



## Building free of torture and impunity societies in Western Balkans



# *Monitoring places of imprisonment in Albania*



***Building free of torture and impunity societies in Western Balkans***  
*An EU-funded project*

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The Albanian Rehabilitation Centre for Trauma and Torture, Albania  
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## About the Project

The project “Building Free of Torture and Impunity Societies in Western Balkans” implemented as leading partners Youth Initiative for Human Rights (YIHR MNE)- member of Civic Alliance, Albanian Rehabilitation Center for Trauma and Torture (ARCT), Youth Initiative for Human Rights (YIHR SR) and International Council for Rehabilitation of Victims of Torture from Denmark (IRCT). The project is financially supported by the European Union. This project has been implemented since 2013, until September 2016.

Goal of the project is to contribute to the society without torture through activities directed against torture and other cruel and inhuman and degrading treatment or punishing, and promotion of international standards, especially OPCAT. Goal of the project is promotion of human dignity in prisons through eliminating of torture and inhuman treatment of vulnerable persons in prisons in Montenegro, Serbia and Albania.

Electronic copy of this report can be downloaded from the internet pages:

[www.freeoftorture.com](http://www.freeoftorture.com)

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# Preface

Torture and other forms of maltreatment are without doubt among the heaviest violation of basic human rights. They destroy the dignity, body and the mind of the victim and have huge effects on the family and the community. However, regardless the absolute prohibition of torture and other forms of maltreatment according to the international law, unfortunately the practice remains widespread globally, especially on places out of the public eye. Even in places expected to have high protection of human rights, monitors continue to document abusive physical acts and conditions of custody that are in conflict with the minimal international standards. Unfortunately, this includes Albania.

International law offers a particular group of norms that regulate the way countries can exercise competences, that define minimal standards for prison conditions, and offer guidance about the way and treatment of persons deprived of liberty. Countries must secure an effective implementation of these standards through the adoption of appropriate measures at the national level. Unfortunately, countries often fail to identify or to admit that their policies, regulations, legislations and administrative practices are inadequate for the basic objective for prevention of the acts of torture and other cruel, inhuman or humiliating acts or punishment (IDTP) from happening.

Many countries can do more to end torture practices and other forms of maltreatments in their prisons, and to develop public trust for the authorities in implementing the law. Practical experience has shown that independent visits in the prisons are one the most effective tools to prevent torture and to improve the custody conditions.

In general, as well as in the other cases of force, we cannot say that all the criminals are immoral psychotics – and indeed having in mind the number of professional persons we have talked to, we are convinced that they are doing a good job, by securing help for persons in need. Experts that work in big institutions are understood by the outdoor monitors as “changed” during the time – almost transformed by the institutions. And again, based on our knowledge there are no clear “trainings” or definitions of rules that can be set for a newcomer: it seems that he has a secret in the process of learning, or putting an institutional system, and through the implied system of theories or “stories”, attitudes, rituals and rules that creates discrimination.

We can see that this “discrimination system” can easily burst into institutional violence and torture. This is a “theory” or story that easily transforms quiet people into potential violators and criminals that are in centre of our research.

Avoidance of the word “torture” is a testament for the fact that we are generally very sensitive in using the word torture. We immediately recognise efforts to deeply defend

our sensitivity toward torture by using euphemisms such as “stress positions”, “gravely interrogations”, “obliged questions”, “fear, savagery”, “cigarettes” for the imprisoned and “expanded techniques of interrogation” (Cole, 2008; Roth, 2005, Shane, 2007, McKelvey, 2007; Mendez 2005). There is a large law and moral discourse on torture that is not allowed under any circumstances.

In the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, 10th December 1984, torture is defined as “every act”:

- ◆ Causing severe physical or mental pain or suffering
- ◆ To act intentionally
  - ◆ For any of the following reasons (this is an illustrative list)
  - ◆ To obtain information or a confession from the person under torture or from any other person
  - ◆ To punish the person for something that they, or another person, has committed or is suspected to have committed
  - ◆ To frighten or to force that person or another person
  - ◆ For every reason “based on discrimination”
- ◆ “An official person” or “a person acting in an official capacity” should either cause pain, urge action, or to agree with what is being done.
  - ◆ This element is not a core one for ethic debate – an action can continue to be a torture without “official persons” being engaged
- ◆ Actions shouldn’t be part of a legal punishment
  - ◆ This is a fairly obvious trail and is not part of an ethic debate – someone might argue that a legal penalty can lead to torture and in this way become illegal.([www.unhchr.ch](http://www.unhchr.ch))

The Convention further stresses that “There are no exceptional circumstances of any kind, if a threat of war or any other public urgency, can identify rationalization for torture”. Joint Article of the Geneva Convention III, defines violence against life and person, particularly murder in every case, mutilation, cruel treatment and torture; and “offensive acts upon personal dignity, particularly humiliating and degrading treatment”. The line between the concepts is not defined well which is a reason why the international right forbids all these forms of pressure.

Today, torture is practiced on the basis of scientific methods where psychological impacts are determined as the heaviest. To be burnt by a cigarette, to be beaten or kicked, to be suspended or exposed to electric torture is not as difficult as witnessing torture toward others like your own child, husband/spouse or parents. There are some of the aspects that are not included in this definition, but that were told by the treatment of the victims of torture. The aim of torture is not always to make the person tell or give information. The main aim is mostly to break the person’s identity. Pain consists in

particular in destructing and damaging personality. Cassel (1982) wrote in an analysis about the nature of suffering that (the pain) peaks when it destroys the persons' integrity. Even if the suffering was caused by a physical pain, the real core of suffering, that reaches the peak when the pain threatens to destroy the being and integrity of a person, Cassel (1982:640). In discussing a theory of violence Gilligan (1996:96) wrote: "The death of the self is of far greater concern than the death of the body".

The right to be free from torture and other forms of maltreatment is enshrined in international law, as well as in international treaties signed by a majority of states in the world<sup>1</sup>. The principle that torture and other forms of maltreatment are absolutely prohibited in all circumstances is clearly defined in domestic legislation of most of these countries<sup>2</sup>. However, regardless of this international and domestic legislation guarantee, reports and human rights monitors have continued to document acts of torture and other forms of maltreatment of persons deprived from liberty by the public officials all around the world.

In many places, national courts are expected to implement ratified treaties and their countries' general law (customary law). Even in the places where international law cannot be used directly in front of the courts, should be very careful that the judiciary don't put the country contrary to its international law obligations, including here prohibition of torture. This because, according to the international law, no country may invoke its national constitution or laws to justify a breach of international law.

Tortures and other maltreatments toward any person, in the power of another person are prohibited even as a war crime according to the laws of armed conflicts (humanitarian law). The prohibition of torture in humanitarian law is expressly defined in Common Article 3 of the Geneva Conventions and in various provisions of the four Geneva Conventions, including grave breaches of the provisions, and the 1977 Additional Protocols. Torture is considered to be a crime against humanity, when the acts were committed as part of a widespread or systematic attack against the civilian population, whether or not they are committed in the course of an armed conflict. Thus, for example Article 7 of the Rome Statute of the International Criminal Court (ICC) includes torture and rape within the jurisdiction of the Court.

Arrest, police detention (often to extract forced "confession"), custody and prison are some contexts in which torture and other forms of maltreatment most commonly

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<sup>1</sup> For example, all except two out of 55 OSCE participating countries have ratified the United Nations Convention against Torture, and only three countries have yet to ratify the International Covenant on Civil and Political Rights. From 55 OSCE participating countries, which are members of the Council of Europe, all are member States of the European Convention for the Protection of Human Rights and Fundamental Freedoms and the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.

<sup>2</sup> This is true to the extent that most constitutions prohibit torture. Many, many states have not criminalized torture in criminal codes as a clear crime, which remains very problematic.

occur. Other countries less typical of detention facilities have also been acts of physical and mental abuse by public officials, including psychiatric institutions, social care homes for people with mental and physical disabilities and centers for detained migrants and asylum researchers. Besides deliberate acts of physical and mental abuse by public officials against persons deprived of their liberty, scandalous detention conditions found in many detention facilities have also been a source of concern for human rights monitors in the region. Such concerns related to a wide range of detention facilities, including those mentioned above.

State officials are prohibited from causing, inciting or tolerating torture or other cruel, inhuman or degrading treatment or punishment of any person. An order from a superior officer or a public authority may not be used as an excuse for torture. States are also required to ensure that all acts of torture are offenses under criminal law on such criminal acts, to investigate all such acts and to declare responsible for carrying them out<sup>3</sup>.

Referring to the UN Convention against Torture and other Cruel, Inhuman, Degrading Treatment or Punishment, a distinction between torture and inhuman treatment is made, although torture is a species of inhuman treatment. Such a distinction must be made: a torture victim is classified as torture victim if he/she answers positively to questions related to the experiences of prison and torture techniques during interrogations identified (Torture Journal, Volume 16, Number 2-3, 2005). Some treatments, such as flogging, can be cruel without being extreme enough to count as torture. Some inhumane treatments do not involve physical suffering on a large scale, and therefore they are not torture, as defined (although the treatment in question can be, as bad as morally or even worse than morally, a torture). Some forms of inflicting mental suffering are a case in point, as are some morally degrading forms of treatment.

*Maltreatment* was used for the first time at the European Court of Human Rights in the case of Great Britain vs. Ireland (1971). The court ruled that the interrogation of a prisoner while blindfolded, with food and sleep deprivation, was maltreatment, but not torture. Amnesty International used the maltreatment instead of Torture in the Report of an International mission in Northern Ireland in 1977.

Even those completely unfamiliar with formal legal discourses of torture can attest to the basic fact that torture appears to be self-evident disgusting and provocative. We know that torture causes pain and suffering, and we know that we do not want to torture ourselves. Experiencing torture or seeing images of torture automatically inspires moral judgment, irrespective of any recourse to work-from legal or moral principles (Hause, 2006). Practically, we know torture and abuse when we see it. But this, in a

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<sup>3</sup> Articles 4, 5, 7, 12 and 13 of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatments. See also Human Rights Committee General Comment 20, paragraphs 13 and 14



way, is not the full scope to investigate the chain of command responsible for torture or fully explain the evidence. Documents, interviews, media reviews and international reports show that senior officials have supported the abuse of prisoners, as a matter of policy-sometimes by tolerating it, sometimes by encouraging it, and sometimes with permission.

### **History and Activities of ARCT:**

Albanian Rehabilitation Centre for Trauma and Torture (ARCT) is a non-profit, non-political and non-governmental organization registered and operating in Albania since 1995. ARCT designs and implements programs that contribute to building a democratic society, free from torture.

ARCT's work is predicated on the principle that lessons from the past are worth learning, especially if they call for special attention to respect for human rights and human dignity. ARCT's major programs include Rehabilitation of Victims of Torture (combined with documentation of practices of violations and human suffering), and prevention of torture programs (periodically reports to agencies / international organizations on the situation of torture in the country, training for police and health personnel in prison, places of custodies, psychiatric hospitals, educational system), by offering assistance and a window of opportunities for this target group. For many years this population was faced with a pattern of denial and neglect from state authorities, changing them into a large population group, they practically representing victims of torture, in an organized state and persecution. In these situations we try to call the attention of the international democratic community.

Today, ARCT is positioned as a leading non-governmental organization that advocates for the respect of national and international law, as well as monitoring the efforts of countries to comply with obligations.<sup>4</sup> ARCT's activities include: monitoring places of punishment, documentation of abuse and disclosure of information, drafting and publication of shadow reports and recommendations for specific areas of intervention, raising awareness of the media and the international community, as well as providing knowledge and expertise for field experts.

ARCT's work towards the implementation of OPCAT in Albania has also included establishing partnerships with local and international organizations to monitor standards of care and services in the prison system in Albania. These partners include the Ombudsman, Albanian Helsinki Committee for Human Rights, the Association for the Prevention of Torture, and the Committee of the Council of Europe for the Prevention of Torture – CPT (ARCT are regularly invited to informal meetings by reporters of CPT in each of their visit in Albania during the last 5 years) .

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<sup>4</sup> *ARCT Impact Study, 2007.*

Since 1995, ARCT has offered psychological treatment to about 15-20% of all former political prisoners in the country. Today, the facility remained only in terms of service. During the last 3 years, more than 600 former political prisoners have received specialized medical and / or psychological assistance. In addition, about 1,500 former political prisoners received follow-up medical consultation and referral. Last year, ARCT also provided services to current victims of police abuse, and collected essential information of misconduct and violence in custody places and other places of detention.

ARCT established a referral network, supported by medical services, that provides a set of additional services for its target groups. ARCT created international and regional partnerships through participation on Balkan Network of Rehabilitation Centres (BAN), RCT / IRCT, Refugee Aid Eastern Europe Network, and through membership in the OMCT and cooperation with APT.

