rusca Prison, medical confidentiality was not observed in any of the establishments visited; despite the specific recommendation repeatedly made by the Committee in the past, medical consultations – including initial medical examinations upon arrival – were usually conducted in the presence of custodial staff.

Moreover, at Soroca Prison, the delegation noted that health-care staff were assisted by a prisoner employed as an orderly who, apart from having access to medical documentation, was involved in the performance of health-care tasks (e.g. parenteral administration of medicaments). This is totally unacceptable; apart from constituting a breach of medical confidentiality, such a practice represents a serious health risk for prisoners.

In their letter of 15 January 2016, the Moldovan authorities indicated that, in accordance with the law,⁶⁵ medical consultations could be carried out in the presence of non-medical staff when requested by the doctor for reasons of security and safety, and all such cases should be duly recorded. However, the delegation found no trace of such records in prisons visited.

⁶⁵ Section 232(1) of the Execution Code.

The CPT reiterates its recommendation that the principle of medical confidentiality be fully respected in the establishments visited and, as appropriate, in other prisons in the Republic of Moldova. More specifically, steps should be taken to ensure that:

- **all medical examinations of prisoners (whether upon arrival or at a later stage) are conducted out of the hearing and – unless the doctor concerned requests otherwise in a particular case – out of the sight of prison officers;**
- **medical data are, as a rule, not accessible to non-medical staff** (health-care staff may inform custodial officers about the state of health of a prisoner; however, the information provided should be limited to that necessary to prevent a serious risk for the prisoner or other persons, unless the prisoner consents to additional information being given).

The Committee also recommends that an immediate end be put to the practice of involving prisoners in the performance of health-care tasks.

100. As regards the provision of psychiatric care to prisoners, it is a matter of concern that, at Chişinău Prison, a number of inmates suffering from severe mental disorders (such as schizophrenia and delusional disorder) were not receiving the care required by their state of health. **The CPT recommends that steps be taken to ensure that prisoners suffering from severe mental illnesses are cared for and treated in a closed hospital environment, suitably equipped and with sufficient qualified staff to provide them with the necessary assistance.**

101. The Committee was pleased to note that continuous efforts were being made to combat tuberculosis in Moldovan prisons, in line with the DOTS and DOTS+ protocols. There appeared to be a comprehensive screening policy for TB in the prisons visited, according to which all newly-arrived inmates underwent a chest X-ray. Further, a periodic (usually every six months) fluorography of all prisoners was carried out using a mobile machine. In the event of suspected infection, the inmate concerned was isolated and further examinations were performed by a TB specialist.

102. At Chişinău and Soroca Prisons, there were a number of inmates with a drug addiction. The delegation noted that methadone substitution treatment was, in principle, available to such prisoners. Further, the CPT was pleased to note that there was a needle-exchange programme in place at Soroca Prison.

That said, the Committee has reservations about the existing arrangements for urine testing of prisoners for drugs at Chişinău Prison, namely the role played by the establishment's health-care staff in respect of urine sample collection and testing. In the CPT's opinion, this essentially non-medical task can affect the therapeutic relationship between health-care staff and patients. The Committee therefore recommends that steps be taken at Chişinău Prison (and, as appropriate, in other prison establishments) to ensure that prison health-care staff are not involved in the collection and testing of urine samples for repressive purposes (i.e. drug abuse).

8. Pruncul Prison Hospital

a. preliminary remarks

103. With an official capacity of 500 beds, Pruncul Prison Hospital was accommodating 268 adult inmates at the time of the visit, including 29 women, 46 remand prisoners, four male life-sentenced prisoners and 39 male prisoners working in the establishment as orderlies. The prison hospital comprised six wards: infectious diseases (with 13 patients at the time of the visit), internal medicine (32 patients), psychoneurological ward (31 patients), surgery ward (43 patients) and two tuberculosis wards (44 patients each). Further, a new unit for female prisoners with children up to the age of three, constructed in 2012, was accommodating eight mothers and eight children.⁶⁶

In recent years, there had been between 1,300 and 1,450 admissions per year in the hospital and the usual length of stay of patients was in principle two to three weeks for somatic patients, up to two months for psychiatric/neurological patients, six months for patients suffering from tuberculosis and up to two years for patients with multi-drug resistant TB.

104. As regards staff-patient relations, the delegation heard hardly any allegations of ill-treatment by staff and the majority of the patients interviewed spoke positively of the staff.

That said, the examination of the register of use of force revealed, and it was confirmed to the delegation by members of staff, that a patient who had allegedly consumed alcohol had been isolated for several hours in a shower room of the surgery building, wearing only his underwear and without being provided with any food or means of rest. The patient concerned had apparently lodged a complaint with the Ombudsman's office and the case had been transferred to the penitentiary department of the Ministry of Justice. **The CPT would like to receive information on the outcome of the inquiry into this case.**

b. patients' living conditions

105. As for material conditions, the premises of the newly-constructed *mother and child unit* were all in a very good state of repair, clean and sufficiently lit and ventilated. Patients were accommodated in five double-occupancy rooms which were sufficient in size (some 15 m²) and were adequately equipped (beds with full bedding, baby cots, wardrobes); bathrooms, equipped with toilets, washbasins and bathtubs, were fully partitioned from the rooms. During the day (6 a.m. to 10 p.m.), patients benefited from an open-door regime within the building and could prepare their meals in a kitchen or use the playroom.

That said, the information gathered during the visit indicates that nappies for children and sanitary towels for female patients were not provided by the prison hospital. **The CPT recommends that this shortcoming be remedied.**

⁶⁶ Ten additional patients were awaiting transfer to a prison and four former patients had stayed in the hospital to become orderlies (see also paragraph 113).

106. In comparison with the situation observed in 2011, material conditions in the *psychoneurological ward*, refurbished in 2013, had improved. The walls had been plastered and whitewashed and all the premises were now in a reasonably good state of repair and clean. Call bells had been installed in the rooms and the sanitary facilities had been fully partitioned from the rest of the rooms. However, as regards the size of the rooms and their equipment, the shortcomings identified in the other parts of the hospital and described in the following paragraph were equally present on the psychoneurological ward.

107. Efforts were being made to keep the *other wards* of the hospital clean and adequately ventilated (see, however, paragraph 119). However, although the material conditions varied slightly between the wards, in general they left much to be desired, with most of the patients' rooms being dilapidated and dirty (e.g. crumbling walls and damaged floors).

Moreover, although the hospital was operating well below its official capacity at the time of the visit, a number of the rooms were not sufficient in size for the number of patients accommodated in them, and by no means for their intended occupancy. For example, several rooms measuring 16 m² accommodated five patients, thus providing merely 3.3 m² per person, and a few rooms of some 14 m² accommodated six patients and therefore provided 2.3 m² per person. Further, in most of the rooms, the only equipment were beds (sometimes damaged and with old dirty mattresses) and at best a table and a few chairs and lockers (the quantity of which was insufficient for the number of patients in the room). None of the rooms seen by the delegation was equipped with a call bell.

Most of the sanitary facilities, whether in-room or communal, were in a poor state of repair: taps, showers and toilets were rusty, damaged and often leaking. Moreover, there were no showerheads.

The CPT recommends that steps be taken to ensure that:

- **all hospital premises are regularly maintained, kept in an adequate state of repair and meet hospital hygiene requirements;**
- **the occupancy levels in patients' rooms are reviewed to ensure that every patient is provided with at least 4 m² of living space in a multiple-occupancy room (not counting the area taken by in-room sanitary facilities);**
- **rooms are equipped, in addition to a proper bed with a clean mattress and full bedding for every patient, with tables, chairs and personal storage space, as well as call bells;**
- **all sanitary facilities are kept in working order and in an adequate state of repair and hygiene.**

108. It is noteworthy that several of the patient rooms seen by the delegation were in a significantly better state of repair, provided sufficient space for the patients and their equipment included, for example, an aquarium and carpets. Indeed, this was illustrative of the existence of a prisoner hierarchy, already referred to in paragraphs 53 and 63.

109. As was the case during the previous visit, the prison hospital had no special unit for somatic treatment of women; to be held separately from men, female patients were placed in the different wards on the basis of availability of closed rooms, rather than on the basis of their diagnoses. **The CPT reiterates its recommendation that measures be taken to remedy the problem by providing in Pruncul Prison Hospital a unit for female prisoners hospitalised for somatic care.**

110. Many patients interviewed by the delegation complained that the food provided to them lacked variety and that certain products (meat, dairy products, fresh fruit and vegetables) were rarely present on the menu. Indeed, the stock of food in the storage rooms seen by the delegation was limited and fresh fruit and vegetables were missing. **The CPT recommends that the Moldovan authorities take steps to review the quality of food provided to patients at Pruncul Prison Hospital.**

111. As regards outdoor exercise, a garden area, decorated with paintings and equipped with a sheltered bench, a swing and a playhouse, was attached to the mother and child unit and could be accessed by the patients (and their children) for four hours a day.

In the other wards, outdoor exercise entitlements varied between one and three hours a day. Male patients from the TB wards had access to a spacious garden-like yard with sports equipment (a volleyball court, table tennis tables and parallel bars), a sanitary annexe and several benches. However, there was no shelter against inclement weather.

In sharp contrast, material conditions in the outdoor exercise yard for female TB patients and patients from the other wards were very poor; the small cage-like yards were oppressive, unwelcoming and were virtually devoid of any equipment, with the exception of a few rusty and mostly broken benches.

The CPT recommends that the Moldovan authorities take steps to improve the arrangements for outdoor exercise at Pruncul Prison Hospital. As a minimum, all exercise yards should be equipped with a means of rest and a shelter against inclement weather. Moreover, female patients should enjoy conditions for outdoor exercise comparable to those provided to male patients.

c. staff

112. The health-care team of the hospital comprised some 30 medical doctors of different specialisations, 44 nurses and six orderlies,⁶⁷ all working full-time. There were also two psychologists (although neither of them was apparently trained in clinical psychology) and seven staff members working in the hospital laboratory. However, twelve additional posts were vacant at the time of the visit, including the full-time posts of a TB specialist, an infectiologist, a head of the psychoneurological ward, a surgeon, two anaesthetists, half-time posts of an ophthalmologist and an otorhinolaryngologist, as well as the posts of several nurses.

⁶⁷ "Sora gospodina" in Romanian.

The day shift (8 a.m. to 5 p.m.) consisted of 29 medical doctors, 15 nurses (three on the surgery ward, two on each TB ward and one on the other wards) and one orderly on each ward. In addition, there were one medical doctor for the whole hospital and one nurse on each ward on a 24-hour shift.

As already noted in the previous visit report in respect of the psychoneurological ward, the CPT considers that the staffing levels and presence of health-care staff on the wards are inadequate. Moreover, it is a matter of concern that no training existed for orderlies although they were required to assist other staff with health-care related duties. **The CPT recommends that steps be taken to ensure that:**

- **all vacant posts in the hospital are filled as soon as possible;**
- **the number of nurses present during the day is increased;**
- **a proper initial and in-service training in health-care related matters is introduced for orderlies working in the hospital.**

Further, the CPT considers that the pattern of 24-hour shifts will inevitably have a negative effect on professional standards; no-one can perform in a satisfactory manner the difficult tasks expected of health-care staff for such a length of time.

113. As regards the 39 prisoners working in the hospital as orderlies, the CPT welcomes the fact that they were not involved in the distribution of medication and paramedical examinations. Nevertheless, in addition to cleaning, their tasks did include assisting other patients with washing and dressing, as well as carrying bed-ridden patients.

The CPT wishes to stress that the work of prisoners working in the hospital as orderlies should always be adequately supervised by a qualified member of health-care staff and that they should receive appropriate training for the specific tasks they are supposed to perform.

114. The complement of custodial staff consisted of 65 prison officers (including six female officers), of whom some 15 were on duty at any given time in the accommodation areas.⁶⁸ However, the delegation was informed that custodial staff of the hospital were also responsible for escort duties, for example to courts or civil hospitals, and additional staff resources would therefore be needed. **The CPT would like to receive the observations of the Moldovan authorities on this subject.**

⁶⁸ The outside perimeter of the prison hospital was guarded by an additional 20 prison officers provided by the neighbouring prison no. 9.

d. health care provided to patients

115. The provision of health care to patients was examined by the delegation on the psychoneurological and surgery wards, as well as on the two tuberculosis wards.

As had already been the case during the previous visit, the treatment administered to *psychoneurological patients* was almost exclusively pharmacological and no individualised treatment plans were drawn up for the patients. There was neither occupational therapy, nor any recreational activities (such as board games or watching television) and patients thus spent 23 hours a day locked up in their rooms in the state of total idleness. Moreover, the delegation noted the shortage of anti-psychotic medication; as a result, patients had to buy some medication themselves or rely on the supplies provide by their families.

The CPT reiterates its recommendation that steps be taken at the psychoneurological ward of Pruncul Prison Hospital to introduce individualised treatment plans for each patient, including pharmacotherapy and a broad range of therapeutic, rehabilitative and recreational activities, and indicating the diagnoses, the treatment goals, the therapeutic means used and the staff member responsible; this will entail recruiting staff qualified in this field (occupational therapists, psychologists).

Further, **the Committee recommends that the Moldovan authorities take steps to ensure that there is a regular supply of medication to the psychoneurological ward of Pruncul Prison Hospital.**

116. The care provided in the *surgery ward* was generally of a good standard; however, it must be stressed that the ward was particularly affected by staff vacancies. Reference is made in this context to the recommendations made in paragraph 112.

117. The delegation gained a generally positive impression of the treatment provided to patients on the two *tuberculosis wards*, which was rigorously applied and met the relevant scientific requirements, in line with the DOTS and DOTS-plus strategies. The quantity and range of medication were adequate. To encourage regular daily intake of medication (which was supervised by a nurse), patients received various food products (such as milk, tinned chicken meat, biscuits) in addition to the usual prison food.

118. As a general rule, one TB ward was holding non-resistant patients; the other was reserved for multi-drug resistant patients. Within the wards, patients whose sputum samples were positive were accommodated separately from those whose samples were negative.

However, at the time of the visit, there were some exceptions to the above rule. Firstly, all four female patients (including three non-resistant ones) were accommodated in the ward reserved for multi-drug resistant patients. Reportedly, this arrangement had been made several years previously as some women on the ward for non-resistant patients had been exposing themselves naked in the windows from where they could be seen by male patients from other wards. **The CPT considers in this respect that other solutions should be found which will ensure that non-resistant female patients are held separately from multi-drug resistant patients, in line with the general public health policy requirements, without, however, depriving them of appropriate human contact.**

Moreover, a male patient whose sputum samples were negative was accommodated together with a bed-ridden positive patient so that the former could provide assistance to the latter. **The CPT considers it essential that patients with positive sputum samples be accommodated separately from other patients.**

119. Both TB wards were equipped with UV lamps to disinfect the air and sputum samples were taken in hermetically sealed transparent containers. However, ventilation systems were out of order on both wards, and this had been the case on the ward accommodating multi-drug resistant patients for several years. **The CPT recommends that urgent steps be taken by the Moldovan authorities to remedy this shortcoming.**

120. Staff assigned to the TB wards underwent a chest X-ray every six months. However, the delegation observed that staff did not systematically wear protective masks on the ward and that non-health-care staff were equipped with simple surgical masks which did not provide sufficient protection against TB. Although, reportedly, there had been no cases of staff becoming infected in the previous decade, **in the CPT's opinion, such a situation is problematic from the perspective of the prevention of transmission of TB.**

121. More generally, *examination rooms* were equipped with a metal bar partition which separated patients from health-care staff. Medical procedures were conducted through the bars, in full view of other patients and the custodial staff present. This state of affairs has been repeatedly criticised by the CPT in the past and the systematic application of such measures cannot be justified by a hostage-taking incident which had apparently occurred in the hospital a decade previously. Reference is made in this connection to the remarks set out in paragraph 94. **The recommendations made in paragraphs 94 and 99 should be read as equally applying to Pruncul Prison Hospital.**

122. The delegation could not obtain a clear picture as regards the *consent to treatment* provided by patients. While forms with consent to treatment and to diagnostic procedures were present in some personal medical files, the examination of the disciplinary register revealed that refusal of treatment and/or examination was regarded as a disciplinary offence.

The CPT considers that every patient capable of discernment should be free to refuse treatment or any other medical intervention. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances which are applicable to the population as a whole. **The Committee would like to receive the observations of the Moldovan authorities on this subject.**

e. discipline

123. The information gathered during the visit indicates that disciplinary solitary confinement was not resorted to excessively in Pruncul Prison Hospital.

However, disciplinary cells,⁶⁹ although sufficient in size for single occupancy (some 8 and 17 m² excluding the in-cell toilets), were no exception to the overall poor material conditions prevailing in the establishment (see paragraph 107). Moreover, their only equipment were beds which were fixed to the wall in an upright position during the day. According to the information provided by the management of the prison, patients could be provided with a chair only if certified by a doctor on medical grounds. **The CPT recommends that patients subjected to disciplinary solitary confinement be systematically provided with a means of rest (e.g. a chair) during the day.**

f. visits

124. As regards visits, the entitlements described in paragraph 127 also applied for patients in Pruncul Prison Hospital.⁷⁰ However, the delegation received several complaints that only “official” family members were allowed to visit patients; this apparently posed a particular problem in the case of mothers with children who were not married to the fathers. **In the Committee’s view, all prisoners should be entitled by law to receive visits from any persons with whom they had an established relationship prior to admission comparable in significance to that of a family member.**

Visiting facilities for long-term visits call for no particular comments; however, facilities for short-term visits were dilapidated, most of the benches were damaged and the premises allowed for very little privacy. **The CPT recommends that these shortcomings be remedied.**

⁶⁹ One disciplinary cell was located on the surgery ward, another one on the ground floor of the TB building.
⁷⁰ It should be noted, however, that TB patients were not entitled to receive long-term visits.

9. Other issues

a. prison staff

125. As had been the case during previous visits to the Republic of Moldova, there was often a very small number of custodial staff in the detention areas in most of the prisons visited. In particular at Soroca Prison with a population of over 800 prisoners, there were only some ten custodial officers on duty (working a 24-hour shift) for the entire establishment at any given time; as a consequence, the large-capacity units remained largely unsupervised both day and night. A similar situation prevailed at Chişinău and Rusca Prisons. For example, at Rusca, a wing of some 65 inmates was staffed by only one prison officer.

The Committee wishes to stress once again that ensuring a positive climate in prison requires a professional team of staff, who must be present in adequate numbers at any given time in detention areas as well as in facilities used by prisoners for activities. Low numbers of custodial staff in detention areas increase the risk of violence and intimidation between prisoners and of tension between staff and prisoners and preclude the emergence of dynamic security. In this context, the Committee also considers that the existing shift system, which requires prison staff to work for 24 hours at a time, is intrinsically flawed and negatively affects professional standards.

The CPT recommends that the Moldovan authorities review, as a matter of priority, prison staffing levels at Soroca, Chişinău and Rusca Prisons, as well as at other prison establishments where similar low levels of staffing occur, with a view to increasing the number of custodial staff present in the detention areas. Steps should also be taken to put an end to the 24-hour shift pattern for custodial staff.

126. At Goian Prison, the overall staffing levels and the staff presence in prisoner accommodation areas appeared to be adequate.

That said, in the light of the information contained in paragraphs 49 and 50 of the report, the Committee would like to emphasise that the custody and care of juveniles is a particularly challenging task. The staff called upon to fulfil that task should be carefully selected for their personal maturity and ability to cope with the challenges of working with – and safeguarding the welfare of – this age group. More particularly, they should be committed to working with young people, and be capable of guiding and motivating the juveniles in their charge. All such staff should receive professional training, both during induction and on an ongoing basis, and benefit from appropriate external support and supervision in the exercise of their duties.

The CPT recommends that the Moldovan authorities take the necessary steps to ensure that a rigorous selection and training programme is in place for custodial staff working at Goian Prison, taking into account the above remarks.

b. contact with the outside world

127. With some exceptions, the legal provisions concerning prisoners' visiting entitlement remained unchanged at the time of the visit. It is recalled that *adult prisoners* are, in principle, entitled to one short-term visit (from 1 to 4 hours) per month and one long-term visit (from 12 to 74 hours) every three months.⁷¹

The CPT wishes to emphasise that contacts with the outside world, in particular visits from families and other relatives, are of crucial importance for the social rehabilitation of prisoners and for counteracting the damaging effects of imprisonment. In the Committee's view, **all prisoners should benefit from a visiting entitlement of at least one hour every week.**

128. In the report on the 2011 visit, the CPT criticised the fact that, unlike all other categories of inmates, adult prisoners subject to the initial detention regime as part of the sentence, as well as all *life-sentenced prisoners*, were not entitled to long-term visits; the Committee recommended that the relevant legislation be amended to remedy this deficiency. In this context, amendments were made to the Execution Code in May 2014 lifting this restriction, albeit only partially. Whilst the law currently in force also extends the right to long-term visits to prisoners under the initial regime, it nevertheless makes an exception for life-sentenced prisoners under this regime (i.e. for a period of ten years).