### **In 2015:**

- ◆ Albanian Rehabilitation Centre for Trauma and Torture ARCT has contributed to the development of access to places of detention through the implementation of more than 80 monitoring visits to custody places, medical examinations, forensic expertise, and psychological support for both prisoners and former political prisoners. (We have documented more than 30 thousand stories, photos, and historical information from the early 90s, which will be protected under the motto "Historical Memories" in the country, as well as organize a unique exhibition in the premises of the President of Republic).
- ◆ ARCT fought for people without representation, raped women with children in prisons, minors and people with disabilities and chronic illnesses. Success stories show that women in prisons have received reduced penalties through legal representation of ARCT.
- ◆ ARCT has expanded projects and programs to help social victims / torture victims of the second generation with concrete reintegration opportunities. We also took steps to ensure a “ a small window of lightening for ex-prisoners of Guantanamo located in Albania and in need of medical treatment, psychological and social / reintegration. Awareness is raised continuously for their legal status and challenges of daily life.

- ◆ ARCT met the needs of a growing number of prisoners with limited access to medical treatment and mental illnesses, where the state is responsible for not blocking access to essential services or benefits. ARCT promoted best practices and challenges through the National Conference on Challenges of Prison Development- used as a platform for evaluation of the role of civil society in the monitoring of these closed institutions.
- ◆ ARCT created new partnerships with public and private universities, human rights and defence lawyers, journalists, doctors, psychiatrists and strengthened ties with these excellent professionals through our program of practice, engagements, contribution to studies and researches, lectures, etc.

# Monitoring places of imprisonment: Results

## Monitoring methodology of ARCT:

ARCT has a consolidated format of conducting monitoring visits: 1) structure of monitoring visits, 2) methodology to be used, and 3) a multidisciplinary team of experts (lawyer, psychologist, social worker, doctor, and psychiatrist). Every visit consists of a number of elements that are applied in a standard manner, as well as those implied differently from institution to institution. The general approach of preventive visits, based on international guidelines, includes:

- ◆ Preparatory work, including collecting information and identifying specific targets, before a visit is realized.
- ◆ The visit, during which observers speak with management staff, inspect the facilities of the institution and documents and speak with people who are detained. For interviews in-depth questions have been used (semi-structured), questionnaires and focus group discussions.
- ◆ After the visit, discussions with relevant staff are being conducted, a summary of findings and provision of an opportunity for an initial answer.
- ◆ A report is prepared for the relevant authorities, based on the findings of the visit, as well as recommendations, which form the basis of an ongoing dialogue to address the identified issues.

Evaluation of conditions and treatments in the custody centers by ARCT, takes into considerations international standards of human rights, with a focus on:

- ◆ Treatment: any accusation of torture or maltreatment, use of force, isolation and restraint.
- ◆ Protective measures: records, provision of information, complaints and inspection procedures, disciplinary procedures.
- ◆ Material conditions: housing, lighting and ventilation, personal hygiene, sanitary equipment, clothing, and bedding, food.
- ◆ Activities and access to others, contacts with family and the outside world, outdoor trainings, education, leisure activities, religion.
- ◆ Health services: access to medical care.
- ◆ Staff: the behavior and training.

A preliminary agreement with the General Directorate of Prisons (updated on 18 May 2015) and a special letter of support, were the initial components to support project

activities. Further correspondence was as follows: the creation of a coordinating group of experts dedicated to the implementation of the project, requirements for specific and thematic sessions dedicated to the training of prison personnel (police, education and medical professionals).

### **Interview of the Questionnaire structured by ARCT:**

#### Subject to violence during arrest

- ◆ Please can you explain what happened during your arrest ...
- ◆ Where were you arrested?
- ◆ Who / how many persons have arrested you? Did they inform you about the reason of arresting?
- ◆ When and where did the violence occur? During the arrest and / or during the transport?
- ◆ Describe the nature of the violence? Beatings? Shootings? Did they use weapons or other means? Psychological violence? (Interviewer: use the method of torture)
- ◆ Which parts of you body have been damaged? (Interviewer: use the anatomic scheme)
- ◆ Are there any consequences / wound after the violence?
- ◆ Who exercised violence?
- ◆ How did you act? Did you resist?
- ◆ What were you told? – did they offer you explanations?
- ◆ What was the purpose of using the violence?

#### Subjected to violence at the police station

- ◆ Please explain what happened, when you came into police station ...
- ◆ Where and when did the violence happen? During interrogation?
- ◆ Describe the nature of violence? Beatings? Shootings? Did they use weapon or other means? Psychological violence? ( Interviewer: uses the method of torture)
- ◆ Which parts of your body have been damaged? (Interviewer: use the anatomic scheme)
- ◆ Are there any consequences / wound after the violence?
- ◆ Who exercised violence?
- ◆ How did you act? Did you resist?
- ◆ What were you told? – did they offer you explanations? Have you filled in any document, have you signed any document?
- ◆ What was the purpose of using the violence? For your testimony? For your arrest? For the accusation against you?

### Subjected to violence in custody

- ◆ Please explain the episode of violence in custody...
- ◆ Where and when did the violence happen? What was the situation? Was the violence repeated? Do you remember the date?
- ◆ Describe the nature of violence? Beatings? Shootings? Did they use weapon or other means? Psychological violence? (Interviewer: uses the method of torture) Do you remember the scene?
- ◆ Which parts of your body have been damaged? (Interviewer: use the anatomic scheme)
- ◆ Are there any consequences / wound after the violence? Have you been visited by any doctor?
- ◆ Who exercised violence? How many persons there were?
- ◆ How did you act?
- ◆ What were you told? – did they offer you explanations?
- ◆ What was the purpose of using the violence?

### Subjected to violence in jail

- ◆ Please explain the episode of violence in jail...
- ◆ Where and when did the violence happen? What was the situation?
- ◆ Describe the nature of violence? Beatings? Shootings? Did they use weapon or other means? Psychological violence? (Interviewer: uses the method of torture)
- ◆ Which parts of your body have been damaged? (Interviewer: use the anatomic scheme). Do you remember the scene?
- ◆ Are there any consequences / wound after the violence? Have you been visited by any doctor? Have you asked for a treatment or hospitalization? Do you have signs?
- ◆ Who exercised violence? How many persons there were?
- ◆ How did you act? Did you resist? Did you ask them to stop?
- ◆ What were you told? – did they give you explanations? Did they try to justify their acts? Did they fill in any document?
- ◆ What was the purpose of using the violence? Do you have any complaint for the violence? Was the violence repeated after?

### **Material conditions:**

Basic living conditions in custody are a fundamental human right and therefore are a central focus of the activities of OPCAT. These are essential for the preservation of human dignity in places of custody - as required by international standards of human rights - as well as physical and mental health of detainees. International and national minimum standards require sufficient physical space, heating, natural and artificial light, fresh air and ventilation, sanitary facilities and proper standards of maintenance

and cleanness. Other minimum fundamental rights include adequate outdoor exercise, access to a lawyer and to reasonable contact with family and others.

Albanian Prison System is part of the Justice System in Albania, which includes a significant number of institutions and organizations. These organizations operate within a framework of constitutional and legal rules that define not only their power, but also the limits and instances of institutional interaction between them, for the purpose of justice implementation. After nearly 21 years of political pluralism, it is quite interesting to analyze how the services offered in the prison system have materialized and have influenced the treatment of persons deprived of their liberty and what is the contribution of this system in the development of the Albanian society.

Albanian Prison System is regulated by Law no. 8331, dated on 21.04.1998 "On the execution of criminal penalties", Law no. 8328, dated on 16.04.1998 "On the rights and treatment of prisoners", as amended. In addition to these laws, important regulations governing the functioning of the institutions of the penitentiary in Albania were adopted, including: Decision of the Council of Ministers no. 96, dated 03/09/2000 "General Regulation of Prisons", Order of the Minister of Justice no. 3705/1, dated 11/05/2006 "Rules of Detention", the Order of the Minister of Justice no. 4595, dated 15/07/2003, " Internal Regulations of the General Directorate of Prisons ", Order of the Minister of Justice no. 3052/1, dated 25/05/2005 "Code of ethics for prison staff", the Council of Ministers Decision no. 327, dated 15/05/2003 "Regulation of Prison Police Headquarters ".

Reform of Prison Law has continued with the adoption of Law no. 9888, dated 10/03/2008 "On some amendments and additions to Law no. 8328, dated 16/4/1998, "On the rights and treatment of prisoners", as amended. This law brought changes to improve security for basic rights of prisoners in their human treatment with dignity, in accordance with European standards.

To facilitate the implementation and monitoring of these rights, the law established rules for the organization and functioning of the General Directorate of Prisons. An amendment of this law was the creation of the National Mechanism for the Prevention of Torture or Cruel, Inhuman or Degrading treatment, as a separate structure under the administration of the Office of the Ombudsman.

Prisons and pre-imprisonments are places where persons are deprived of their liberty and communication with the outside world is limited. Communication is limited, due to the lack of organization of daily activities and rituals done before entering the prison and in accordance with the prison rules, which define the limits of a person's behavior inside prison. Decisions of the Albanian prison system are not easy, because the investments and strategies in this system have always been seen in two ways; flexibility in treatment on the one hand and the creation of a safe system for society outside.

In the Manual of high management of prisons, the work done by prison staff was appreciated and at the same time was stated that the public opinion should remember several times that the work in prison is an important public service. As has been noted in various international reports on the management of the prison system, the organization of these institutions is specified as the most complex and problems are among the most difficult ones. Based on the axioms of interpersonal communication, the level of content of the message and the level of relations between staff are seen as important elements in this system. Communication failure on these two levels compromises the integrity and safety of all prison system.

According to General Director of the Prison System, "The system of penitentiary institutions is one of the subjects that have been thoroughly improved by democratic reforms. These improvements have occurred in parallel with conceptual, logistical, financial and infrastructure changes. Nowadays, we are working to transform the perception of the penitentiary institutions from penalty institutions, in institutions for the reintegration of prisoners in society. "Institutions are being classified into high-security, medium and low security prisons, individual institutions and detention centers. Currently the country has 22 penal institutions, of which:

- ◆ 5 High security Institutions
- ◆ 5 medium security Institutions
- ◆ 9 Detention Centres
- ◆ 3 Special Institutions:
  
- ◆ Prison Hospital
- ◆ Juvenile Institution in Kavaja
- ◆ Special Institution in Kruja

The maximum capacity is 4537 people, while overcrowding has been very large up to 5580 people on average throughout the year. Age and quality of penitentiary institutions differ from each other. Institutions that have been inherited from the previous system have a weak infrastructure and do not meet standards for humane treatment of persons deprived of their liberty (Institute of High Security in Burrel, Detention 313 in Tirana, High Security Prison in Bençe, etc.). Especially in old institutions, there are some common facilities for leisure activities, inside and outside the detention area, where prisoners could join the others.

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) in its report of the mission in year 2014, recommended that: "There must be developed a concrete plan for addressing services, treatment and material prisons conditions. Strategy policy should address measures and means for joint activities from-to cells, visits (open and closed), the reception units and a range of other units that allow proper classification of prisoners ".



## Treatment of the persons deprived of their freedom:

Minimum UN Standard Rules for the Treatment of Prisoners, the European Prison Rules have specified requirements relating to the prison regime, which will provide the prisoners the opportunity to get out of their cells, more hours during the day, necessary for an adequate level of interpersonal and social interaction.<sup>5</sup> This rule states that the prison authorities should not concentrate only on specific rules, such as those dealing with education, employment and ventilation, but also to review the overall prison regime for all prisoners, to see if the basic requirements of prisoners' such as human dignity are met.

Optional Protocol to the Convention against Torture and Other Cruel, Inhuman and Degrading treatments (OPCAT), defines the establishment of a national framework for the prevention of torture, which is attached to the Ombudsman. Consequently, in January 2008 the National Mechanism for Prevention of Torture was created, which represents a suitable institutional profile, fulfilled with financial and human resources necessary for the functioning of the activities of this structure. Also, Article 19/1 of Law no. 8454, dated 04/02/1999 "For Ombudsman", as amended, authorizes an independent investigative monitoring activity, complete in every case of torture, inhuman and degrading treatment, through guaranteed access to any office or buildings of any official without immunity, and all documents whether classified or not by public administration institutions.

The amendments made to the Law no. 8328 dated 02/04/1998, "On the rights and treatment of prisoners and detainees" and the law on the Ombudsman makes possible the use of a larger area of the National Preventive Mechanisms of Torture (NPM) to perform his duties during inspection of penitentiary services. In Article 74 of this Law, the Ombudsman in the role of NPM has the right, as a special subject, to oversee the implementation and enforcement of the law for prisoners and detainees. He has the competences to regularly monitor the treatment of individuals deprived of their liberty in places of detention, arrest or imprisonment, with a view to strengthening, when necessary, to protect individuals from torture, treatment or cruel penalty, inhuman or humiliating treatment. Also, in this provision this institution has the rights to submit specific reports and recommendations to the relevant authorities, in order to improve treatment and conditions of persons deprived of their liberty and to prevent torture and inhuman, cruel, or humiliating treatment.<sup>6</sup>

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<sup>5</sup> Regulation 25/3

<sup>6</sup> "Postal box, prisoners possibility to address complaints", *Gazette Koha Jonë*, 19 November 2008

In the context of fulfilling the recommendations of international instruments, special significance takes the fulfilment of the obligations arising in the framework of European integration of the country. Albanian Prison System is part of this process of the implementation of measures envisaged in Recommendation 12.<sup>7</sup> Implementation of legality in the place of detention, improving the treatment of prisoners through implementation of the recommendations of the Ombudsman, improving infrastructural conditions of institutions and providing educational and recreational activities for persons deprived of their liberty, have been some of the main commitments in this regard. “Overall conditions of the prisons in Albania, especially in recent years, have undergone positive changes, influencing improvement the lives of persons held in prisons and detention facilities, but at the same time as well the safety of the entire system.”<sup>8</sup> “Following the implementation the recommendations of the Ombudsman, which has been increasing, there has been a positive impact in terms of punishment conditions.”<sup>9</sup>

### **Due Legal Process:**

There are numerous obstacles in the legal representation of prisoners, which not only interfere with the ability of prisoners to ensure representation, but also affect the attorney-client relationship itself:

- a. Violations of privacy and confidentiality in the attorney-client relationship by the guards during interviews and through monitoring of mail and phone calls.
- b. Lack of notification of lawyers and relatives of detainees, when they are transferred to other institutions.