In the CPT's opinion, the above-mentioned legal provision prohibiting life-sentenced prisoners in the initial regime from receiving long-term visits is unduly restrictive, and as such cannot be justified. The Committee considers that, bearing in mind the length of time such prisoners are likely to spend in prison, special efforts should be made to prevent the breakdown of family ties of prisoners serving a life sentence. In fact, life-sentenced prisoners in the initial regime are precisely the category of inmates for whom the risk of the disruption of family relations is the greatest. **The CPT reiterates its recommendation that the Moldovan authorities amend the Execution Code to ensure that all life-sentenced prisoners are entitled to receive long-term visits.**

129. The CPT also notes that, with the entry into force of the above-mentioned amendments to the Execution Code, *juveniles* serving their sentence under the ordinary and re-socialisation regimes are now entitled to one short-term visit each week (in addition to one long-term visit every two months), as opposed to monthly visits in the past. Naturally, the CPT welcomes this development. However, it is regrettable that the amendment does not cover juvenile prisoners under the initial regime, who continue to have the same visit entitlement as adults.

The Committee wishes to stress that the active promotion of good contact with the outside world can be especially beneficial for juveniles deprived of their liberty, many of whom may have behavioural problems related to emotional deprivation or a lack of social skills. In the CPT's view, all juvenile prisoners should benefit from a visiting entitlement of more than one hour every week; **the relevant legislation should be amended accordingly.**

⁷¹ Section 213 of the Execution Code. It should be noted that additional short and long visits can be granted as a reward for the inmate's good behaviour (Section 243(1)e)).

130. The CPT is concerned to note that, despite the specific recommendation made by the Committee after the 2011 visit,⁷² *remand prisoners* continued to require prior authorisation from the competent investigating authority or court to receive a visit. The delegation noted that the possibility for remand prisoners to receive visits usually depended on the progression of their criminal case. Many of the prisoners interviewed by the delegation who had recently arrived in prison were not allowed to have visits.

The CPT therefore reiterates its recommendation that the Moldovan authorities take the necessary steps to ensure that remand prisoners are entitled to receive visits as a matter of principle. Any refusal by the competent authority to permit such visits should be specifically substantiated by the needs of the investigation, require the approval of a body unconnected with the case at hand and be applied for a specified period of time, with reasons stated.

131. It is also a matter of concern that, at Rezina Prison, short-term visits to life-sentenced prisoners took place in closed conditions, i.e. through a glass partition. The CPT accepts that, in certain cases, it may be justified, for security-related reasons, to prevent physical contact between prisoners and their visitors. However, open visits (e.g. with prisoners and their visitors sitting around a table) should be the rule and closed visits the exception, for all categories of prisoners. **The Committee recommends that the visiting arrangements for life-sentenced prisoners at Rezina Prison be reviewed accordingly.**

132. As regards prisoners' access to a telephone, the CPT notes that the frequency and duration of phone calls for adult prisoners have been doubled since the previous visit; they are now entitled to one phone call of 20 minutes per week.⁷³ Further, the entitlement to telephone calls for juvenile prisoners has also been increased, to two phone calls of 20 minutes every week.⁷⁴

c. discipline and security

133. Since the CPT's 2011 visit, the catalogue of possible disciplinary penalties has been extended, notably by the sanction of suspension of the right to visits (for up to three months⁷⁵). The delegation observed that this sanction was frequently resorted to in the establishments visited, mainly for disciplinary offences not related to visits. Further, according to the law, prisoners subjected to the sanction of solitary confinement are automatically deprived of the rights to receive visits and make telephone calls during the serving of that sanction.

In the CPT's view, any restrictions on family contacts as a form of punishment should be used only where the offence relates to such contacts and – in particular in respect of juvenile prisoners – only for the shortest time possible (days, rather than weeks or months).⁷⁶ **The CPT recommends that the Moldovan authorities review the relevant regulations accordingly.**

⁷² See CPT/Inf (2012) 3, paragraph 103.

⁷³ Section 210(4) of the Execution Code.

⁷⁴ Section 253(2)d) of the Execution Code.

⁷⁵ For up to two months in the case of juveniles.

⁷⁶ See also the CPT's 21st General Report (CPT/Inf (2011) 28), paragraph 61(b).

134. It is recalled that solitary confinement as a disciplinary measure can be imposed for a period of up to 20 days on adult male prisoners, up to seven days on adult female prisoners and up to three days on juveniles.

In general, the delegation found no evidence of excessive recourse to the sanction of solitary confinement in the prisons visited (see, however, paragraph 135). Further, the periods of solitary confinement imposed were usually below the maximum provided for by law. It is also noteworthy that many of the prisoners concerned had appealed against the decision imposing disciplinary isolation, which had a suspensive effect.⁷⁷

Nevertheless, the CPT considers that the maximum possible period of solitary confinement of 20 days for adult male prisoners is excessive. Given the potentially very damaging effects of solitary confinement on the mental, somatic and social health of those concerned, this period should be no more than 14 days for a given offence, and preferably lower.⁷⁸ **The Committee recommends that the relevant legislation be revised in the light of these remarks.**

135. The delegation noted that, at Goian Prison, the disciplinary sanction of solitary confinement was applied rather frequently (for example, 212 disciplinary sanctions of various types since 1 January 2015, the majority being solitary confinement). In this regard, the Committee wishes to stress that any form of isolation of juveniles is a measure that can compromise their physical and/or mental well-being and should therefore be applied only as a means of last resort.⁷⁹ **The CPT recommends that the Moldovan authorities review the disciplinary practices at Goian Prison in the light of these remarks.**

136. Prisoners who have repeatedly committed a very serious disciplinary offence or have intentionally committed a criminal offence during imprisonment may be subjected to the disciplinary sanction of transfer to the initial detention regime, for a renewable period of one year.⁸⁰

At the time of the visit, there were fourteen such prisoners at Rusca Prison.⁸¹ As already indicated (see paragraph 71), these inmates were subjected to a rather restrictive regime, their only regular out-of-cell activity being daily outdoor exercise of two hours. It is also a matter of concern that for some of them the measure in question had been in force for years on end.⁸²

As already stressed by the Committee in the past,⁸³ the imposition of a measure of segregation under the initial detention regime on a prisoner should not be a purely passive response to the prisoner's attitude and behaviour. Decisions on placement or renewal of placement under the initial regime should be based on an objective, in-depth assessment or re-assessment and form part of a constructive process designed to respond to the prisoners' problems and enable them to (re-)integrate into the ordinary regime. Moreover, the duration of the measure should not be too long so as to make it possible to motivate the prisoner to make progress. In other words, prisoners should not remain segregated under the initial regime for longer than necessary; in the CPT's view, the measure in question should be reviewed at least once every three months.

⁷⁷ Section 248 (1) of the Execution Code.

⁷⁸ See paragraph 56(b) of the 21st General Report on the CPT's activities.

⁷⁹ See paragraph 128 of the 24th General Report on the CPT's activities.

⁸⁰ Section 246¹(3)g) of the Execution Code.

⁸¹ There was also one juvenile prisoner at Goian Prison who was subject to the initial regime as a disciplinary penalty; see, in this regard, paragraph 78 and footnote 53.

⁸² It should also be noted that, according to the law, prisoners placed under the initial regime as a disciplinary measure are automatically deprived of long-term visits.

⁸³ See CPT/Inf (2012) 3, paragraph 99.

The Committee reiterates its recommendation that the Moldovan authorities take the necessary steps to ensure that the foregoing precepts are reflected in the relevant legislation and regulations.

Further, the CPT believes that a limited activity programme is not a good means of responding to problematic behaviour in prison. **Steps should therefore be taken to offer the prisoners concerned an appropriate programme of out-of-cell activities (including group association activities). Such a programme should be developed and revised by a multidisciplinary team, on the basis of an individualised risk and needs assessment, following consultation of the prisoner concerned.**

137. It remains the case that an act of self-harm is considered a disciplinary offence and may lead to a sanction of solitary confinement.⁸⁴ Further, according to a recent amendment to the law, self-harming prisoners must bear the costs of the treatment given.⁸⁵

The CPT wishes to reiterate that acts of self-harm frequently reflect problems and conditions of a psychological or psychiatric nature, and should be approached from a therapeutic rather than a punitive standpoint. In this context, all cases of self-harm should be assessed medically immediately after the incident to evaluate the extent of lesions and to assess the psychological state of the prisoner. The Committee also considers that obliging self-harming prisoners to pay for the medical care provided is totally inappropriate.

The CPT calls upon the Moldovan authorities to review the relevant legal provisions in the light of the above remarks.

138. As far as the delegation could ascertain, disciplinary procedures in the prisons visited were carried out in accordance with the relevant legal framework. However, despite a specific recommendation made by the Committee in the report on the 2011 visit, the legislation in force still does not require that prisoners facing disciplinary charges be heard in person by the body which takes the decision on whether or not to impose a sanction. Further, the law does not provide for the rights of prisoners accused of a disciplinary offence to legal assistance and to call witnesses on their behalf and have evidence against them cross-examined.

The CPT reiterates its recommendation that the Moldovan authorities take steps (including, if necessary, of a legislative nature) to ensure that prisoners facing disciplinary charges have the right to be heard by the person who takes the decision. Steps should also be taken to ensure that such prisoners have the rights to legal assistance and to call witnesses on their own behalf and to cross-examine evidence given against them.

⁸⁴ Section 242² (8) of the Execution Code.

⁸⁵ Section 232 (6) of the Execution Code.

139. It is regrettable that, despite the specific recommendation made by the Committee after previous visits, prison doctors still had to certify that the prisoner concerned was fit to sustain the disciplinary punishment of solitary confinement.⁸⁶ The CPT must reiterate that medical practitioners in prisons act as the personal doctors of prisoners, and ensuring that there is a positive doctor-patient relationship between them is a major factor in safeguarding the health and well-being of prisoners. Obliging prison doctors to certify that prisoners are fit to undergo punishment is scarcely likely to promote that relationship. As a matter of principle, the Committee considers that medical personnel should never participate in any part of the decision-making process resulting in any type of solitary confinement in a prison environment (except where the measure is applied for medical reasons).

On the other hand, health-care staff should be very attentive to the situation of prisoners placed under solitary confinement and should visit such prisoners immediately after placement and thereafter at least once per day⁸⁷, and provide them with prompt medical assistance and treatment as required.

The CPT calls upon the Moldovan authorities to review the role of health-care staff *vis-à-vis* persons held in solitary confinement, in the light of the above remarks. In so doing, regard should be had to the European Prison Rules (in particular, Rule 43.2) and the comments made by the Committee in its 21st General Report (see paragraphs 62 and 63 of CPT/Inf (2011) 28).

140. In the report on the 2011 visit, the Committee strongly criticised the material conditions in the disciplinary punishment cells at *Rezina Prison* and recommended that they be completely refurbished. It also recommended that any cells measuring less than 6 m² be either taken out of service or enlarged. Regrettably, the 2015 visit revealed that these recommendations had remained unimplemented; the disciplinary cells at *Rezina Prison* were found in the same dilapidated conditions as in 2011. They were also dirty, damp and poorly ventilated, and had hardly any access to natural light. In addition, most of the cells were either too small (some 4.5 m²) or too narrow (less than 2 metres wide).

Further, at *Chişinău Prison*, several disciplinary cells located in Block 1 displayed similar deficiencies: they were in a poor state of repair and hygiene, dark (with hardly any access to natural light and dim artificial lighting), badly ventilated and too small (less than 5 m²).

The CPT calls upon the Moldovan authorities to take immediate steps to remedy the above-mentioned serious deficiencies at *Rezina* and *Chişinău Prisons*. In this context, any cells measuring less than 6 m² should either be withdrawn from service or enlarged and it should be ensured that cells are sufficiently wide (at least two metres between the opposite walls).

⁸⁶ Under Section 247 (11) of the Execution Code, the disciplinary sanction of solitary confinement shall be executed only after a medical examination of the prisoner concerned, with a view to certifying that the enforcement of the sanction will not affect his/her “health or mental condition”. The delegation noted that, in all the prisons visited, such examinations were performed by the doctor working at the establishment concerned.

⁸⁷ Section 247 (11) also provides that prisoners subject to disciplinary isolation shall be seen by the prison doctor on a daily basis.

141. The main disciplinary unit at *Sorooca Prison* was under refurbishment at the time of the visit and was not being used.⁸⁸ The delegation noted that some of the cells in this unit were too narrow (measuring less than 2 metres between the walls). Further, due to the small size of the windows, access to natural light was inadequate in many cells. **The CPT recommends that these shortcomings be remedied in the context of the ongoing refurbishment.**

142. At *Sorooca Prison*, the delegation was concerned to note that the great majority of inmates placed in Unit 12 (offering cell-type accommodation) as a security measure⁸⁹ were subjected to an impoverished regime for prolonged periods (in some cases for years on end). With the exception of about a dozen prisoners who attended vocational courses, the daily regime in that unit consisted merely of outdoor exercise – which was taken in small (some 16 m²) yards – or a fitness session for one hour. **The CPT recommends that the Moldovan authorities pursue their efforts to increase the number of prisoners in Unit 12 engaged in purposeful activities. Further, steps should be taken to enlarge the exercise yards to enable prisoners to exert themselves physically.**

143. A number of prisoners in Unit 12 at *Sorooca Prison* complained to the delegation that their television sets, which were practically the only source of distraction for many of them, had been removed a few weeks previously, for what appeared to be minor violations of prison regulations (e.g. failure to wear a name badge⁹⁰). However, when the delegation raised this issue with the establishment's new director, no trace could be found of any formal decisions that had reportedly been taken in this respect by the previous management. The delegation was assured that the TV sets would be returned to their owners without delay. **The Committee would like to receive confirmation that this has indeed taken place.**

d. complaints procedures

144. In none of the prisons visited, did newly-arrived inmates receive an information sheet setting out prisoners' basic rights, including the right to complain, and the internal rules of the establishment. At *Goian Prison* and *Pruncul Prison Hospital*, the delegation saw posters throughout the establishment, containing excerpts from the relevant legislation and information as to which behaviour was prohibited and which punishment was to be expected. Needless to say, such posters cannot be considered a substitute for a comprehensive information leaflet, which, especially when dealing with juvenile prisoners, should be made easy to understand – worded in a straightforward and non-legalistic manner. **The CPT recommends that such a leaflet (containing, *inter alia*, information about the right to lodge formal complaints both within and outside the prison system as well as the modalities for doing so) be provided to all newly-admitted prisoners.**

⁸⁸ The works had been suspended at the time of the visit, due to a lack of financial resources. The prison had temporarily allocated three ordinary accommodation cells for disciplinary purposes, which offered adequate material conditions.

⁸⁹ Out of 35 prisoners held in the unit at the time of the visit, 33 had been transferred there at their own request (under Section 206 of the Execution Code) and two had been placed under state protection.

⁹⁰ With the arrival of a new prison director in August 2015, prisoners were no longer obliged to wear a badge.

C. Bălți Psychiatric Hospital

1. Preliminary remarks

145. For the first time, the CPT visited Bălți Psychiatric Hospital, one of three (public) psychiatric hospitals in Moldova.⁹¹ Built in 1976 and located in a large park, it comprised, in addition to administrative and technical buildings, four inter-connected two-storey pavilions for adult patients (Wards 1 to 8)⁹² and a separate two-storey building for juveniles between the age of three and 18 (capacity of 50 beds). The hospital provided both in-patient and out-patient psychiatric treatment and its catchment area covered the northern districts of Moldova (11 districts and the municipality of Bălți), with approximately one million inhabitants. In 2014, there were some 9,000 admissions to/discharges from the hospital.

With an official capacity of 530 places,⁹³ the hospital was accommodating at the time of the visit, according to the information provided to the delegation by its management, 575 male and female patients: 28 juveniles, 47 adult forensic patients who had been found criminally irresponsible under Section 99 of the Criminal Code and were placed under “ordinary supervision”⁹⁴ and 500 other patients who were formally regarded as voluntary. However, the information gathered during the visit indicates that in many cases, the validity of their consent to hospitalisation raises serious doubts (see paragraph 167).

The approximate length of stay of civil patients in the hospital was usually between two and three weeks; the length of stay of forensic patients varied between 12 days and more than 20 years, with the majority of them having stayed in the hospital for more than two years.

146. The general psychiatry wards (Wards 1 to 6) were accommodating both civil and forensic patients. As confirmed to the delegation by staff, for a number of reasons, this situation posed a particular challenge. Indeed, the therapeutic needs of forensic patients who stay in the hospital for a number of years are different from those of acute civil patients who are hospitalised for much shorter periods.

Moreover, according to staff, forensic patients were more likely to escape which implied the need for stricter security arrangements on the wards; further, they tended to be more aggressive and civil patients often felt intimidated by the mere presence of forensic patients on the wards. In the CPT’s view, these considerations invite the question whether forensic patients should not be accommodated and cared for separately from civil patients (in a separate unit or establishment) so that the specific needs of those two groups of patients can be appropriately met.

⁹¹ Chişinău Psychiatric Hospital was visited by the CPT in 1998, 2007 and 2011 and Orhei Psychiatric Hospital in 2011.

⁹² There were three general psychiatry wards for male patients, three general psychiatry wards for female patients, Ward 7 for the treatment of addictions (male patients) and mixed-sex Ward 8 for borderline disorders. The capacity of the hospital has been reduced over recent years. Moreover, a separate branch of the hospital in Pavlovca (capacity of 30 places) was closed shortly before the visit.

⁹⁴ The court may impose a measure of compulsory hospitalisation in a psychiatric establishment under “ordinary supervision” or “strict supervision”.

It is noteworthy in this context that plans to create a separate unit for forensic patients within Bălți Psychiatric Hospital, which reportedly existed in the past, have never materialised.

It was also brought to the delegation's attention that for several years, the hospital had not received any funding for forensic patients whose hospitalisation had to be covered from the budget allocated for civil patients.

The CPT would like to receive the observations of the Moldovan authorities on these issues.

147. The delegation was informed that some 100 persons were chronic patients whose mental state did not require hospitalisation but who could not be discharged as they had no families, and social care homes would not accept them due to the process of de-institutionalisation.

It was also brought to the attention of the delegation that the occupancy levels, already relatively high at the time of the visit (see paragraph 149), could significantly increase during winter months as additional patients who would otherwise freeze on the street had to be admitted to the hospital.

In the CPT's opinion, solutions other than placement in a psychiatric hospital should be found to ensure that the two above-mentioned categories of person receive appropriate assistance. **The CPT would welcome the Moldovan authorities' observations on this issue.**

2. Ill-treatment

148. It should be underlined at the outset that the delegation heard no allegations and found no other evidence of deliberate physical ill-treatment of patients by staff. On the contrary, the patients interviewed by the delegation spoke positively of the staff and the general atmosphere was relaxed.

3. Patients' living conditions

149. Living conditions in the hospital were generally good, notably on the juvenile ward and Ward 4 which had been recently reconstructed. Overall, most of the premises were clean, in a good state of repair and well-lit and ventilated. The delegation also noted the ongoing maintenance work to remove some of the existing shortcomings.

Patients' rooms varied in size and capacity (between three and 19 beds) but conditions in some of them were cramped (e.g. rooms measuring 18 m² contained five beds, thus providing only 3.6 m² per person). This is particularly true for large-capacity dormitories (up to 19 beds) which existed on each ward and sometimes provided less than 3 m² of living space per person.

The rooms were equipped with beds (with mattresses and bedding) and at best a few bedside tables and a wardrobe; the absence of other pieces of furniture, such as personal lockers, tables and chairs or decoration in most rooms, contributed to an impersonal and austere atmosphere.

Moreover, some of the communal sanitary facilities (in particular on Wards 3 and 5) were unventilated, humid and in a poor state of repair.

The CPT recommends that the necessary steps be taken to ensure that at Bălți Psychiatric Hospital:

- occupancy levels in patients' rooms are reduced;
- patients are offered a more congenial and personalised environment, in particular by providing them with lockable space for personal items;
- all sanitary facilities are kept in a good state of repair and hygiene; more particularly, sanitary facilities on Wards 3 and 5 should be completely refurbished.

The CPT must also stress that large-capacity dormitories may have a counter-therapeutic, institutionalising effect on patients, infringe upon their privacy and compromise their safety. It is generally considered that such dormitories are not compatible with current standards of accommodation for psychiatric in-patients.