### **Regimes at risk:**

Concerns were identified also with the management of prisoners with mental health issues in danger units. ARCT spoke with a number of prisoners with mental health problems, often in detention conditions, with limited opportunities to interact with others. Prisoners remained closed for hours and days. This is because the units are focused more on preservation rather than treatment. Contrary to this, the same prisoner, while in hospital care is in open regime usually for most of the day and has the ability to interact with others. This is because the management of the hospital provides treatment focused on, life of the convict with secondary care level. Risk regimes remain the primary focus for the monitoring of detention throughout year 2015.

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<sup>7</sup> *Integration Ministry, mie.gov.al*

<sup>8</sup> *European Commission, Commission staff working document, Albania 2012 Progress Report, 2012-2013 {com(2012) 600} Brussels, 10.10.2012 swd(2012) 334, pg. 16*

<sup>9</sup> *European Commission, Commission staff working document, Albania 2012 Progress Report, 2012-2013 {com(2012) 600} Brussels, 10.10.2012 swd(2012) 334, pg. 16*

### **Inhumane conditions:**

Many penitentiary centres of all sizes and levels of security provide insufficient food, general medical care and mental health care, but fail to meet basic needs such as sanitary appliances and mattresses, the situation in custody continues to be reported in the worst levels; poor infrastructure remains degrading to women's prison, and 325 cases of tentative to escape was reported in this building, the lack of special sections for minors remains an issue of concern.

### **Psychological torture:**

Physical and psychological torture can be defined as “acts that are prepared and carried out deliberately against the victim in order to overcome his psychic resistance and force him to incriminate, claim themselves to certain criminal behaviours, or surrender for additional penalty acts, for self deprivation from freedom”.

Psychological and mental torture is considered the following: Threat to torture “threats and the real danger of submitting a person to physical injuries produces, in certain circumstances, moral anxiety to such an extent that could be considered psychological torture.” Threat to be tortured, “ simple threat occurrence of a behaviour, when it is very real and imminent, may in itself constitute a violation of a norm. In order to determine a violation of Article 5 of the Convention, not only physical suffering, but also psychological and moral distress should be taken into account. Threat suffering from serious physical injury may constitute a form of psychological impact of physical torture “psychological torture.”: “According to the evidences obtained in this procedure, the victim was sent for acts of severe physical and mental violence over a prolonged period of time, for the purpose and, thus, put by purpose in a situation of anxiety and intensive physical suffering, that can be clasified as the physical and mental torture.”

The threat to the life of his / her or relatives' life: “ repeated threats against his life by the police, often accompanied by acts of brutality, caused him immense suffering psychological threat: “supersedes any technique of interrogation including here methods involving sexual humiliation, water torture, acts to induce fear, that constitute torture or cruel, inhumane or degrading treatment”.<sup>10</sup>

### **Food:**

Another issue raised in the course of the year is the quality of food given to prisoners, as well as special diets. While there were guarantees that they will improve the quality, significant improvement is yet to be seen. ARCT will continue to monitor about food in the next year. Special attention will be paid to categories of prisoners with chronic diseases.

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<sup>10</sup> *The Committee against Torture, Concluding Observations on Albania May 2012*

### **Smoking ban:**

During ARCT data collection and interviews, ARCT has noted concern about the continuation of smoking. In year 2015 it was learnt that the prison staff and visitors will not be allowed to smoke inside the prison security perimeter, and that there will also be a control over the amount of tobacco that will be brought inside the regime. Staff should be allowed smoking in clearly designated areas outside the secure prison perimeter, but only during authorized breaks. But there should be caution on the manner of administrating the schedule of ventilation, as it may lead to over-use or misuse of the right for clean air.

### **Cell temperatures:**

This issue has been repeatedly raised by prisoners during the monitoring and interviews. During the summer months the temperatures of the cells has been marked as high as 39 degrees (with open door cell). While GDP (General Directorate of Prisons) has a policy that addresses this issue in the form of providing small electric heaters, but usually is not respected in some places. ARCT has ensured that all places comply with the policies (own funds of prisoners).

During the winter months, the policy is to use heating systems (especially in newly constructed facilities) when temperatures of the cells go as low as -5 degrees. Although most highly-secured prisons have mountain conditions, the heating system is not put in use due to lack of fuel.

Respondents gave concerns about the lack of privacy in bathrooms and showers.

### **Health in prison:**

Having in mind how spread among people in custody is the mental health issue, availability of care and treatment for people with mental illness is an area of particular interest to the authorities of the implementation of OPCAT, particularly for ARCT as initiator of ratification and creation of Albanian MKP. Prisoners have the right to the same standards of health care as those available to others in the community. However, they often come from vulnerable sectors of society, with high health and complex needs, and a much higher prevalence of serious mental illnesses and substance abuse problems than the general population.

There is a particular need to ensure availability and access to premises and services. In general, there is a need to ensure that people are placed in an environment that is able to provide the level of care and therapeutic treatment they require.

A significant achievement was the inclusion of prisoners in the social insurance scheme, creating an opportunity for a good health treatment. Approximately 75% of the interviewed prisoners reported medical problems that require medical attention. 80% of people seeking this care were dissatisfied with the treatment they received.

Our interviews suggest a widespread problem of inadequate access to medical care, especially emergency medical care.

Insufficient access to medical care, violates the United Nations Declaration of Human Rights and the Minimum Standards of UN Principles for detainees. Allowing a person to suffer extreme pain without treatment is cruel, inhuman and degrading treatment, a violation of international law and Article 87 of the Albanian Penal Code.

### **Forced medical treatment:**

In 2015, the monitoring teams identified significant information problems about the administration of forced medical treatment for about 150 convicts, under Article 46 of the Penal Code and the impact these problems had on offenders convicted under this article. There were times when, due to lack of staff and security reasons, inmates under compulsory medical treatment have remained longer than the foreseen administrative time. Court cases have shown that in general, people are abandoned by their families / relatives, and this caused problems in terms of medical and forensic review.

During the interviews, monitors have become familiar with clients with primary diagnosis-intellectual disability, but that are treated as mentally ill, it is advised a better use of screening instruments and alternative measures and treatments. Persons under compulsory treatment often experience other health problems, creating difficulty in managing multiple treatments.

### **Mental Health:**

Duty to protect prisoners against suicide and self-injury illustrates that the safety and health care may be closely related.<sup>11</sup> As we have seen, regular visits, evaluation and treatment by doctors and psychiatrists should be mandatory in the case of mentally ill prisoners who can kill themselves. Moreover, the Committee of Human Rights has held that the failure to separate prisoners with infectious diseases from others may raise issues primarily for the right to life and right to humane treatment of prisoners. Finally, health can help prevent violence against prisoners, keeping systematically injuries and (within certain limits) communicate information to the prison authorities.

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<sup>11</sup> Look at the human right to health care in general: Brigit CA Toebes, *the right to health as a human right in international law*, Antwerp / Groningen / Oxford, Intersentia - Hart 1999 ..

However, even in situations where the relationship between security and health care does not clearly exist, the authorities should be required to provide medical and psychiatric assistance and tools. In both cases, the positive obligation rests primarily on the fact that the state has brought someone in a situation in which he cannot provide for their health or safety as he could generally in a free society. Therefore it is in full accordance with the basic principle that the authorities are obliged to actively provide health care measures as a compensation for the unintended consequences of imprisonment.

The European Court has made it clear that the denial of psychiatric care may violate the prohibition of torture and inhuman treatment (Article 3 ECHR), if it causes suffering to prisoners can be classified as inhuman or degrading. In accordance with the basic principle, furthermore that the duty to provide health care to prisoners is not limited to situations where the condition of the prisoners' who need medication is caused, or it is due to being in prison. Obligation, for example, applies to prisoners who were already sick before their freedom was deprivation.

About 20% of the interviewed detainees reported that they suffered from mental health issues, which require attention. While many of them who do not complain, suffer from depression, their speech and body language suggest otherwise. The overall impression of our interviewer, was that a significant percentage of prisoners seem depressed, nervous or suffering from a combination of disorders. Also there seems to be improper use and excessive restraint / isolation of those who suffer from mental health problems.

In special institute in Kruja, the lack of recreational activities; gray cement and the frames of windows, lack of privacy, social isolation and insecurity in the environment around their cells, all these contribute to the instability of the mental health. General Directorate of Prisons has employed only two psychiatrists in all system. Inadequate treatment of mentally ill persons is a violation of international law. Denial of proper treatment may constitute a cruel, inhuman and degrading treatment. Under domestic law, prisoners are entitled to receive medical treatment for illnesses and injuries, which includes the right to psychiatric care and mental health care, and the right to protection from self-inflicted injuries, such as suicide.

### **Medical care:**

About 75% of the interviewed detainees reported medical problems that require medical care. 80% of people seeking this care were dissatisfied with the treatment they received. Our interviews suggest a widespread problem of inadequate access to medical care, especially emergency medical care.

Insufficient access to medical care, violates the United Nations Declaration of Human Rights and the Minimum Standards of UN Principles for detainees. Allowing a person

to suffer extreme pain without treatment is cruel, inhuman and degrading treatment, a violation of international law and Article 87 of the Albanian Penal Code.

Distribution of persons with special needs in the penitentiary system:

When analyzing the conditions of imprisonment in the penitentiary system in Albania, we can highlight an apparent discrepancy between the laws relating to the treatment of these prisoners with disabilities and situations in which they actually live. These discrepancies were noted in the use of "disability" as a gateway to salvation to those criminals who could benefit from a corrupt judicial system in Albania. Attempts have been made to improve the system, but there are failures in the management of the penitentiary institution of Kruje (with a total of 70 prisoners), after a long time after the reconstruction of the premises of Durres / issue of providing forensic psychiatric evaluation were constantly raised by foreign monitors. During 2015, the detention in Durres has received about 46 prisoners who have reported during interviews that they have had mental problems after imprisonment.

Monitoring and documentation has created a solid basis for intervention on many levels:

- ◆ Identification of cases and providing legal aid and judicial representation for those prisoners who have requested this service from ARCT;
- ◆ Institutional changes and improvements; ARCT has developed a protocol for documenting violence and mistreatment in prison based on the principles of the Istanbul Protocol.

The protocol is available and in use by physicians in the penitentiary system (PTD, PRI and special Institutions of Kruja Prison Hospital, producing events and identifying police brutality during the arrest and transfer, a consolidated manual introducing legal and institutional framework for use by medical personnel working in the penitentiary system. This manual was widely distributed through trainings in all prisons and detention facilities.

People with disabilities that are treated as vulnerable and in need, are as follows: 1600 prisoners diagnosed with various forms of pathologies in 21 penitentiary institutions, out of which 302 prisoners with mental disabilities (in penitentiary institutions 21 ); 459 prisoners with chronic diseases in 21 penitentiary institutions; 99 prisoners with mandatory medical treatment (11 in the Prison Hospital and 70 in Kruje);. ARCT monitoring and data show discrepancies in terms of reporting tracking periodic procedures and medical examinations for this category of prisoners. This was reflected in support for the population of prisoners under compulsory treatment which was overdue.

The central government should improve salaries for officers and to find other ways to develop the labour force at all levels. Training for officials should be improved with

inter-sectoral activities in order for them to be better prepared to effectively interact with prisoners from different backgrounds. Skills and capabilities of staff that have the greatest impact should be developed in daily culture of the prison.

### **Better security inside prisons to change the institutional culture:**

Most professionals in the system work under difficult circumstances to maintain security and to help improve the lives of the prisoners. But because the exercise of power is a defining characteristic of correctional prison, there is a continuing possibility for abuse.

Culture change efforts cannot succeed without recruiting and retaining highly qualified officials, high quality of educators, chiefs important for prisons. Very often, this is not possible. Directors of systems remain at work for not more than three years on average, and their continuous circulation destabilizes the whole system.

The central government should improve salaries for officers and to find other ways to develop the labor force at all levels. Training for officials should be improved with inter-sector activities in order for them to be better prepared to effectively interact with prisoners from different backgrounds. Skills and capacities of the staff that have the greatest impact should be developed in daily culture of prisons.

### **Deaths in prisons:**

Effective protection of life and personal security (including physical, mental and moral integrity) of all prisoners is necessary and for the right of life “shall be protected by law” (Article 4 ACHR), and the right to humane treatment, ie, the “right to have his physical, mental integrity, and moral respect” (Article 5 § 1 ACHR). The State has an obligation to ensure safety and to maintain public order, especially in prisons.