150. The delegation was concerned to note that at the time of the visit, the hospital did not benefit from a continuous water supply, a problem attributed for the most part to the fact that the hospital was in debt. At the end of the visit, the Moldovan authorities informed the delegation that a letter had been sent to the local authorities requesting them to remedy the problem. **The CPT wishes to receive confirmation that Bălți Psychiatric Hospital now benefits from a continuous water supply.**

151. The provision of hygiene items, in particular toilet paper and adult nappies for incontinent patients, children and intensive care unit patients, could not be ensured by the hospital and patients relied on supplies from their relatives or donations. **The CPT recommends that steps be taken to ensure that each patient be provided with basic personal hygiene items, including, where needed, adult nappies.**

152. The majority of patients met by the delegation made no complaints about the food provided. The kitchen and storage areas seen by the delegation were rather old but clean and relatively well-maintained. That said, the stock of vegetables was limited and there was no fruit and no meat. Moreover, the delegation was informed that the funding for food was insufficient and that the suppliers sometimes had to be asked for a credit. **The CPT recommends that the necessary steps be taken by the Moldovan authorities to ensure sufficient funding for the provision of food of adequate variety, including meat, fish, fresh vegetables and fruit, as well as dairy products, to the patients at Bălți Psychiatric Hospital.**

153. In each ward, patients were allocated to four different movement regimes, depending, in principle, on their therapeutic progress: newly-admitted patients systematically placed under constant supervision in observation rooms which they were not permitted to leave (except when using the sanitary facilities); patients with free movement within their ward (including at night) and patients authorised to leave the ward, either under or without escort.

Consequently, patients under the two initial regimes (between a third and a half of patients on some wards at the time of the visit) had no access to outdoor exercise for several days or weeks after their admission (with the exception of access to a cage-like balcony for some of those allocated to the second regime). In the CPT's view, while it may be justified, due to medical contraindications in individual cases, to limit access to outdoor exercise for certain patients, it is hardly justified to apply such restrictions indiscriminately to all newly-admitted patients.

In addition, as observed by the delegation and admitted by members of staff, patients in need of assistance because of their physical impairment and/or mental state were not offered daily outdoor exercise, reportedly due to a shortage of staff.

The CPT considers that all patients should benefit from unrestricted access to outdoor exercise during the day unless treatment activities require them to be present on the ward. Additional restrictions on access to outdoor exercise for involuntarily admitted patients should only be applied to those patients who represent a danger to themselves or others, and only for as long as that danger persists. **The CPT recommends that these precepts be effectively implemented in practice at Bălți Psychiatric Hospital.**

4. Staff and treatment

154. The staff complement of Bălți Psychiatric Hospital consisted of 42 medical doctors (including, e.g., psychiatrists, neurologists, two dentists and an infectiologist) working for some 60 FTEs on 72 theoretical posts, 9 psychologists, 234 nurses⁹⁵ covering 246 theoretical posts and 215 orderlies⁹⁶ for 262 posts. The hospital employed only one social worker and there were no occupational therapists at all, which inevitably had negative consequences for the treatment options for patients (see paragraph 158).

During the day, on each accommodation ward, there were, in principle, two medical doctors and a psychologist and between two and four nurses on the day shift, as well as one or two nurses and one or two orderlies on a 24-hour shift. Two medical doctors (of whom one worked in the intensive care unit) were on the night shift for the whole hospital.

The CPT recommends that steps be taken at Bălți Psychiatric Hospital to ensure that the vacant posts of medical doctors, nurses and orderlies are filled as a matter of priority. Consideration should also be given to increasing the number of social workers. Further, the CPT considers that the pattern of 24-hour shifts will inevitably have a negative effect on professional standards; no-one can perform in a satisfactory manner the difficult tasks expected of health-care staff for such a length of time.

155. As regards training of staff, the CPT notes with concern that no initial or clearly structured in-service training existed for orderlies, a situation observed already during the CPT's previous visits to the country. Such a state of affairs is unacceptable since orderlies are required to assist other staff with health-care related duties, including, for example, the application of means of restraint.

⁹⁵ "Asistente medicale" in Romanian.

⁹⁶ "Infermiere" in Romanian.

Training should provide orderlies with the necessary knowledge and skills and enable them to become genuine health-care staff, which will in turn render their work more rewarding and facilitate the work of nurses. **The CPT calls upon the Moldovan authorities to introduce proper initial and in-service training in health-care-related matters for orderlies working in psychiatric establishments.**

156. As regards psychiatric treatment, pharmacotherapy was supplemented by a range of therapeutic activities, such as various forms of physiotherapy, hydrotherapy and kinesitherapy. The delegation gained a particularly positive impression of the material conditions in the two sections dedicated to these activities (one for adults and a separate one for children) which contained, *inter alia*, a gym with sports and rehabilitation equipment and, on the children's ward, a hydrotherapy complex comprising several massage bathtubs, a whirlpool and a warm water swimming pool.

The delegation's findings suggest that patients were being regularly seen by a psychiatrist and/or a psychologist, and that patients' medical files were well-kept. However, no individualised treatment plans were drawn up for the patients.

157. In general, the available medication allowed the hospital to meet the very basic needs of patients. However, new generation antipsychotics and antidepressants were virtually not available and there was only one long-acting antipsychotic injection available.⁹⁷ Moreover, occasional supply shortages resulted in abrupt changes or interruption of medication or in requesting patients' families to supply the medication. This situation is all the more worrying as similar shortcomings had already been identified by the CPT several times during previous visits to Moldova.

158. The offer of occupational therapy was virtually non-existent for the majority of adult patients. Workshops and a greenhouse located within the hospital compound had been closed down years before and, due to the lack of staff, hardly any structured and organised activities were taking place in the occupational therapy rooms created on the wards with the assistance of an NGO and funding by the Swiss Development Agency. Some work, such as helping with the cleaning or in the dining room or the garden, was offered to a few forensic patients.

As a result, the only activity throughout the day for the vast majority of adult patients was reading, watching television, playing board games or using, on their own, the occupational therapy rooms. Such a state of affairs raises particular concern in respect of forensic patients who have been living in the hospital for years on end (see paragraph 145).

The situation was better with regard to juvenile patients who could continue some school classes (the patients concerned received a certificate on discharge from the hospital) and could frequent an activity/play room.

159. In the light of the remarks set out in the preceding paragraphs, **the CPT recommends that the necessary steps be taken at Bălți Psychiatric Hospital to:**

⁹⁷ Fluphenazine decanoate.

- **introduce a wider range of therapeutic options and involve long-term patients in rehabilitative psychosocial activities to prepare them for living independently and returning to their families. Occupational therapy should be an integral part of the rehabilitation programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and improvement of self-image. For forensic patients, the treatment should be aimed at both controlling the symptoms of the illness and reducing the risk of re-offending;**
- **draw up individual treatment plans for each patient (taking into account the special needs of acute, long-term and forensic patients), including pharmacotherapy and a broad range of therapeutic, rehabilitative and recreational activities and indicating the diagnoses, the treatment goals, the therapeutic means used and the staff member responsible; this will entail recruiting staff qualified in this field (occupational therapists, social workers) so as to allow the development of a multidisciplinary approach. The treatment plan should also contain the outcome of a regular review of the patient's mental health condition and a review of the patient's medication. Patients should be involved in the drafting of their individual treatment plans and be informed of their progress.**

Further, the CPT reiterates its recommendation that the Moldovan authorities take the necessary steps, without delay, to ensure a regular supply of medication, including new generation antipsychotics and antidepressants, to Bălți Psychiatric Hospital and, where applicable, to other psychiatric establishments in the country.

160. The delegation's findings indicate that access to somatic care did not pose a major difficulty and patients benefited from a range of specialist consultations. In addition, Bălți Psychiatric Hospital had an intensive care unit (capacity of six beds) which could admit both patients of the psychiatric hospital and patients coming from outside, even though its equipment was rather basic and the range of laboratory examinations limited. However, transfers of patients in need of more specialised treatment or examinations to other facilities in Bălți were promptly organised.

The hospital also had a well-equipped dentist's surgery but dental care was limited to extractions, reportedly due to insufficient funds. **Efforts should be made to improve patients' access to dental care, in particular preventive and conservative dental treatment.**

161. All patients underwent a medical examination on admission to the hospital, which included the examination of the patient's body for traumatic injuries. The results were recorded in the patient's medical file, as well as in one of two registers maintained in the admission unit.⁹⁸ According to the information provided by staff, allegations of ill-treatment were reported to the local police branch in Bălți who came to interview the patient concerned.

That said, the description of the injuries was rather succinct and the statements of the patients concerned were often absent, as were *a fortiori* the doctor's conclusions as to the consistency of any such statements with injuries recorded.

⁹⁸ For 2015, the register of allegations of ill-treatment and torture was empty; the register of notifications of the police had 116 entries.

In the CPT's view, the record drawn up after the examination of a patient upon admission to a psychiatric hospital should contain:

- (i) an account of statements made by the person concerned which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment),
- (ii) a full account of objective medical findings based on a thorough examination, and
- (iii) the doctor's observations in the light of (i) and (ii), indicating the consistency between any allegations made and the objective medical findings.

Whenever injuries are recorded by a doctor which are consistent with allegations of ill-treatment made by the patient (or which, even in the absence of allegations, are indicative of ill-treatment), the record should be immediately and systematically brought to the attention of the relevant authorities, regardless of the wishes of the person concerned. Moreover, the results of every examination, including the above-mentioned statements and the doctor's opinions/observations, should be made available to the patient and, upon request, to his/her lawyer.

Recording of the medical examination in cases of traumatic injuries should be made on a special form provided for this purpose, with body charts for marking traumatic injuries that will be kept in the medical file of the patient. Further, it would be desirable for photographs to be taken of the injuries, and the photographs should also be placed in the medical file.

The CPT recommends that the Moldovan authorities take the necessary steps to ensure that the above-mentioned precepts are effectively implemented in practice in all psychiatric establishments.

5. Means of restraint

162. The use of means of restraint in Bălți Psychiatric Hospital was regulated by internal guidelines (developed on the basis of national methodological guidelines) which stipulated, *inter alia*, that recourse to means of mechanical or chemical restraint is possible where a patient poses an immediate risk to him/herself or others, by decision of a medical doctor and after other means, such as persuasion or immobilisation by health-care staff, have failed. Means of restraint may be applied by trained members of the health-care staff and recourse to the assistance of other patients is prohibited. Use of means of restraint must be recorded in a register.

The delegation's findings indicate, however, that these guidelines were often not respected in practice; namely, restraint was systematically applied by orderlies without any specific training in restraining patients (see paragraph 155) and patients were sometimes called to help restrain other patients, reportedly due to the small number of staff on duty.

Moreover, while rooms reserved for the application of means of mechanical restraint existed on each ward, it was not unusual that patients were fixated to beds in ordinary rooms, in full view of other patients, in particular when occupancy levels in the hospital were high.

Further, the CPT notes that the guidelines on restraint do not require that restrained patients be under the constant supervision of health-care staff and that a debriefing take place after means of restraint have been removed.

163. Resort to means of restraint was recorded in patients' personal medical files as well as in registers maintained on each ward; the registers seen by the delegation were well-maintained and, apart from the date and the patient's name, also indicated the time of the beginning and end of the measure and the name of the doctor ordering it. However, at least on some wards, reasons for the application of means of restraint had not been recorded since the beginning of 2015.

The examination of the registers showed that resort to means of restraint in the hospital was not excessive and periods of mechanical restraint usually lasted less than one hour. That said, the CPT notes that patients were immobilised by non-purpose-made means of restraint (braided strips of cloth underlaid with towels).

164. In the light of the remarks set out in the preceding paragraphs, **the CPT reiterates its recommendation that steps be taken in all psychiatric establishments in Moldova, including the development of exhaustive guidelines on the use of means of restraint and their scrupulous implementation in practice, to ensure that:**

- **all staff members concerned (doctors, nurses, orderlies) participate in practical training sessions on de-escalating techniques and on the approved control and restraint techniques;**
- **a patient subject to mechanical restraint is not exposed to other patients unless he/she explicitly requests otherwise or when the patient is known to have a preference for company, and it is safe;**
- **staff are not assisted by other patients when applying means of restraint to a patient;**
- **whenever a patient is subjected to mechanical restraint, they are under continuous, direct and personal supervision by a trained member of staff nearby who maintains the therapeutic alliance and may provide assistance. Such assistance may include escorting the patient to a toilet facility or, in the exceptional case where the measure of restraint cannot be brought to an end after a very short time, helping them to drink water and/or consume food;**
- **debriefing of the patient (and other patients who have witnessed the measure) takes place once means of restraint have been removed. For the doctor, this will provide an opportunity to explain the rationale behind the measure, and thus reduce the psychological trauma of the experience, as well as restore the doctor-patient relationship. For the patient, this debriefing is an occasion to explain their emotions prior to the restraint, which may improve both the patient's own and the staff's understanding of their behaviour. The patient and staff together can try to find alternative means for the patient to maintain control over themselves, thereby possibly preventing future eruptions of violence and subsequent restraint.**
- **patients are duly informed (in writing) of the establishment's restraint policy and the existing complaints mechanisms;**
- **the register of the use of means of restraint also contains the reasons for resorting to the measure and an account of any injuries sustained by patients or staff;**
- **appropriate devices, such as purpose-made straps, are used for the mechanical restraint of patients.**

165. As already mentioned in paragraph 145, all civil patients, having signed a consent form to hospitalisation and treatment, were formally regarded as voluntary. However, as confirmed to the delegation by staff, these patients could be restrained against their will and the information gathered during the visit indicates that such situations were not a rare occurrence. The CPT considers in this respect that if the application of restraint on a voluntary patient is deemed necessary, the legal status of the patient should be reviewed. **The CPT recommends that this precept be effectively implemented in practice at Bălți Psychiatric Hospital and, where applicable, in other psychiatric establishments in Moldova.**

6. Safeguards

166. The legal framework governing involuntary placement of civil patients in psychiatric establishments has been described in previous visit reports and remains unchanged. It should be recalled that if compulsory hospitalisation of a patient is regarded as necessary by the hospital's board of psychiatrists (on the basis of a psychiatric examination carried out within 48 hours of admission), the board has 24 hours in which to submit an opinion to a court. The court must then take a decision within a period of three days.⁹⁹ The person concerned is entitled to take part in the court hearing and to have a lawyer (including one appointed *ex officio*).¹⁰⁰ He/she may also request a second medical opinion and has 15 days in which to appeal against the court decision.

The need for hospitalisation without consent must be reviewed by the hospital's board of psychiatrists at least once per month. The hospital informs the court of the board's opinion every six months and the court reviews the placement decision on an annual basis.

As noted in previous visit reports, the CPT considers that these provisions generally offer guarantees of independence, impartiality and objective medical evaluation. However, as in the past, the involuntary placement procedure was only very rarely applied in practice. In fact, according to the information provided by the management of Bălți Psychiatric Hospital, there were no civil involuntary patients in the hospital in 2015 and patients' files examined by the delegation contained consent forms (to hospitalisation and to treatment) that had been signed at the time of admission.¹⁰¹

167. However, it became clear during the visit that patients, formally regarded as voluntary, were locked up in the general psychiatry wards and were not allowed to leave the ward or the hospital of their own free will. In fact, the delegation met several patients who were clearly expressing their wish to leave the establishment (but staff considered that their hospitalisation was necessary), and a formally voluntary patient who, after having left the hospital, had been taken back by the police.

In addition, some patients were apparently persuaded to sign the consent forms on admission to the hospital, although they were in a state of mind such that their consent was invalid (for example an acute psychotic state or acute alcohol intoxication). Further, the forms did not contain the information that it was possible for patients to subsequently withdraw their consent.

⁹⁹ See Section 28 of the Law on Mental Health.

¹⁰⁰ The presence of a legal representative is obligatory if the person has been declared incompetent.

¹⁰¹ Or, at the latest, within 48 hours of admission.

Under these circumstances, the CPT considers that a number of patients were *de facto* deprived of their liberty without benefiting from the safeguards provided for by the relevant legislation.¹⁰²

168. **The CPT once again calls upon the Moldovan authorities to take the necessary measures to ensure that the hospitalisation without consent procedures under Section 28 of the Law on Mental Health are duly complied with and that the legal safeguards are genuinely effective.**

In particular, steps should be taken to ensure that:

- **persons admitted to psychiatric establishments are provided with full, clear and accurate information, including on their right to consent or not to consent to hospitalisation, and on the possibility to withdraw their consent subsequently;**
- **all competent patients who are not able or who do not wish to give valid consent to their hospitalisation should be the subject of an assessment of the need to resort to an involuntary placement procedure.**

169. The information gathered during the visit indicates that accompanying family members who had not been appointed a guardian of the patient concerned could not sign the consent forms on behalf of that patient. This is positive.

That said, the CPT considers that placing incapacitated persons in a psychiatric/social welfare establishment which they cannot leave at will, based solely on the consent of their guardian, entails a risk that such persons will be deprived of essential safeguards. Reference is made in this context to Recommendation R (99) 4 of the Committee of Ministers of the Council of Europe to Member States on Principles Concerning the Legal Protection of Incapable Adults. Principle 19 (2) of this Recommendation encourages national governments to determine whether decisions by a guardian on certain serious matters should require the specific approval of a court or other body. **The CPT would like to receive the observations of the Moldovan authorities on this subject.**

170. The examination of personal files of juvenile patients revealed that consent to their placement and treatment in the hospital was sometimes signed by a social worker who had not been officially appointed their guardian. **The CPT recommends that the necessary steps be taken by the Moldovan authorities to ensure that the placement of a juvenile patient in a psychiatric establishment is only possible with the consent of the parent or other official representative of the child.**

¹⁰² The fact that *forensic* patients were asked to give written consent to their admission to the hospital only confirms that the signing of the relevant form upon admission was a mere formality.

171. The situation of patients found to be criminally irresponsible remains unchanged and the shortcomings identified during several previous visits persist. It should be recalled that the measure of compulsory hospitalisation in a psychiatric establishment is imposed by a court and should be reviewed once every six months on the basis of a report established by a board composed of psychiatrists from the hospital.

The examination of the relevant files revealed that the procedural time limits for the review of the placement by the court were in general complied with and that patients were represented by a lawyer.

That said, the patients concerned did not usually attend the court hearing and did not receive the court decision which was only notified to the hospital. At best, they were informed by the medical doctor about the extension of their placement. Moreover, the six-monthly expert reports by the board of psychiatrists, including the parts concerning the evolution of the patient's condition and his/her current clinical state, were often identically worded over several subsequent six-monthly periods.

The CPT reiterates its recommendation that the Moldovan authorities take steps to ensure that:

- **patients and/or their legal representatives are systematically informed in writing of the six-monthly report by the board of psychiatrists;**
- **patients effectively enjoy the right to be heard in person by a judge in the review proceedings;**
- **patients and/or their legal representatives receive a copy of any court decision on involuntary placement in a psychiatric hospital or its review and are informed in writing about the reasons for the decision and the avenues/deadlines for lodging an appeal.**

Further, **the CPT recommends that steps be taken to ensure that the six-monthly psychiatric expert reports duly note the evolution of the patient's condition and his/her current clinical state.** Moreover, **the CPT considers that commissioning, at reasonable intervals, in the context of the review of the measure of compulsory hospitalisation in a psychiatric establishment, a psychiatric expert opinion which is independent of the hospital in which the patient is held would offer an additional, important safeguard. This is of all the more relevance in respect of patients who have already spent lengthy periods of time in that hospital.**

172. The situation as regards consent to treatment of involuntarily hospitalised patients remains unclear. In the past, the CPT repeatedly expressed its view that the general exception to the requirement for free and informed consent in the case of involuntary patients (whether civil or forensic) contained in Section 11 of the Law on Mental Health was unacceptable. In the course of the 2015 visit, while the personal files of these patients usually contained a duly signed consent to treatment form, the delegation was informed by several official interlocutors that the court decision imposing the measure of compulsory hospitalisation in a psychiatric establishment also indicated the treatment and therefore it was unnecessary to obtain patients' consent.

The CPT must reiterate that the admission of a person to a psychiatric establishment on an involuntary basis - be it in the context of civil or criminal proceedings - should not preclude seeking informed consent to treatment. Every patient, whether voluntary or involuntary, should be informed about the intended treatment. Further, every patient capable of discernment should be given the opportunity to refuse treatment or any other medical intervention. Any derogation from this fundamental principle should be based upon the law and only relate to clearly and strictly defined exceptional circumstances. In addition, patients should be able to appeal against a compulsory treatment decision to an independent outside authority. Moreover, patients should be in a position to withdraw their consent to treatment at any time. **The CPT once again calls upon the Moldovan authorities to guarantee that any exception to the principle of free and informed consent to treatment with regard to involuntary patients applies only in exceptional circumstances clearly defined by law.**

173. The arrangements concerning patients' contact with the outside world did not pose any major difficulty. Patients could receive visits every day, during the times designated on each ward, and could receive phone calls on the phones located in the offices of staff. Several patients also had mobile phones.