According to Inter-American Court, the basis of this assignment is that the state is apparently responsible for what happens to those who are detained in custody. In fact, the prison authorities to exercise severe control or command over the persons in their custody. In order to execute the duty to protect detainees and to fulfil its role as “guarantee” of “the rights of state should use all possible means to re establish the level of violence “and” adopt all necessary measures to guarantee” the rights to life and humane treatment.

These measures and their implementation must be effective. More specifically, the measures that the state should be obliged to undertake are confiscation of weapons possessed by prisoners, the prevention of disorders (which must be caused by unsatisfactory security, infrastructure, the conditions of detention, health and hygiene), space acceptable for each prisoner, changes in surveillance models, physical segregation of different categories of prisoners, and the aim and application of prison policies that prevent crises. Preventive measures to have priority over those repressive.



Certainly, in any of the human rights provisions that were discussed there are some positive obligations towards prisoners for their protection, defined exactly. This, however, does not mean that these obligations are not logically contained within them. It can be said that the state is putting pressure on the right to life and right to humane treatment and for this measure is defeated the negative obligation not to violate human rights.

The authorities, each with a slightly different argument, make it clear why the obligation to protect individuals in general is more urgent in the case of prisoners than that of free persons.

State's obligation to protect prisoners against deadly violence and inhumane treatment by other prisoners, protection from suicide and self-harm is widely recognized in national jurisprudence and the regional human rights conventions. All rights involved (the right to life, prohibition of torture and inhuman treatment and the right to humane treatment of prisoners) are absolute and in addition, in implementation of Article 10 of ICCPR- KNDCP:<sup>12</sup>

This means that prisoners enjoy the same human rights as free individuals, except the right to liberty, and that the authorities thus have a real obligation to ensure these human rights in prison. Thus, the restriction on the principle that these rights are subject to the restrictions, that are unavoidable in a closed environment, or necessary in the function of security and preserving the order cannot apply, given the absolute nature of the rights involved. What is more: the State cannot call upon a lack of material means to justify a wrong performance of this task.<sup>13</sup>

Increased suicide rate is particularly worrying, reflecting as it does the chronic desperation of these individuals, but it is also of concern that prisons, in particular, now have to care for an increasing number of people who are old and die from natural causes. Every death, whatever the cause, is a matter of great sadness for family and friends and a reason to reflect on our monitoring about what could be done to prevent unnecessary deaths or provide better care for the dead. Possible displayed trends and search for lessons learned is therefore important.

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<sup>12</sup> See the article. 4 § 2 ICCPR, article. 15 § 2 KEDNJ, and article. 27 § 2 KDNJ. See the different approaches within the African system, AfCionHPR, Report of 15th November 1999, Comm. 140/94, 141/94, 145/95, paragraph 4143 (Constitutional Rights Project, Civil Liberties Organization & Media Rights Agenda v Nigeria) related to article. 27 § 2 AfCHPR.

<sup>13</sup> Cf. HRC, " humane treatment of persons deprived of liberty (Article 10) general comment nr 21, 10th April 1992, paragraph 4; ECtHR, Judgment of 9th June 2005, Appl. 44082/98, paragraph 77 (Case of I.I v Bulgaria); IACTHR, Judgment of 5th July 2006, paragraph 85 (Case of MonteroAran guren et al (Detention Center of Catia) v. Venezuela); AfCionHPR, Report of October 1995, Comm. 25/89, 47/90, 100/93 (1995), paragraph 47 (Free legal Assistance Group v. Zaire).

Case MK (76 years), interviewed by legal and psychological staff of ARCT remains a striking example of how slow and without any purpose is the system at first glance.

Some findings support what we already know about the deaths in prisons, showing that nearly two-thirds of the deaths occurred in prisons with difficult infrastructure, that tells us that there is a need for greater vigilance in these prisons. This shows that they are accused of acts of violence, especially against a family member, and that they are at high risk of suicide. Even if the investigation of death causes may provide information on occurred cases, not often can be used to prevent other cases. ARCT investigates and gathers facts on the causes of death, making a more general assessment of all reasons. This year is dedicated to growing concerns for persons with disabilities and elderly people in the prison system.

### **Juveniles and women in the prison system:**

As in previous years, young people and women have made a small number of complaints. Only 3% of complainants were women and only 2% are under 21 years, even though respectively they make 5% and 11% of the prison population. These complaints tend to be different in nature from complaints made by adult male prisoners. Few are around the property, for example, and a higher percentage in connection with regimes, family ties and control of restraint incidents.

# **Monitoring missions, findings and recommendations for each institution:**

## **IECD ALI DEMI**

### **GENERAL INFORMATION**

This institution represents the old prison infrastructure inherited before '90. With an amortized infrastructure, a 1-storey building, this institution is presented as well maintained, the outdoors and its interiors were clean with whitewashed walls and doors painted with oil paint.

Currently, in IECD Ali Demi are accommodated women in conflict with the law in the detention sector (capacity 56, currently 58 women) and in the prison sector (capacity 78, currently 49 women). Detention sector appeared overcrowded; this, because, to transfer all women contingent was prohibited. With a police staff of 73 employees and civilian staff of 31 employees, this institution is a good practice in favour of rehabilitation programs, forms of communication of convicts with senior staff of the institution, and the tranquil atmosphere inside the regime.

### **HEALTH STRUCTURES:**

There is a doctor's room at the disposal of health staff and a room for the dentist and one pharmacy room outside the regime. While inside the regime there are two nursing rooms (without corridors and small square meters), especially the pharmacy room (2x1.5 m). Doctor's room has a shelf for holding cards, a table, three armchairs, a computer and other equipment necessary for successful work.

### **COMPOSITION AND WORKING HOURS OF MEDICAL STAFF:**

Medical staff consists of a general medical practitioner, the chief of the health service, a dentist, a pharmacist and four nurses. All staff was working full time. While pathologist, dentist and pharmacist were working 8-hour per day, but nurses were organized to work with a 24-hour service. Pathologist doctor and dentist were highly educated, while pharmacists and nurses have a secondary school education. Pathologist doctor is trained for medical emergency. Psychiatric assistance for the mentally ill is provided by the specialists of Institutional Hospitals, who came several times to the institution and at other times prisoners were sent to them for consultation at the hospital of the institution.

*General medical practitioner* performed 4-7 visits a day. The number of visits per month achieves a total of 20 visits. Medical assistance of nurses during *the 24-hour service* consists in controlling disease progression, providing medical advice, control blood pressure, measure body temperature, giving medications daily by mouth, in making injections into the muscle to chronic and acute patients, etc.

### **EMERGENCY MEDICAL ASSISTANCE**

Transportation of emergencies or visits, examinations by medical specialists is done only by prison hospital ambulance. Barrels for transporting in urgent cases was missing. Nursing rooms were equipped with rehydration solutions as sol Glucose 5% and physiological sol together with corresponding rehydration machine. In the nursery room there was a *small shelf* and a bag for emergency medical assistance.

### **DENTIST SERVICE**

There was enough space in the dentist room. There were all necessary equipment and working supplies such as armchair, polymerization lamp, metal syringes, filling materials, anesthetic, tools for sterilizing medical instruments such as aerosteril or autoclaves, etc. During his work the dentist used sterile rubber gloves and a mask. During a working day the dentists performed 2-5 control visits, medications, cleaning stones, filling and removal of teeth. During the first 6 months 264 dental operations with convicts were performed.

### **PHARMACY PREMISES AND MEDICINE SUPPLY**

Pharmacy premises were acceptable, though there was not enough space (dimensions 2x2.5m). The pharmacy had new shelves for keeping medicines, a refrigerator (for storing insulin, serum anti tetanus, etc.). According to the rules, by a designed format as written in the prescription, signed by a doctor, pharmacist and nurse take delivery of medications for the person concerned. Emergency supply of medications prescribed outside the framework of the refund recipe was done 2 times a year. There was an *annual fund of medications*, but also there was another *supplementary* fund, that was usually used for purchasing medications in the case when the demands were increased. The needs of the sick were met by the pharmacy, but in the cases when the family members provided more quality medications or more specific ones for the needs of the sick, institution authorities in collaboration with the medical staff, allowed them to keep and use in the premises of the institution.

### **ORGANIZATIONAL WORK**

The sick were sent from the nurses after the finishing of the turns of 24 hour service through a special register. Through special written reports in the morning, after leaving

the shift, verified problems that arouse during the 24 hours service would become clear. As well, all the prisoners that had medical problems during the 24 hour service, together with the description of their problems, were listed by the nurses. According to this list, these sick persons, accompanied with a guardian, were sent to a doctor.

**To the monitoring team was presented a case where the prisoner (female) had signs of high temperature for several days and asked for help and adequate medical treatment at the Prison hospital. The prisoner complained about the chest pain, fever and heavy breathing.**

## **DISEASE**

In the group of cardiovascular diseases there were 16 people with arterial hypertension (11 at the institution and 5 at the detention), with endocrinology disease with Mellitus Diabetes a woman who didn't take regularly the pills because sometimes her analysis were normal. There were 2 women with neurological disease, many cases with rheumatology that did treatments but not regularly, with spondyloarthritis pars lum-balis 1 woman, with a pulmonary pathology one woman who suffered from Bronchial Asthma, and also a woman with dermatological disease, psoriasis. In the institution there are 13 women with mental health problems. When these patients needed medical consultation or examinations the tradition was to take them to Institute hospital.

## **WORK DONE FOR THE PREVENTION OF INFECTIVE DISEASES**

Some time ago they had a case of scabies that was treated and they did all the appropriate actions to disinfect the room and this case stayed for short there because of release. There were no cases with HIV/AIDS or infective diseases. Every week a hygienic control was done by the health personnel.

## **NURSERY AND KINDERGARTEN**

Within the internal regime of the institution there was a separate building where special services were done for pregnant women before and after childbirth and for mothers with small children. As a rule, toddlers up to 3 years should stay together with their mothers. The space had 5 beds in three rooms, a living room for children equipped with many toys and facilities, and another big room that was used as a kitchen with all the relevant equipment as sink, stove, microwave, refrigerator and two large annexes 3x2m with shower and bathtub, washing machine, drier and that was used as a toilet as well.

Currently, there were no pregnant women here in this building, but there were two pregnant women, one 8 months and the other 5 months, but were in separate facilities of the cell premises.

## **FOOD CONDITIONS**

Cooking conditions are outdated. There was enough space for the kitchen with a good equipment, stove, new dishes, freezer (for meat), refrigerator, and other equipment.

Most convicts attended the kitchen food and ate, but as well prepared food in respective canteens. They used plastic dishes. Distribution of food was organized by the prisoners themselves. There were 4 cooks and 4 employees from the prisoners. Gas cylinders were out of the kitchen space and covered with roof. Also they took care of a special feeding that respected their commitments and religious *beliefs* and in accordance with the *custom and culture requirements* (it's worth mentioning that this year they took care of 14 women who fasted). A new sink was installed. In a kitchen annex where the dishes were washed, there was a water tank.

## **WASHING SERVICES**

There was a service of washing where two convicted women were serving. Supplying with the detergent and soap was done through the administration of the institution.

## **CELL CONDITIONS**

Cells were maintained by the convicts with light and ventilation inside and outside. They were equipped with tables, chairs, TV, refrigerator, heating stove. In the detention sector there were 17 cells while in the inside sector there were 10 cells. There were 7 joint bathrooms separated by partitions. There were 4-6-8-12 persons in a cell. There were 10 showers. Every shower space and toilet supported two cells. Cells were supplied with clean sheets, blankets, and foam mattresses in double iron bunk beds. Sanitary conditions of the premises where they lived and toilets, showers and sanitary installations were acceptable.

## **EDUCATION SERVICE**

This sector consists of 4 workers. Education sector facilities were spacious and well furnished to develop language courses, computer, various sports games, etc. Especially libraries were large 8x6m with high shelves filled with books, with two large windows, it was equipped with over 10 chairs each, with a computer, with big TV screen and a lot of tables. The treatment of women in prison (with the social composition of poor households and poor conditions) become differentiated fulfilling basic rights to a fair and humane treatment. There were 11 illiterate women. Those accused of murder were 20, but the biggest number of women were those who have cheated, involved in prostitution and stealing. There were 31 women employed and out of these 14 were in detention. They were involved in different jobs like cleaning showers, laundry, kitchen,

painting, courier, in the library. There were other requirements. Various courses were held as hairdressing, tailoring, craft work.

## **MENTAL HEALTH PROBLEMS**

From a 1-week monitoring of IECD, it resulted that there are 6 women prisoners with serious mental health and 13 with mental disorders. With mental health pathology there was a woman with decompensate personality disorder, three women with schizoaffective disorder, two women with affective disorder, one with bipolar disorder, a woman with neurosis, two women with behaviour disorders and three women with personality disorders.

Doctor dealt with psychological problems, and educational staff dealt with lighter cases, because there were no psychologists. There were some women, former drug user, initially treated with methadone, and meanwhile rehabilitated. *Special care sector*. For the institutionalised women with high risk of mental health settings and people with conflicts there was a specific priority treatment and therefore special care sector was open, a separate building with two rooms (2x3m) with 4 beds, where two qualified and specially trained persons for such cases served. The capacity of this sector was 4 people. Currently, there was a woman held there with somehow heavy problems but due to treatment and counselling at the moment her situation was quiet. One was with decompensating personality disorder, to some extent with a schizoaffective condition being treated with haldol - depo, tegretol, and diazepam.