174. The information gathered during the visit indicates that patients were in principle informed of the hospital rules verbally upon admission and that some information was available on notice boards on the wards (such as the daily regime). That said, some patients interviewed by the delegation were unclear about certain aspects of hospital life, such as whether they could receive visits, how to make/receive phone calls or about the avenues of complaint open to them.

The CPT reiterates its recommendation that a brochure setting out the hospital's rules and patients' rights – including information on avenues of complaints to relevant bodies – be produced and issued systematically to patients and their families upon admission to any psychiatric institution. Patients who are unable to understand this brochure should receive appropriate assistance.

175. The Law on Mental Health guarantees the right to submit complaints to various bodies, including prosecutorial and judicial authorities, without any censorship and the delegation noted that a complaints book was available on some wards. Nevertheless, **the CPT reiterates its recommendation that confidential complaints boxes for receiving patients' complaints be installed on all wards and that patients be informed of the possibility to lodge confidential complaints.**

The delegation was informed by the authorities that an independent commission authorised to receive complaints, as provided for in Section 37 of the Law on Mental Health, has now been established. **The CPT would like to receive more details about the mandate, functioning and composition of the commission.**

D. Edinet Psychoneurological Home

1. Preliminary remarks

176. At the beginning of the 2015 visit, the Moldovan authorities informed the delegation that in the context of the process of de-institutionalisation, already briefly described in the previous visit report, a Law on Social Inclusion of Persons with Disabilities had been adopted in 2012¹⁰³ and that the process of developing community-based social services had started with the opening of nine protected houses for 34 persons, 11 community houses for 72 persons and the creation of 18 mobile teams to provide social assistance. Altogether, 123 persons had been de-institutionalised, in particular from Orhei Psychoneurological Home which was in this respect involved in a pilot project. The evaluation as to the possibility to de-institutionalise residents would now continue in the other psychoneurological homes in the country.

By letter of 15 January 2016, the Moldovan authorities informed the CPT that a multidisciplinary working group, composed of representatives of the Ministry of Labour, Social Protection and Family, the Ministry of Health and two NGOs (Keystone Human Services International Moldova Association and the Moldovan Institute for Human Rights) had been created by a ministerial order,¹⁰⁴ with the task of examining the requests for the placement of adults in residential institutions and making recommendations as to the possibility of alternative social services. The authorities also stated that placement in residential institutions was resorted to in exceptional cases and for periods of time ranging between six months and a year. During this period, relevant local authorities should seek to identify alternative social services.

The CPT takes due note of the information provided by the Moldovan authorities and requests to be kept informed about future developments in this field.

177. Edineț Psychoneurological Home, visited for the first time by the CPT, is located in the village of Brînzeni some 15 km southwest of Edineț and operates under the authority of the Ministry of Labour, Social Protection and Family. The establishment was opened in 1974 as a care home for children and was transformed into an institution for adults in the early 1990s.¹⁰⁵ Residents are accommodated in a two-storey building, composed of three accommodation blocks and a dining hall with a kitchen and a storage room. Workshops, stables for farm animals and a visiting facility are located in separate buildings within the park-like compound of the establishment.

With an official capacity of 300 places, the home was accommodating 281 adult residents (165 male and 116 female) at the time of the visit.¹⁰⁶ There were 118 residents (i.e. some 42%) who had been in the establishment for more than 15 years, and 48 residents had been legally incapacitated and had had a guardian appointed. Since 2013, with one exception, there had been no new admissions as the establishment had been placed under quarantine due to the outbreak of tuberculosis (see also paragraph 190).

¹⁰³ Law no. 60 of 30 March 2012. This new law replaced the 1991 Law on Persons with Disabilities.

¹⁰⁴ Order no. 202 of the Minister of Labour, Social Protection and Family of 11 December 2015.

¹⁰⁵ Juvenile residents, unless they were close to the age of 18, were moved to other institutions.

¹⁰⁶ Of which four were in an outside hospital, another four temporarily with their families and one had escaped.

Residents were allocated to ten different groups on the basis of their sex, age, diagnosis, autonomy and the possibility to participate in occupational therapy. All residents suffered from neurological or psychiatric disorders, mainly learning disabilities, schizophrenia and epilepsy.

2. Ill-treatment

178. The delegation received no allegations and found no other indications of deliberate physical ill-treatment of residents by staff. On the contrary, the overall atmosphere was relaxed, a number of residents made positive remarks about staff and the delegation observed that staff were making efforts to provide proper care to the residents.

3. Living conditions

179. In general terms, the living premises were in a good state of repair and clean, which was particularly true for the recently renovated block 3.

Residents' rooms had good access to natural light, were adequately heated and ventilated and artificial lighting was sufficient. They were equipped with beds (with full bedding), bedside tables, chairs and wardrobes, some of which could be locked but were shared by several residents. Residents were allowed to personalise their rooms, could keep a number of personal belongings, including photos, plants, toys, watches, radios and televisions, and most of them had keys to their rooms.

However, to eat their meals, residents were only provided with spoons and the majority of them (i.e. those who were not capable of washing clothes themselves) did not have clothing assigned to them. **In the CPT's view, to contribute to their psycho-social rehabilitation, it would be desirable that residents have a personal lockable space, have clothing assigned to them and are encouraged to eat with proper utensils.**

180. Residents' rooms accommodated between two and six persons. However, conditions in some of them were quite cramped. For example, a double-occupancy room measured a mere 7.2 m² and some of the bigger rooms measuring 23 m² were accommodating six residents, thus providing respectively 3.6 and 3.8 m² per person. The CPT welcomes the information provided by the national authorities after the visit that some residents had been moved and that rooms now accommodate between one and five residents.

181. The state of repair and cleanliness of sanitary facilities in the unreconstructed blocks 1 and 2 was very poor, with toilets and showers being dirty, damaged and leaking water. The delegation also noted exposed electric wiring in one of the bathrooms on the ground floor of block 2. In addition, the sanitary facilities in those two blocks were not adapted to facilitate access to residents in wheelchairs who were being accommodated in the establishment – the facilities were only accessible through narrow doors with a doorsill and some of the toilets were placed on an elevated platform, two stairs above the level of the floor. The management of the institution hoped that the sanitary facilities in blocks 1 and 2 would be refurbished in 2016.

The CPT recommends that the Moldovan authorities take the necessary steps to ensure that sanitary facilities in blocks 1 and 2 of the Edineț Psychoneurological Home are completely refurbished. In this context, care should be taken to ensure that the facilities are readily accessible to residents in wheelchairs.

182. Residents were provided with some basic hygiene items, such as soap, shampoo, toothpaste and washing powder. However, it became clear during the visit that sanitary towels for women were not available. **The CPT recommends that urgent steps be taken to remedy this shortcoming.**

183. As regards outdoor exercise, residents' rooms and accommodation buildings were not locked by staff and residents had free access to the outdoors. However, there was no lift in the accommodation building and residents in wheelchairs had to rely on the help provided by fellow residents or members of staff, which was apparently not always provided. **Staff should remain vigilant to ensure that residents in wheelchairs have daily access to the outside.**

4. Staff and care provided to residents

184. With regard to staff, the medical team consisted of a psychiatrist (who was acting as the director of the home at the time of the visit) and a general practitioner (each covering 1.5 FTE and each working on weekdays from 8 a.m. to 5 p.m. and being on call every second weekend), and a retired psychiatrist, a dentist and a surgeon, each working for the establishment part-time (50%). The post of the director of the institution was vacant at the time of the visit and there was no neurologist even though some 50 patients suffered from epilepsy.¹⁰⁷

The hospital also employed a head nurse and 12 nurses, a nurse dietician and a physiotherapy nurse (each working full-time), as well as a gynaecological nurse, a laboratory feldsher and a nurse responsible for the pharmacy (each working part-time (50%)). In addition, there were three full-time occupational therapists (two employed by the establishment and one paid from project money), a part-time (50%) social worker and some 50 orderlies. There was no psychologist.

In each accommodation block, there were at all times one nurse and three to four orderlies (one for each of the ten groups of residents). An additional male orderly was continuously on duty for the whole establishment. They all worked 12-hour shifts.

The CPT considers that the staffing levels and the number of staff on duty at any given time, as described above, are grossly insufficient for an establishment with a capacity of 300 residents. Consequently, **the Committee recommends that the Moldovan authorities take the necessary steps to ensure that staffing levels and the presence of staff at any given time at Edineț Psychoneurological Home are thoroughly reviewed and significantly increased, taking due account of the number of residents and their needs. Urgent steps should be taken to fill the vacant post of the director of the establishment. Care should be taken to ensure regular visits by a neurologist and a gynaecologist** (see also paragraph 189).

¹⁰⁷ For neurological consultations, residents were referred to a neurologist in Edineț.

185. The small number of nurses and orderlies resulted in residents being relied upon to assist with the provision of care to other residents, including helping with personal hygiene, changing adult nappies and certain health-care tasks (such as changing bandages) which should be fulfilled by staff. According to the information provided by the Moldovan authorities after the visit, the involvement of residents in such activities has been forbidden. **The CPT welcomes this development and would like to receive clarification whether this step has been accompanied by an increase in the number of nurses and/or orderlies to carry out these tasks.**

186. As regards training of staff, the findings of the visit indicate that neither orderlies nor occupational therapists underwent any specific training (with the exception of a three-week training course for one of the therapists). **The CPT recommends that proper initial and in-service training in their respective fields of expertise be introduced for orderlies and occupational therapists working in social care establishments.** Reference is also made to the remarks set out in paragraph 155.

187. Efforts were being made to provide residents with activities and occupational therapy, with the assistance of foreign NGOs.¹⁰⁸ Residents could enrol on various workshops, such as embroidery and knitting, cooking and patisserie in a newly-reconstructed kitchen, and serving of meals.¹⁰⁹ Moreover, there were courses in drawing, reading and the use of computers, and some sports activities. Trips to town and residents' birthdays were also organised. The establishment had two recently constructed greenhouses and a farm with livestock and 20 hectares of land where some ten residents grew vegetables and cared for the animals. Some residents were involved in cleaning work and sweeping the park surrounding the establishment. Residents who worked received a symbolic salary.¹¹⁰ A few residents occasionally carried out remunerated work in the town for the local population, such as helping in the household or agricultural jobs. One patient earned money by repairing shoes.