## **LEGAL SECTOR**

*The legal sector* consists of two people: the head of the legal sector and a filing person. 4 rewarding permissions were given but there were no special permissions. There were 3 disciplinary measures given to persons in detention, and 1 at prison (for quarrel between each other). Telephone calls were allowed 2-3 times per month, although according to the law should be allowed only once a month. Ventilation was unbounded. The Law of considering one day of detention as one and a half day in prison was correctly applied. The detainees were brought to the institution when the decision of the court was issued.

## **PROCEDURES WITH NEWCOMERS**

Commission of accepting the newcomers for any case of transfer. This was a special commission composed of experts from different fields such as a lawyer, doctor, psychologist, education employee, the police chief, logistics, and a financier. The newcomers were checked for their physical and mental condition. After medical examination, relevant records were made by the responsible doctor, and a psychosocial card would be open.

On June there were 7 entrances and 6 releases in detention and 1 release from prison. Besides these there were 2 extraditions and 2 transfers.

## **DOCUMENTATION OF PHYSICAL MALTREATMENT**

Procedures were followed for documenting and reporting of physical maltreatments. In the detention regime there was a common space with a meeting room 3x4m, and 3 isolation rooms with a space 2x1.5m. The capacity of these facilities was for 3 people with a bed each (because according to regulations, isolation rooms should have only one bed. While in the Institution there were 2 isolation rooms beside the meeting room.

## **PROFESSIONAL INTEGRITY IN DUTY PERFORMANCE**

Health personnel were not put into difficult positions by the authorities of the institution while carrying out their humanitarian duties. The doctor was not a member of the disciplinary committee, but no woman would be put into isolation without obtaining the opinion of the doctor regarding the state of her health.

## **RECOMMENDATIONS:**

- ◆ It is necessary equipping with a ambulance car, due to the specifics of the convicts in the institution
- ◆ To take measures to improve the equipment and replacement of dentist devices, because of the level of their amortization.
- ◆ To consider the possibility of planning a new institution for women in conflict with the laws.
- ◆ To cooperate with probation service for referral of easy cases, parole or other alternatives - in order to reduce the capacity of the institution, and enormous human and financial costs.
- ◆ To look for the possibility of opening one store, in which previously were sold art works of institutionalized women, along with the opening of a store for grocery sales.
- ◆ To fill in the vacancy of a psychologist in the education sector, to address the rehabilitation and assessment programs.
- ◆ To recommend that the administration team of the Institution to be more tolerant for differential treatment toward some individuals who show a more adverse psychological fragility.



# IECD TROPOJE

The monitoring visit in this institution took place in the presence of the director of the Institution. The monitoring group were offered the opportunity to access inside the rules and without difficulty to all facilities that should have been monitored.

During the monitoring visit, the current building of IECD was visited, as well as the new building of detention institution. The old building was again found in conditions of full depreciation and inappropriate. The purpose of the visit of the monitoring group, included verifying compliance with current standards in the actual building, as well as in the new building that still wasn't in working conditions, so below there will be findings of the monitoring team in both buildings.

During the inspection of Tropoje Police Commissioner, the Head of the station told to the inspection group that this station has three security rooms, which on the basis of an agreement with the IECD Tropoja, were in the premises of the latter.

## Material conditions

IECD Tropoje has a geographical setting that deprives detainees of natural lighting. Totally the Institution has 11 rooms, 2 of which were used by Police Commissioner of Tropoja. Out of the 11 rooms, 8 of them were rooms for one person, and 2 rooms with 4 beds each, and 1 isolation room. Two of detainees were placed in single rooms and while in another room there were two detainees together. Detainees placed in rooms for one person were sleeping on the mattress placed over a board with a height 10 cm from the ground. Mattresses were made of foam and in somewhat good conditions. Most of the clothes and sleep layers such as bed sheets and blankets were brought and washed by family members. Regarding household electrical equipment, in one of the rooms where there were two detainees they had a TV, and other electrical equipment for household was not seen. During the interviews detainees complained of violence and very difficult conditions. During interviews there were enough of them detained from Kosovo.

## Recommendations:

- ◆ To take measures to eliminate stressed moisture at the room of special meetings.
- ◆ To equip the pharmacy with closed shelves (medications are held in open shelves) and a refrigerator (for insulin, etc.).
- ◆ To take measure to create separate environment to perform religious rites, one observation room, one education room and one library.
- ◆ To take measures to reduce overpopulation, assessing the legality of the procedure of establishing the security rooms of the Police Station Bajram Curri in premises of IECD Tropoje , with a double presence of police personnel.

# IECD KORCE

## CAPACITY

Institution of Penitentiary - Drenovë, Korça, according to the Order of the Minister of Justice, is categorized as a high security prison, with a common security section, a detention section and a section of detention for juvenile. The capacity of the prison was 312 people and currently there are 461 people; out of these 190 detainees and 271 prisoners. 9 people were over 65 years old. There were two foreigners, Greeks. The total number of staff was composed of 274 people.

## CONDITIONS OUT OF CONSTRUCTIONS

Institution of Penitentiary – Drenovë, Korçë is placed in the national roadside Korçe-Ersekë. This is a new institution, open during the year 2008 and was built with the investment of the European Commission. The prison of Korça is placed on the outskirts of this city. 25 meters out of the prison surrounding and in the other angle of this prison, there was a large septic tank from which was spread a bad smell and when it grew, the dirty content would come out of the hole and would pour in ordinary drainage water gathered around.

Repeated complaints of the prison administration and ARCT to regional health authorities have resulted with no effect. System of managing wastewaters has created a pollution and concern as well for the residents of the community due to the location and not resolving the maintenance or putting it on pipelines from the respective structures. 2 km far there was a chicken coop, and according to some prisoners, there was a hard bad smell especially in the hours of cleaning.

## CONDITIONS INSIDE THE EXTERNAL SURROUNDING OF PRISON

*Internal premises inside the prison regime.* In the main courtyard on the left was distinguished a one floor building that served for meetings and talks with the lawyer, prosecutor, for judicial police, with family, etc. On the right of this courtyard there was a rectangle building on which were placed observatory cells. Further there was a smaller building that served as a workshop and storage place. Opposite was a two floor building in half circle shape that served for religious cult. *The environment of the cult* had a spacious surface about 30-35 m<sup>2</sup>. Divided in two parts and equipped with a library of religious books.

## HEALTH CONSTRUCTIONS

The building of health facilities has two floors, with a new and very good construction. On the first floor of the building there was a wide corridor, a room for doctor, a nursing room, a visit room with 2 beds with 4x10m dimensions, and with four windows. Beside these rooms there was also a pharmacy room and a dentist room. The premises were the best equipped with all the necessary supplies. The examination room had two beds and a rack equipped with all necessary things in order to cope with a medical emergency. The dentist had a room with dimensions 4x4m with two windows 1,5x1m and was completed with relevant equipment as armchair, autoclave milling machines, turbines, etc. Pharmacy premise was placed in the first floor of the hospital; relatively small with a huge rack 4x1.5m divided with medication pills, injections, various health materials such as syringes, bandages, catheters, etc., and a place where health cards were kept.

The hospital is located on the second floor and has 5 rooms with 2 beds each and 1 single room. In this room were placed 6 people. One of them was with a personality disorder, another was asthmatic, two patients were with arterial hypertension plus diabetes, a person was with prostate adenoma. Besides those in hospital there were two minors because there is no place for minors in other facilities. Furniture and equipment were completely new.

## COMPOSITION AND WORKING HOURS OF MEDICAL STAFF

The head of the medical service was missing and this duty was performed by the physician assistant that was commanded. There was a psychiatrist. Also there was a dentist, a physician assistant serving as a pharmacist and 6 nurses. One of the nurses was with a common license. All working full-time. Only the doctor, dentist and pharmacist, worked the first shift and only physician assistants had a 24 hours engagement.

## COMMITMENT

Even though they were very busy, (it's a very large prison) in the work of each of them you could distinguish medical care and treatment, that were for sure offered for free and at any time. Medical help of nurses during the 24 hours service, consisted of controlling the progression of the disease, in providing medical advice, to control blood pressure in the care of taking medication daily by mouth or injection into the muscle, the seam in urgent cases or dehydration with drops etc. Medications for patients were secured according to the health booklet, by reimbursable prescription issued by the Regional Directorate of Healthcare Insurance and the supply was organized once a month. In the 24-hour service each nurse performed medical procedures for 5-10 people.

## **MEDICAL EMERGENCY ASSISTANCE**

Usually urgent medical assistance outside the working hours was performed by the physician assistant of the 24 hours service.

On the infirmary there was a small shelf but well equipped with all medications, especially for emergency aid and that were within the expiry date. Availability with insulin, ultracorten, and other medications for first aid. They have an emergency kit for first aid and stretcher to transport seriously ill. Two glucometers, an EKG machine and Laryngoscope.

Lack of an ambulance was reported. Transportation of patients, in emergencies and planned transport for examinations and consultations of the sick, was done by a van adapted as ambulance van that has no conditions for the transit of such urgent aid like for ex. stretcher, bed, oxygen tank, opportunity for intravenous perfusion, etc. These medical emergencies were mainly performed in Korca Regional Hospital, accompanied by a police escort.

## **ORGANIZATIONAL WORK**

Handing over of the sick by nurses was done after the end of their 24 hour service from one shift to another. Verified problems encountered during the 24-hour nursing service were documented in the respective registers and in special cases there was a written report left in a special register in the morning after leaving the shift.

Prescription medicines were given with reimbursement receipts issued by the Institute of Health Insurance and registered in the personal health card/booklets. The opening of the cards/booklets was difficult because some of the prisoners had no identity cards. Pharmaceutical documentation was regularly kept.

## **DOCUMENTED AND STATISTIC SERVICES**

All the prisoners and detainees, regardless whether they were healthy or not, were equipped with cards and healthy booklets. All actions such as visits to the sick, giving medications, injections, various medical examinations, consultations with various specialist doctors were recorded in a special register and the relevant medical records.

## **CONSULTATIONS**

For patients who needed medical consultations with specialists or to make various examinations a tradition was to be sent in polyclinics and Korça hospital.

## ILLNESSES

There were persons with chronic complaints: out of these the most important ones were cardiologic problems 25 people, 5 with pneumology, 7 with urologic problems, 3 with oncology problems, 7 with ophthalmology, 6 with otolaryngology, 11 with gastrohepatic problems, 3 dermatological, 3 surgical, and 4 rheumatic problems. Patients with diabetes were 7 out of these 2 were taking insulin. There were two cases with infective diseases; one with HIV plus Hepatitis B and the other was with HIV plus Hepatitis C, while there was none with TB. There were 33 mentally ill with personality, affective, bipolar, psychotic disorders, etc. The users were not taking Methadone anymore, but were treated with Buprenorfin (Supotex) delivered by the association Action Plus, in the form of sublingual tablets use.

## PROCEDURES OF THE COMMISSION FOR RECEPTION FOR NEWCOMERS

The reception of newcomers is done by a *special commission* consisting of specialists from various fields as a lawyer, doctor, psychologist or social and education worker, police, the chief of logistics or financier.

*During the monitoring period, the number of entries* was 30 detained and 8 convicted. 20 detainees and 12 convicted got freed. There was a transfer of 7 convicted people. A of circulation with strong entry and exit was continuing, and this was clear by overcrowd in the observation sector.

## CELLS

At the moment there are 461 person; out of these 190 detainees and 271 prisoners. At age over 65, were 9 persons. 2 foreigners of Greek nationality. High security sector has 34 cells, each cell with two beds. 13 of convicts were serving life imprisonment; Common security sector has 44 cells (each cell has 4-5-6 beds). In the Detention Centre (44 cells with three beds), isolation cells (10 cells each had two beds, and as well the same number of ventilation rooms), and 2 observation cell. 21 beds were intended for minors but since in fact there was an overcrowded population these beds were given to adults, and two existing minors were sent to hospital.

There was a special care unit consisting of 6 rooms. The rooms had only one window. In these rooms there was no refrigerator. Each room had 6 people. The showers were with 4 compartments equipped with kaolin dishes and shower heads were fastened to the wall. In the showers there were 3 sinks and a radiator. In the showers there were signs of moisture on the wall.

There are complaints from prisoners and request to have more hot water during summer season. Through the corridors of the cells 65 cameras were installed (65). Disin-

fection and deratization is done 2 times per month; and analysis of 2 water storages are analysed once a month by the hygiene-Epidemiology Department of Korca. Their level of population was acceptable and *divided by age groups*.

- ◆ *General material conditions of cells* (lighting and ventilation inside and outside the cell, equipped with tables, chairs, plastic drawers, television, refrigerator, personal ventilators) were complete.
- ◆ *Material conditions for maintaining personal hygiene*. The environment of toilets and collective showers were clean.
- ◆ Regular *chlorination and disinfection* of toilets.
- ◆ *Internal and external clothes* were provided by the prisoners themselves. They were clean and they had the opportunity to wash in the laundry. *Washing detergents and soap tools* were provided by the prison administration.
- ◆ *Service of maintenance and self-maintenance of clean environment* (Eg. maintenance of hydraulic installations and electrical equipment and devices or keeping a clean environment, their painting and cleaning the toilets). The environment outside the cell building was clean.
- ◆ As well, here it was organized *hair shearing and cutting*.

#### VENTILATION TIME

There were two squares for ventilation but without coverings for the sunny or rainy time. The ventilation time was *respected* very well. There are also ten ventilation facilities. Ventilation time was respected (2 hour in the morning and one hour in the afternoon) even exceeding the ordinary hours from 7.30 until 15.00 o'clock in the afternoon. This time was doubled for *patients* with asthma or heart diseases.

#### CONDITIONS OF EATING

The staff was wearing the *appropriate white uniform* with hat and equipped with health booklets (there were 4 cooks and 12 employed prisoners). Working days were accounted for the staff. Bread is kept in plastic bags in special large cupboards. *The amount of calories* per day for every person was respected (rate 3325 calories). Percentage of attendance of kitchen food was high, although we found the wrong thoughts for those who ate the kitchen food.

There was *special nutritional regime* for medical reasons, cultural or religious, and this especially for specific diseases such as *ulcers, diabetes* (green apple, fresh meat without fat). Also there was a care for special nutrition that respected religious commitments and beliefs, especially during Ramadan. The special nutritional regime was prepared on the basis of a list prepared by a doctor, and 16 persons were registered.

## ADVANTAGES TO BE GIVEN TO RISK GROUPS

The staff consists of 9 people. In general security sector work 4 people-(a social worker, 2 psychologists and a library specialist). One person works in high security, two are in custody and an educator is in observation).

Religious activities are offered at the premises of worship. In the cult of the mosque regularly come from custody 44 people, 5 from high security and 47 from the usual security. From Christians 19 persons from detention come, 5 from high security, and 42 from the usual security. From the rows of Jehovah's Witnesses come 3 persons from high security and 4 from usual security.

There were 33 mentally ill with personality, adjustment, affective, anxiety, bipolar and psychotic disorders, with depressions, with delusional psychosis, mental retardation, etc.

There were 30 former users, and for their abstinence they are taking different tranquilizers such as haloperidol, valium, Parkopan, etc. Some former heroin users (4), were not taking methadone anymore but were treated with Buprenorphine (Supotex) which was delivered by the association Action Plus, in the form of sublingual tablets use. There were no cases of suicide or attempted to suicide, or expressions that they would do such a thing.

To *prevent incidents or conflicts* they would organize a system of work based on correct implementation of the regulation; in considering the prison as one big family, even though with different mentalities, cultures and different genes, in a good mutual stress management both for employees of the institution as well as for prisoners.

## LEGAL SECTOR

In this sector were employed 3 persons, a chief, specialist and a filing person. Legal staff was engaged as well in trainings with the theme respecting of human rights. 36 persons were given winning permissions and two special permissions to detainees in cases of deaths and illness in the family.

## ABOUT THE PRESUPPOSED TORTURE AND CASES OF MALTREATMENT

There were no cases of mistreatment. Strict procedures were followed for documenting and service report denunciation as well as disciplinary measures.

We haven't encountered any *dangerous individuals* that according to the regulation should be immobilized. *Disciplinary measures* for July were 27 cases and among them: possession of prohibited things 18, 5 exercise of physical and psychological violence against fellow, carrying out acts for profit 2, the use of insulting words towards other people 2.

Number of family meetings for July was 1757. The number of special meetings was 29. Suggestion for the General Directorate to review the contract with the telephone company because the prisoners complain about their prices, because with a card that costs 1000 new lekë now they can talk only 50 minutes while before for the same price they could talk for 200 minutes.

### **CONFIDENCE AND IMPLEMENTATION OF MEDICAL ETHICS**

Medical visits were confidential and was carried out far from the others respecting the care that there should be a guardian. When the person was considered dangerous, medical visits was observed by e police through the glass.

### **RECOMMENDATIONS:**

- ◆ Take measures to cover the ventilation squares with roof in order for prisoners to be protected from weather conditions like rain, snow, sun, etc.
- ◆ To take measures so that mini-football ground is paved with a carpet of plastic grass.
- ◆ To ask for investments to close the septic tank and sewage to pass through the relevant canalization.
- ◆ To solve the problem with the water supply.
- ◆ The General Directorate is suggested to review the contract with the telephone company
- ◆ To fill in the internal position for the health chief.



# IECD VLORE

## GENERAL INFORMATION

This custody institution was build brand new in May 2008. It is worth mentioning that the road that leads to the jail (1-2 km), which was in very bad condition, not at all maintained and full of holes, that did not match with all this kind of investment, which undermined the security elements and gave concerns to employees of the institution, family members that came for visits, now is being built. Since fencing with the wire over 7-8m height, that allowed full view of architectural buildings, you would get the impression that you are in front of a new prison.

## CAPACITY

Vlora Detention sector has a capacity of 125 persons and in fact currently there were 180 people (overpopulation). Minority sector had the capacity of 41 minors (10 rooms) but actually there were 24 people. The capacities for the adults were 85 but currently there were 156 (overpopulation at adults - 76 more people). There was one foreigner, an Italian.

Total staff was composed of 146 persons; out of these 34 people civilian staff and 112 police staff. This staff had a shortage for two persons.

## EXTERNAL AND INTERNAL CONSTRUCTION CONDITIONS

This custody unit was composed of four large buildings and several smaller; two buildings were three floor buildings, one two floor building of internal regime and another one two floor building out of internal regime where administration offices were located.

## HEALTH STRUCTURES

In the administration building there is a doctor's room. Next to them was the psychologist room. In the same corridor was the dentist's and pharmacy room. *Furniture and equipment* were completely new. In fact there was no health worker found at work. One of the service nurses was accompanying a sick person.

## COMPOSITION AND WORKING TIME OF THE MEDICAL STAFF

In the health sector of this institution works 1 doctor pathologist and 5 nurses, 1 dentist and 1 pharmacist assistant. There was no psychiatric service but there were two psychologists. Employment of all health personnel was fulltime, except the chief health

part time. Health service 24-hour was covered by nurses. All the detainees were filed with cards. Dentist cards had only those who asked for a dental treatment.

## **QUALIFICATIONS AND TRAININGS OF THE MEDICAL STAFF**

The medical staff was constantly attending *qualification and training courses* and *seminars* to increase their technical and professional capacities. Trainings were organized by the Training Centre at the General Directorate of Prisons. All health personnel had attended various seminars for professional and technical qualifications.

There was no *psychiatric assistance* for the mentally ill, but they were under the auspices of two doctors and two psychologists working in this institution.

## **ABOUT THE ORGANIZATION OF DENTAL SERVICE**

Environment of the dentist space was regular fairly equipped with special seats, table, chairs, rack and box of first aid equipped with necessary medicines, but there was no autoclave, metal squirt, polymerisation lamp and there were problems with supplying with arsenic material for filling in. The pharmacy space well maintained and the shelves where the drugs were preserved were new and covered with board or glass doors. There was a special refrigerator for the medicines that require low temperatures like anti tetanus serum, for suppositories and insulin. Medicines supply was sufficient. Recycling of drugs was performed well and it did not happen that the medicines got expired and buried.

For the detainees who needed to *consult* or be examined with special medical equipment, or had mental health problems, consultations with experts in these fields were organized in Tirana Prison Hospital. But sometimes they would consult as well with specialists who work in the polyclinics of Vlora town.

## **DOCUMENTARY AND STATISTICAL SERVICES**

All detainees regardless of whether they are sick or not, were provided with medical cards. All these were documented in separate registers and medical records where among others would *describe all the actions with patients* such as: visits, diagnoses, medications, injections, made examinations, consultations and recommendations made by *various specialists* in polyclinics and hospitals, etc. All this documentation and statistical material was stored in *appropriate folders* and *special shelves*.

## **DISEASE**

There were 16 people with chronic complaints: out of these the most important ones were the ones with cardiology problems 3, pneumology problems 1, with neurological

problems 1, and ophthalmology problems 1, with otolaryngology 1, gastrohepatic problems 3, urological 1, dermatological 1, and surgical 3.

At the minor sector there was a patient with epilepsy, who was taken to hospital and later was released. Currently there are no prisoners aged over 65 there.

## **ON PREVENTION AND TREATMENT OF INFECTIVE AND CONTAMINANT DISEASES**

Cases of infectious disease 1, 2 with Hepatitis B, 1 with Hepatitis C, with TB were no case, and 1 case with HIV/ AIDS. In the context of taking measures to prevent contamination diseases in the prisons, there was a constant control of prisoners organized to improve personal hygiene parameters such as: to see the frequency of body washing, type of the personal clothing, control for scabies and lice, along with environmental controls of cell purity, cooking in the kitchen, food distribution and control of visitors or family.

Also they normally checked the food brought by families and measures were taken to stop the food that was easily damaged during hot periods of time.

## **PROCEDURES OF THE COMMISSION FOR NEWCOMERS**

The office of the Committee for the newcomers was of a dimension 4x10m with a window dimension 1x1.5m. The newcomers were informed of the *internal regulations* of the institution, by reading to them or giving them to read the regulation themselves.

The newcomers were examined as soon as possible for their mental and physical condition by organizing a medical examination, in order to exclude the existence of any infectious contamination disease, to notice if there is any physical or mental defect which may hamper rehabilitation, to determine the degree of capacity to work and moreover discovered or formulate any mistreatment made in police stations or detention facilities.

After all these examinations, appropriate notes would be made in their *medical files and psychological file*. The special reception committee for newcomers would gather within 8 hours and for the newcomers arrived out of the 8 hours the nurses would do the reception. For July, the number of entries was 32. There were 17 releases and 2 transfers.

## **CELLS**

In the building there is a total of 56 cells, where 36 cells were in the building A and 20 cells in the building D. These cells were different by size (6x7m), with a lot of natural light because of the large windows. In these cells there were 1-2-4-6 and up to 8 people,

with bunk iron beds as well as single ones. There were also rooms with refrigerator and without one. Prison staff told us that refrigerators are allowed but these should be bought where said, for security effects and the money to buy this refrigerator should be secured by the cell members. Every room also had a TV, shelves and other household utilities.

There were rooms with one, two, three or four beds. People were allowed to choose with whom they would like to stay and there were no complaints about this. The dimensions of the rooms were different: 2x4m, 3x4m, with abundant light because the windows were 1x1m. The rooms had toilets inside. There were also rooms with large bathrooms 3x2m.

In the minor-juvenile room there were no refrigerators. Prison staff told us that refrigerators were allowed but they had to buy them themselves. It was discussed to buy a large common refrigerator for all minors and they were thinking about the best solution. Bathrooms cells were inside but there were toilets outside with dimensions 8x2m.

The prisoners had complaints about the water because it was not available for 24 hours and there was water only three times a day in a short period of 1-1.5 hours. When asked about this problem we told us that the deposits are located underground and a lot of electricity is spent to bring water uninterruptedly. On the other hand they told us that many inmate abuses by leaving taps water open and it happens at juvenile cells.

Their population level was acceptable and divided by *age groups*. *General material cell conditions* (lighting and ventilation inside and outside the cell, equipment with tables, chairs, plastic drawers, television, refrigerator, and personal ventilators) were complete. *Chlorination and disinfection of the toilets* was done on a regular basis.

*Underwear and external clothes* were provided by the prisoners themselves. They were clean and had the opportunity to laundry washing. *Washing detergents and soap tools* were provided by the prison administration.

Water supply was done on the basis of a chart posted in visible areas of each hall. There was water three times per day by 3 hours without interruption.

Maintenance service and self maintenance of the environment (Eg. maintenance of hydraulic installations and electrical equipment and devices or keeping a clean environment, their painting and cleaning the toilets). Organization of waste collection was such: during certain hours a garbage cart would come and all prisoners would take there their trash bags. As well *cutting and shearing hair* was well organized.

## LAUNDRY

The space of the laundry was big. A prisoner was employed there.

## POWER SUPPLY

*Lighting and heating.* There were no complaints about lights, but there were power cuts which caused shutdown of lights. Lights went out a few times even when we were there. However, when the lights went off, they would turn on electric motors.

## VENTILATION

Aspirators in the cells did not work so they were forced to open the cell doors as early as 8 am. There were 5 ventilation boxes with dimensions 20x20m. For ventilation and time of ventilation they had no complaints because it was performed normally twice a day. During the airing time they could also play different football games and volleyball.

Airing time was respected (2 hours in the morning and one hour in the afternoon) and even exceeded the ordinary hours, from 7.30 until 15.00 o'clock in the afternoon.

## CONDITIONS OF EATING

Kitchen was in a good hygienic - sanitary condition, with large space, enough dishes, large new stove, shelves to accommodate food and bread, shelf storage of food samples, etc. There were 2 cooks employed there and 4 prisoners employed as assistants, equipped with white coats, hoods, plastic gloves and health insurance cards.

There was *special nutritional regime* for medical, cultural or religious reasons, and this especially for specific diseases such as *ulcers*, *diabetes* (green apple, fresh meat without fat). Also there was a nutrition care for a special respect of religious commitments and *beliefs*, especially during Ramadan. The special nutritional regime was based on a list compiled by the doctor, where 16 people were registered.

Food is consumed in the cells. Distribution of food was organized by prisoners who were provided with health cards and white outfits. Distribution of food was done with good and clean carts.