However, the number of residents participating in any organised activity was very small: of approximately 280 residents, only some 60 were involved in an organised activity. As the delegation could see during the visit, the rest of the residents spent their days wandering around, watching TV or at best playing board games; a few of them read books from the institution's library. This issue is of particular concern given the fact that many residents spent several years, and in some cases virtually all their life, in the establishment.

Indeed, the CPT is aware that this problem is intrinsically linked with the grossly insufficient number of staff employed in the establishment, as already described above.

The CPT reiterates its recommendation that the Moldovan authorities gear their efforts to widening the range of therapeutic options and ensuring greater participation by residents in psychosocial rehabilitation activities in order to prepare them for living independently or returning to their families. Each resident should have an individual treatment plan indicating the goals of the treatment, the therapeutic means used and the resident's social assistance needs, which should be regularly revised in the light of the resident's physical and psychological state. The implementation of the recommendation made in paragraph 184 will facilitate these efforts.

¹⁰⁸ Pro Mente Austria and AREAS Romania.

¹⁰⁹ For example, the records presented to the delegation showed that a maximum of 27 residents a month participated in any of these activities, some residents having subscribed to more than one activity.

¹¹⁰ 120 MDL (5.60 EUR) per month.

188. The delegation's findings indicate that in general, access to somatic care did not pose a major difficulty. Residents could be transferred to the local health-care facility for specialised examinations and if the need arose, the emergency services from the town could be called.

That said, as regards more specifically dental care, the equipment available enabled only extractions to be carried out and no programme of preventive care was in place for the residents. **The CPT recommends that these shortcomings be remedied.** Reference is also made in this context to paragraph 160.

It is positive that female residents were regularly examined by the gynaecological nurse working in the establishment and that the results of the examinations were duly recorded. However, these residents were not systematically examined by a gynaecologist and there appeared to be no screening for breast and cervical cancer. **In the CPT's opinion, to the extent that preventive health-care measures are available in the outside community, they should also be offered to female residents.**

As regards the treatment of epileptic patients, apart from the aforementioned problematic absence of a neurologist, the establishment experienced shortages in the supply of medication which required abrupt switches from one anti-epileptic treatment formula to another; indeed, a number of instances of epileptic seizures were attributable to this situation. **The CPT recommends that the Moldovan authorities take urgent steps to ensure a regular supply of the necessary medication to Edineț Psychoneurological Home.**

189. Medical files examined by the delegation did not provide a complete picture of the residents' medical history – while the outcome of regular consultations was recorded, other events, such as epileptic seizures, emergency application of psychotropic medication to agitated patients and reports of specialised medical examinations carried out outside the establishment (such as the results of neurological examinations), were not included. **The CPT recommends that this shortcoming be remedied.**

190. As noted in paragraph 177, in 2013, cases of tuberculosis were detected in the establishment. It is positive that measures were immediately taken to prevent the spread of the disease: residents with tuberculosis were hospitalised in a specialised in-patient facility in Chişinău and regular screening of all residents and staff alike was intensified and carried out biannually. However, despite this immediate reaction by the staff and Moldovan authorities, 15 new suspected cases were detected in June 2015.

According to the information provided by the Moldovan authorities after the visit, the screening of residents carried out on 3 December 2015 revealed no new cases of tuberculosis. **The CPT welcomes this information and trusts that the Moldovan authorities will continue to pay due attention to this serious issue.**

5. Means of restraint

191. Although straightjackets and straps to fixate a resident to a bed were authorised for use in Edineț Psychoneurological Home, the delegation was informed by staff (and the information was confirmed through interviews with residents) that in practice no means of mechanical restraint were used in the establishment.

Chemical restraint (emergency application of psychotropic medication to agitated residents against their will) was either ordered by or immediately brought to the attention of a medical doctor. However, as already noted in paragraph 189, its application was not recorded in the residents' individual medical files and there was no specific register of the use of means of restraint.

The CPT recommends that steps be taken at Edineț Psychoneurological Home and, where applicable, in other psychoneurological homes in Moldova, to ensure that all instances of recourse to means of restraint (including rapid tranquillisation) are registered in the residents' medical files. In addition, a specific register of the use of means of restraint should be maintained in each establishment. The entries in the register should include the time at which the measure began and ended; the circumstances of the case; the reasons for resorting to the measure; the names of the doctor who ordered or approved it and of the staff who participated in the application of the measure; and an account of any injuries sustained by patients or staff. This will greatly facilitate the management of such incidents, the oversight into the extent of their occurrence and the prevention of similar incidents in the future.

6. Safeguards

192. As regards the legal framework for the placement and stay of residents in psychoneurological homes in Moldova, the delegation was informed that these issues were solely regulated by instructions of the Ministry of Labour, Social Protection and Family.

193. The procedure for placement of adults in Edineț Psychoneurological Home was triggered at the request of the resident's guardian (usually their relatives or, less frequently, their place of residence).¹¹¹ The placement was based on a decision by the Ministry of Labour, Social Protection and Family which took into account a social evaluation carried out by the Social Assistance Department of the local authority of the person's residence. The placement decisions seen by the delegation contained no information as to whether or not it was possible to appeal or to challenge the placement before a court.

No review of the need for continued placement of residents in the establishment was carried out and discharge from the establishment was only possible with the approval of the Ministry of Labour, Social Protection and Family which was supposed to take into consideration the opinion issued by the establishment in which the resident was placed and would be conditioned by the commitment of the family or the municipality of residence to take care of the person following his/her discharge. Apparently, residents had no possibility to challenge their continued stay in the establishment before a court.

¹¹¹ The delegation was informed that all residents placed in the establishment during the past several years had been deprived of their legal capacity and had had a guardian appointed.

194. The CPT must emphasise that none of the residents were asked to give consent to their placement in the establishment. Those who did not acquiesce to the placement decision issued by the Ministry could be taken to the establishment with the assistance by the police and they were not allowed to leave permanently of their own free will – if they escaped and could not be found by staff, the police would be notified and would search for them and take them back.

In conclusion, while the residents were *de facto* deprived of their liberty in the establishment, it follows from the preceding paragraphs that their placement and continued stay therein were surrounded by virtually no safeguards.

195. The CPT considers that the procedure for involuntary placement and stay of residents in social care institutions must be accompanied by appropriate safeguards. In particular, placement must be made in the light of objective medical expertise, including of a psychiatric nature. Further, all residents who are involuntarily placed in this type of establishment, whether or not they have a legal guardian, must enjoy an effective right to bring proceedings to have the lawfulness of their placement decided speedily and reviewed regularly by a court and, in this context, must be given the opportunity to be heard in person by the judge and to be represented by a lawyer.

The CPT recommends that the Moldovan authorities take urgent steps to put in place a clear and comprehensive legal framework governing involuntary placement and stay of residents in social care homes, taking due account of the above principles.

196. It is also a matter of concern that several residents were placed in the establishment while they were juveniles and, on reaching the age of majority, they were not asked to give consent to their continued placement, no judicial procedure to determine legal incapacity was initiated and no guardian was appointed for any of these residents. **The CPT recommends that the legal status of such residents at Edineț Psychoneurological Home and, where applicable, in other psychoneurological homes in Moldova, be urgently reviewed.**

197. The delegation was informed that in several recent cases, the police had brought charges against staff for neglect of care if residents escaped from the establishment. The CPT has serious reservations about this approach as it may represent a strong incentive for imposing additional restrictions on movement of residents whose placement and stay in the establishment is currently surrounded by virtually no safeguards. **The CPT would like to receive the observations of the Moldovan authorities on this issue.**

198. Arrangements concerning residents' contact with the outside world were satisfactory. Residents were allowed to keep their mobile phones, to make and receive phone calls to/from telephones located in staff offices and to send and receive parcels and letters. No limitations were imposed on visits, visitors could go to residents' rooms and the visiting facility included small flats where residents could cook together with their visitors. Visitors coming from greater distances could stay overnight in the establishment. This is to be welcomed.

APPENDIX

LIST OF THE NATIONAL AUTHORITIES AND NON-GOVERNMENTAL ORGANISATIONS WITH WHICH THE CPT'S DELEGATION HELD CONSULTATIONS

A. National authorities

Ministry of Justice

Vladimir CEBOTARI	Minister
Stela BRANIȘTE	Head of Department of international relations and European integration
Ana DABIJA	Head of Department of Penitentiary Institutions (DPI)
Serghei ȚURCANU	Deputy Head of the DPI
Viorel POTÎNGĂ	Head of General Inspection and Analytical Activity Division, DPI
Vasile SOLOMONIUC	Head of Logistics Division, DPI
Oleg PANTEA	Head of Division for educational activity, psychology and social work, DPI
Lucia Cauș STRĂJESCU	Head of Medical Division, DPI
Sergiu OCHIȘOR	Head of Operational Investigations Division, DPI
Larisa FRIJA	Head of Human Resources Division, DPI
Iuliana CUREA (ADAM)	Head of Psychology and Social Work Unit, DPI
Valeriu JOSAN	Specialist, Implementation Unit of the Project for construction of the new penitentiary in Chișinău, DPI

Ministry of the Interior

Oleg BABIN	Deputy Minister
Carolina MIȘCOI	Head of General Department of international relations and European integration
Oleg GRAUR	Head of General Department of analysis, monitoring and evaluation of policies

Alexandru BEJAN Deputy Head of the Operational Management Directorate of General Police Inspectorate

Alexandru VIERU Deputy Head of Operational Management and Inspection Service

Sergiu COCIORVA Head of Police Directorate of the Chişinău municipality

Grigore MOGA Deputy Head of the General Directorate of criminal prosecution of the General Police Inspectorate

Ilie MARDARI Deputy Head of Division, Bureau of Migration and Asylum

Ministry of Health

Valentina ROTARU Deputy Minister of Health

Dragoş GALBUR Head of International Relations and European Integration Division

Rodica SCUTELNIC Head of Hospital Nursing Division

Ministry of Labour, Social Protection and Family

Vasile CUŞCĂ Head of Division of social protection policies for persons with disabilities

Cristina GUȚU Acting Head of Unit of residential and rehabilitation institutions

Galina BUJOR Main consultant, General Department of welfare policies

Office of the People's Advocate (Ombudsman)

Mihail COTOROBAI Ombudsman

Gheorghe BOSII Main consultant

Natalia VISANU Head of Unit for public relations

B. Non-governmental organisations

Institute for Penal Reform

Moldovan Institute for Human Rights