## ADVANTAGES GIVEN TO MINORS

*The juvenile sector* is placed on the second floor and was divided into two separate sub-sectors A and B, 4 rooms each. Between the two sectors there is a room where the guards stay with dimensions 5x5m. Currently there were 24 minors. There were two

juvenile hall classes from VI-VII. This year 7 certificates were received, and one of them received the certificate of finishing the 9th grade. There were 2 repeaters in year 2014 and 5 repeaters in 2015.

There were no conflicts. The Director frequently visited juvenile sector and communication with education employees was on a daily basis. There were measure plans written in terms of education. The family was asked to bring TV's according to their possibilities, because they are allowed to watch TV in the room. There was a juvenile who was isolated with the pretext that he doesn't want to quarrel with others, and because he didn't go well with an inmate.

He didn't go either to school or gym. In addition, he felt the need to meet with parents because his father was ill. The case was recommended to the administration, to have his concerns on focus.

In January there was a physical instant quarrel (the cause was over the coffeepot) and lasted only one day, but then agreed. As a disciplinary measure was exclusion from activities for 10 days. There was a complaint from one that was excluded as an assistant cook.

There were 7 users of hashish; out of these only one is treated. There were 3 people with mental health problems with affective disorders, personality and one with mental retardation. There was a fourth one that showed a stress condition but was not diagnosed till the end. He was isolated and would be sent to a prison hospital for a more specialized visit.

## LEGAL SECTOR

In the judicial sector there were two lawyers and one filing person. Ombudsman boxes were new and were placed in visible places. The police officers had negligence problems for failing to implement the law on police. According to them the law was approved even for the prison police, but the bylaws for the police prison were not issued yet. They do not take night classes; they do not take diets when they go to trainings. There were 17 adult recidivists in 2014 while in 2015 there were 40 recidivists.

There haven't been cases of *physical abuse*. There were no escape attempts. Also there were no attempts of suicide or expressing they would kill themselves. There were three isolation rooms with dimensions 5x4m with a bed, but there were no windows. There was also an observation room with two beds. There were no sheets and blankets but they told us that they equip them at night. There were no juveniles in the isolation room; there was only one adult in the observation room. There was an isolation room with dimensions 1.5x1.5m and window 1x1m. But the room was in a bad condition with a bed and torn mattress.

*Disciplinary measures* for July were 6 cases. These measures were taken for non-compliance of order, conflicts and keeping mobile. Accompanying in court 156 persons and in hospital 49. *There were two large meeting rooms.* In there, there was a play room for children of families that would meet. They were designed with mobile and with a large mediator glass and split into 8 compartments. Dimensions of the meeting room were 10x20m.

## **ENVIRONMENT OF MEETING WITH FAMILIES**

This environment was filled with appropriate conditions as windows, walls, monitored by cameras and spacious residence places. With the minors were allowed 1-2-3 visits per month. There were cases when they had allowed 5 meetings per month. Glazed meetings lasted an hour while the physical ones a quarter of an hour. There were families that almost never came to meet their children; it happened that they have visited their child after 8 months. This is due to the remoteness of their parents' houses from the detention facility but also because some of the parents were in social problems, because they were divorced or poor and could not afford such trips. This greatly impacted their psychological heaviness.

There were *places of worship* for Muslims as well as for Orthodox Christians and Catholics. Every Friday the imam of the mosque was there and representative of the Catholic Church and Orthodox came every Tuesday and Wednesday separately to perform religious services.

## **CONFIDENCE AND IMPLEMENTATION OF MEDICAL ETHICS**

Medical examinations were confidential and were carried away from observation and respecting the attention that there should be a guardian. When the person is considered dangerous medical visits were watched by the police beyond glasses.

## **PROFESSIONAL INTEGRITY IN DUTY PERFORMANCE**

Health personnel were not brought in tough position from the authorities of the institution while carrying out their humanitarian duties. The doctor was not a member of the disciplinary committee.

## **RECOMMENDATIONS:**

- ◆ Take measures especially by education staff to increase attention on improving the maintenance conditions of juvenile cells.
- ◆ Consider the possibility to add hours of water supply.
- ◆ To maintain and paint the rooms, utensils and bathrooms.
- ◆ Consider to buy a common fridge to minors.

- ◆ The possibility of having more frequent showers.
- ◆ To follow the problem of water taste.
- ◆ Consider the possibility to set the emergency bell.
- ◆ Continue with priority educational work especially on delicate and severe problematic socio-family cases.
- ◆ To provide the opportunity to replace depreciated foam mattresses.
- ◆ Consider insisting in providing a car ambulance.
- ◆ To show caution in supplementing the hours with the water up to 9 hours a day.
- ◆ Consider the possibility of establishing a divider wall between collective showers.
- ◆ It is suggested to the General Directorate to review the contract with the telephone company because the convicts complained about their prices.



# IECD FUSHE KRUJA

Institution of Criminal Decision Execution Fushe-Kruje was created in July 2008.

By Order no. 329 dated 15/01/2009, "On the categorization of penitentiary institutions" changed into, "the Penitentiary Institution of Fushe-Kruje, is categorized as a high security prison, with one section a prison of medium security and a section of custody". Maximum official capacity of this Institution is 312 persons. At the time of the visit, the institution housed 420 people (one of whom was sent to the Special Health Institution Prison), and with an overpopulation of 107 persons above capacity. The separation across the sector at the time of the inspection was 140 detainees, 100 at the high security and 180 persons on common security.

Detainees section with a capacity for 30 people, appears divided in two sectors, namely the sector 3 with ten rooms, and sector 4 with 7 rooms. In the absence of the director of the Institution, the monitoring group was welcomed by the legal representative, the legal department chief. The main objective of the monitoring visit was the conditions and treatment of prisoners and detainees. Institution housed at the time of the visit 8 detainees aged 18-21. Detainees were mostly housed in rooms with two beds, but due to overcrowding in some cases two beds in rooms were housed with 4-5 people. Detainees of age 18-21 year were not accommodated in a separate section, but they were accommodated in rooms with adult detainees.

In the Institution there were Macedonian and Bulgarian foreigners with whom there were no communication problems because they all spoke Albanian.

Specific categories of IECD Fushe-Kruje were 3 mentally ill persons and treated with methadone. From verification and inspection of all documents everything appeared to be registered in the relevant protocol register. Records were kept by the Department of Education. The detainees in this Institution would fill an application form / complaint and then deliver it in an educator in the envelope or not. The last one would send it to protocol. After passing the protocol they would transfer it to the Director of the Institution, who turned responses on a written form, or he would meet the prisoners. The part of the application / complaint that was not addressed to the Director was posted.

This procedure does not guarantee secrecy and confidentiality of the writing or material on paper. Answers to the request / complaint were generally given within 24 hours, but not all had received an answer so fast. According to interviews there had been cases where complaints were not responded or were responded very late.

The monitoring group during the visit of the Penitentiary Institution Fushe Kruje noticed that the kitchen was clean and tidy. Grams and food quality cooked during the day of the visit were within standards. There were cooks, cook assistants and 7 persons serving their sentence in an institution. Daily menu was displayed. Samples of food cooked the day before were preserved in refrigeration conditions. There were many complaints from detainees about the quality and cooking of food. Complaints were mainly related to improper cooking of food, lack of diversity, and service in inappropriate sanitary conditions.

In IECD there was a building which served as a hospital of this institution. The Pharmacy needs supplies.

**Recommendations:**

- ◆ To take measures especially from the education personnel to take into consideration improving maintenance conditions of the juvenile cells.
- ◆ To see for the possibility to extend the hours of water supply
- ◆ To see for the possibility to put an emergency bell.
- ◆ To take care of fulfilling the hours of supplying with water up to 9 hours a day.
- ◆ To see for the possibility to put separation walls between common showers.

# IECD BURREL

## GENERAL INFORMATION

The prison had prisoners and detainees, with high security and common security. The prison capacity was 195 persons. Capacity with the prisoners was 130 persons (medium security 117 persons and high security 24 persons, detainees were 65 persons). At the moment there were 124 prisoners (medium security 100 persons and high security 24 persons), while detainees were 74 persons. In fact in total there were as many persons as the capacity allowed but there was an overpopulation of 10 persons in the detainee sector. The police staff numbered 122 persons (in fact 2 police staff persons are still missing) and the civilian staff numbered 33 persons.

## HEALTH CONSTRUCTIONS

There was a special room for the doctor and the nurses. And it was completed with all the things necessary such as visit beds, first aid shelf, but it didn't dispose with a glucometer and EKG machine. But since the doctor did work at an infection depart at the Burrel hospital, her doors were always open to analyse and do other examinations at the hospital.

## CONTENT AND WORKING HOURS OF MEDICAL STAFF

There was a full time dentist. Also 4 nurses. Among the others there was a pharmacist and she was working full time. Nurses were working 24 hours, and mostly stayed in the nursery room inside the prison regime which was equipped with tables, two beds, a TV and an emergency medical rack.

## QUALIFICATIONS AND TRAININGS OF THE MEDICAL STAFF

Medical staff was continuously doing *qualification training courses* and *seminars* for strengthening their technical-professional capacities, and the trainings were organized by the training sector of the General Directorate of Prisons.

*Medical nurses' assistance* during the 8 hours service consisted of controlling the health status of detainees in providing medical advice, control blood pressure, providing daily medication for those who were sick. The patients were given medication every day by nurses conform to a format document signed by a doctor. These patients were given medications correctly by nurses at the appropriate time meals.

## DENTAL SERVICE

Every month an average of 35 visits were performed such as filling, removal, take action when they wanted to put dental prostheses.

## PHARMACEUTICAL SERVICE

There was a small but well maintained pharmacy premise. Medicines were shelved regularly and were well arranged. Supply was on a regular basis and there were no problems with supplying. Medications were given based on reimbursable prescription signed and written by the doctor. A prisoner named Ajet Prençi jailed for life complained that there wasn't a medical called ibuprofen for his knee pain. This problem was discussed with the pharmacist and the doctor and they have promised to find a solution to secure this medicine.

## DISEASES

There were 16 chronically ill among them: hypertension 5 people, with diabetes with grains two persons, but out of those suffering from hypertension, two were with bronchial asthma, two cases of gastritis, two cases of chronic infection of the kidneys, a case with epilepsy, two with rheumatism and a case of dermatomycosis.

8 patients with mental health problems (with anxiety disorders, neurosis depressive personality disorders but that were managed to calm down by giving to them amitriptyline and diazepam. There were no cases with TB, HIV/AIDS or other infectious diseases. Also there were no scabies cases.

## DOCUMENTARY AND STATISTICAL SERVICES

All detainees or prisoners regardless whether they were sick or not were provided with medical cards.

All these were documented in separate registers and medical records where among others were *described the actions to all patients* with such as: visits, diagnoses, medications, injections, made examinations, consultations and recommendations made by *various specialists* in polyclinics and hospitals, etc. All this information and statistical material was saved only in special shelves that were kept safe.

## KITCHEN

Acceptable kitchen conditions. There were two rooms one of which served as a grocery warehouse. Premises were acceptable and as well there was enough space, there were as well two devices with two stoves, one with oven and one with two gas hobs. While

the other was not in use because when turned on it release black gas and a lot of technical persons came to fix it but could not. Gas cylinders were outside and away from the kitchen environment. There was a large sink, boilers, refrigerator, washing machine, kitchen equipment, tables, shelves, scales, etc. 4 cooks were employed but there were no prisoners employed. Kitchen place did not have an aspirator but only a ventilator. Quantity and quality of food content were acceptable.

*Percentage of attendance of the kitchen food was high; however, there were those who consumed food brought by their families.*

## CELLS

In the start of the corridor of C sector from where we have started the monitoring process on the right side there was a mutual bathroom. It contained two siphons, two sinks and two boilers. Boilers were with shower heads. But there were other cells where toilets and showers were inside the cells. In the showers the shower heads were installed in the walls. C sector cells where detainees were staying and prisoners as well were normal with 3-4 -6 single beds but also bunk beds. Sanitation conditions of the cells were good. Refrigerators and televisions were allowed inside the cells. The Cells that we saw were good, large and with large windows; with enough natural and artificial light. The doors of the toilets inside as well as those outside were new, with aluminium doors coloured brown.

But on the other hand it appears that the prison sector, the one of medium security as well as the one of high security had tight corridors where on both sides were doors of small cells 2x1.5m with small windows up near the ceiling. In the small rooms of the prison sector were places a bunk bed but also somewhere were two bunk beds as well. However at the high security sector there was only one person in the room. The bathrooms and showers in the prison sector were placed at the beginning and at the end of that narrow corridor with crossing cells. They were with two, three compartments, shared sinks with 3-4 taps but there were the ones with separate sinks. Toilet and other shower facilities were clean and painted. Refrigerators, televisions, plastic boxes and other private furnishings were allowed in all cells. All bathrooms in the prison area, which in most cases were common, were reconstructed, painted and clean. Showers and toilets were also with shared sinks but there were as well 2-3 with separate sinks. No one complained that there was no enough water. *Washing detergents and soap tools* were provided by the prison administration.

Water supply was plentiful for 24 hours, because they had a well with endless water and washing could be carried out every week.

## **SERVICES WITH WASHING MACHINES**

There were 3 washing machines. Two were industrial one of which did not function though many technicians have tried to mend it. The other washed the blankets while the family one washed the clothes and sheets. An employee was hired.

## **HEATING**

Boilers of sectors A and B work normally, just the one from C sector was not functioning because the radiator tubes should have been provided.

## **AIRING**

Airing time was normally respected and even exceeded. Some have required to add the hours of airing time now that was summer time, though the doors were opened from 8.00 am to 21.00 pm. They demanded to have an extra hour of opened doors until 22.00 o'clock. Airing space was huge around 300m<sup>2</sup>.

## **LEGAL SECTOR**

Also in this sector was working a responsible person and a filing person. There were no rewarding permits, during the local elections the permits were totally forbidden; special permissions 2, discipline measures 0, transfers 0, releases 13 out of these 6 prisoners and 7 detainees. On July there were 24 permits, out of these 22 were rewarding permits and 2 special permits (detainees).

## **EDUCATION SECTOR**

The Head of the education sector was Mr. Sokol Bruci. Besides him here were serving three other employees, where among them were two education specialists and a psychologist. There was no *psychiatric assistance* for the mentally ill, whose work was covered by doctor and psychologist. There were no cases of *suicide* attempted or individuals stating that they will commit suicide.

Each of the prisoners had a special psychosocial file. There were separate folders out of these records to assess the conduct for the court, for rewarding permission, for sentence reduction, on employment and heavy events. There were cases of illiterates, two were detainees and three were convicted.

## **MALTREATMENTS**

Only one case of maltreatment was found and he was jailed for life. He was handcuffed inside the cell because of bad behaviour, but according to him this was a breach of

regulation because the handcuffs should be put on the premises controlled by cameras. On the other side, the same prisoner was arguing with others and thus has asked to do the airing separately from others because he felt threatened. There were no hunger strikes.

## **CONFIDENCE AND IMPLEMENTATION OF MEDICAL ETHICS**

Medical examinations were confidential and developed out of the observed places respecting the care that there must be a guardian.

### **RECOMMENDATIONS:**

- ◆ Consider the possibility of providing a car ambulance that contains all the tools necessary to transport the seriously ill such as: a stretcher, oxygen tank.
- ◆ Consider the possibility that the documentation storage shelves can be closed with the key.
- ◆ Seriously consider the use of the mini-football located outside the internal regime of the prison to be used several times a week from prisoners.
- ◆ Consider a priority the possibility to supply with some anti rheumatic medications.
- ◆ In the summer period to see the possibility of leaving the doors open one more hour until 22.00 pm.
- ◆ Consider why for some employees were not counted their working days.

## **IECD DURRES**

The service is divided into: detention sector, specific sector for patients with mental health problems (47 convicted, when the capacity is 50).

Health staff: 3 doctors (psychiatrist + 2 doctors); 1 dentist, 1 pharmacist, 10 n /doctors (4 n/ doctors in the detention sector, 6 n/ doctors in the special sector).

### **Procedures since the arrival of a new person:**

Reception: In the reception committee is made the evaluating of the person, regarding the signs of abuse, problems of physical and mental health. (In case of suspicion for abuse, a detailed history records is made separately).

Filing records: Opening and completion of the card with a detailed health assessment is made for every new person. When e new person comes in Institution in the afternoon hours or during the weekend, the card is filled in by the medium staff and is completed a day after by the doctor.

Patient Tracking: People with chronic problems after a specialized control continue with treatment. (Consultations of the specialists are conducted at civil hospital in Durres.) Acute problems are followed by the doctor of the institution. (In cases where appropriate performing routine analyzes, being unable to be frequently accompanied, we send the materials by hand in the laboratory of civil hospital). At the end of the treatment, a reconsider the health situation is done.

Consultations: Every day consultations of the detainees are conducted on the basis of the list of requirements fulfilled by n/ doctor a day earlier. Extra to this are consulted urgent cases. Every day 8-10 medical examinations are carried out.

Emergencies: emergencies that can be managed by civil Hospital Durres are sent there, while cases that want permanent specialized prosecution are sent to the Prison Hospital Centre.

Transfer: When the person is transferred to another institution is accompanied by the health filing person together with a report specifying the current situation and necessary medications.

### **SPECIAL SECTION:**

Each day a morning visit is done in every sector by the psychiatrist. Doctor Assistant's Service: 24 hours service is covered by the medium personnel in both sectors (a doctor



assistant in the detention sector and one in a special sector). Accompanist of persons in civil hospital or prison hospital is done by a doctor's assistant that is working full time, 8 hours. The Assistant of the afternoon shift makes an evaluation (according to the possibilities) of persons who really need the medical consultations and fills in the list of visits. (Not every person that says "I want to meet a doctor" is listed, because except that is impossible it is no efficient for the work of the doctor.

Dental Service: A dentist covers both sectors. Based on the list of requests consultations are conducted every day. More specialized dental services are provided in the dental clinics outside our institution.

Pharmacy: Supply with medications is carried from the warehouse of the hospital, purchases that are done by the Directory are based on Health department's request together with the medicine fund and the donation.

Every day at the end of the consultations, by the pharmacy is made the execution of prescriptions issued by doctors.

For treatments that are not available from the institution and where people want to ensure themselves their own medication (always on doctor's prescription) they come in pharmacies where the family members sign in a register for medication that they brought.

Educational and recreational activities: in collaboration with professional school a teacher comes 3 times a week; The gym is very good, 20 convicts are employed, courses of English and Italian are offered from a foreign aid; water and electricity supply is offered for 24 hours without interruptions.

Food: was not consumed, regardless that the service had a staff of 4 people in the shift. There were no technical conditions offered, and samples were not maintained in refrigerating conditions.

Problems and recommendations: Although consultations with specialists outside the institution are not so rare, there are problems with the difficulties of accompanying as well as not taking them seriously due to their status. Overloaded consultation with cases without a real health problem. (When the accompanying forces undertake to do, in an irresponsible way, a preliminary assessment of their health state, or when medium staff marks the request for consultation without going deeper into matter if there is a true need.)

- ◆ Overuse treatment with anxiolytics and benzodiazepines that person manages to get on the basis of different pressures.
- ◆ Complete with routine analysis on a larger scale, especially for chronic cases to be updated on their condition.
- ◆ Ambulance for the transfer of patients is missing.
- ◆ Attention is recommended to the General Directorate of Prisons for the acceleration of the equipping of this institution with an ambulance.

## **IECD FIER**

### **IECD Zaharia, Kruje**

ARCT Monitoring Team (4 staff members) took a meeting with the police chief and education chief. Police staff numbers 97 persons, reduced by 10 workers out of these 1 officer and 9 police workers, but also civilian staff has been reduced from 57 to 52.

Conditions of this institution, starting from the road that leads you to the institution but as well the internal space, are very heavy regardless the work on maintenance there were no funds for reconstruction.

The capacities of this institution are about 196 convicts, and currently are serving 158 sentenced with files. Out of these, 81 convicts are with chronic and mental diseases and kept in sector B and in sector A are held 76 with forced medication, 2 are in hospital prison in Tirana.

Ambulance is in poor condition and does not meet any standard. Medical service currently has 27 employees, as chief service are as well 4 doctors out of which 1 is a psychiatrist, 1 dentist (part-time 3 times per week) 1 pharmacist, 1 chief nurse, 11 nurses where one works 8 hours because she is performing the function of the lab worker, 5 sanitary caregivers, and 3 guardians / sanitary. Pharmacy is supplied by GDP (General Directorate of Prisons) pharmaceutical warehouse.

Currently pharmacy is completed with medication, First-aid room is equipped with the necessary medications, present were stretchers and first aid kit. There are over 40 people aged over 65.

The education sector consisted of the educational responsible person, 2 psychologists and 1 educational specialist, and despite of the great work they were doing it was insufficient as a number for the contingent itself and the large number of patients.

Legal office is composed of 2 people and 1 filing person where for the last month 3 rewarding licences were given, 2 convicts were released and 1 with forced medication, there were no cases of discipline measures.

The Condition of the building is degrading; the rooms are for 3 to 4 people. Because of the hot time ventilators brought by families were set. The convicts complained about the conditions ex. baths are not good, sometimes there is water and sometimes not, and the food is not good and the fruits in many cases are rotten. 23 interviews and questionnaires were completed.

**Recommendations:**

- ◆ Material and infrastructure conditions are miserable, despite the permanent commitment of the staff, improved hygiene and disinfection
- ◆ Keeping inmates over 65 years, and those with disabilities, and with compulsory treatment is considered as inhuman and degrading, thus the emergency measures remain the transfer of the contingent of inmates at the Prison hospital, and Special section of Durres, up to the final closure of this institution.

# IECD VAQARR

IECD “Vaçar” is an Institution of a common security, that doesn’t have a special section for minors, or convicts aged 18-21. The institution has a maximum capacity of 176 people. At the time of inspection at the premises of the institution were 164 convicts. A significant number of convicted persons had benefited from the amnesty declared by Decree of the President of the Republic.

At the time of the inspection, there were a considerable number of foreign prisoners, who, in interviews that the inspection team did with them, they were satisfied with the treatment. However, they had many complaints regarding treatment of their cases, mainly associated with the transfer requirements, which they had made to the relevant authorities. There were among them those that claimed that the process documents were only in Albanian and not in their native language.

From interviews with the convicted, there were complaints regarding transfers. They claimed that transfers were done without criteria and in some cases even as a sanction.

Regarding the issue of security, the regime lacked security camera. It had security cameras in the hallways, but there were angles which were not covered. There were no cameras in the hallways and rooms of isolation / observation.

## **Material conditions**

Besides toilets inside rooms that were amortized, with significant humidity, showers were also problematic, lacking missing the shower heads, and in one room the boiler machine was torn and the wires were exposed, creating a threat to the lives of prisoners that were showering there. It was also noticed that in some of the rooms there was a presence of insects.

The dentist room was equipped with autoclave; unit worked well, but lacked the instruments of dental material, and consequently dental extractions and fillings were not performed.

On each floor of the building, was posted the schedule of actions, including awakening, arranging cleaning of rooms and common premises, educational and professional work etc. Also, the supplementary schedule of airing was posted, which was given to sick persons, which according to the opinion of the doctor needed a supplementary airing.

**Recommendations:**

- ◆ Improving conditions of the toilets and showers, especially its equipment/electric installations.
- ◆ Equipping and adaptation of the toilet and shower places in the isolation/observation section according to the standards of privacy and human dignity, reflected on General Regulation of Prisons.
- ◆ Coverage with cameras in the hallways near isolation rooms / observation.
- ◆ Reduce overpopulation.
- ◆ Provide translation services/ or language courses for prisoners.

# IECD KAVAJA

## CAPACITY

This is a new institution because it started its activity as a prison in October 2009 and as custody in May 2010. It was projected to have only minor males between the ages of 14 and 18. The prison's capacity was 40 people. Currently there were 44 registered convicts; out of these 35 were detained and 9 prisoners, implying an overpopulation in the sector of the detainees. There were 4 sectors where each sector had 5 cells equipped with bunk beds. The first and second sectors were on the first floor while the third and the fourth sectors were located on the second floor. It had 3 sectors of detention and 1 of sector prison. Administration staff was composed of 84 people out of these 37 were civilians and 47 policemen along with information officers.

## HEALTH STRUCTURES

In the outdoor space there was a doctor's room completed with all the necessary supplies. Also as mentioned above, in the internal regime was a doctor and nurse room with a visit bed and an observation bed, a dental room and a room for the pharmacy. *The corridors* were large and sufficient lighting. *Furniture* and *equipment* were brand new and contemporary.

## COMPOSITION AND WORKING HOURS OF MEDICAL STAFF

*Head of the medical service* was a general practitioner. Even the dentist was working full time. There were four others with medical secondary school, working full time, and one of them was working of a pharmacist. Doctor's Assistants worked 24 hours service while doctors were working an 8 hours time.

## TRAININGS AND QUALIFICATIONS OF THE MEDICAL STAFF

The medical staff was constantly doing qualification courses, trainings and seminars to increase their technical and professional capacities, and were organized by a training sector of the General Directorate of Prisons.

## WORK IN DENTAL SERVICE

In the Dentist's room there were no necessary working equipments; a proper armchair was missing as the present one was defective; material for sterilization of dental instruments was missing so the dentist was obliged to bring his own tools sterilized. Moreover grip was missing. He had 5 examination sets but all were personal and brought from his clinic.

## ON PHARMACY PREMISES AND MEDICINE SUPPLIES

*Emergency supply with drugs* for the prisoners and detainees was done without problems. When the problems were added and demands of the patients increased they were given the opportunity to receive *additional funds*. A balanced *supply with medications* the doctor would do based on the incurred costs which were registered by the nurse in separate registers. Reimbursable prescriptions were recorded in the health cards of convicted persons. If the fellow-sufferers had claims about the pharmaceutical firm, they were allowed to secure these medicines by *their families*. *Pharmaceutical documentation* was kept regularly.

## DISEASES

There were two patients: one was nocturne enuresis and the other with motor epilepsy. Their medical cards were checked, and it was found that a professional responsible monitoring was done toward these two patients.

## ON PREVENTION AND TREATMENT OF INFECTIVE AND CONTAMINATION DISEASES

There was no more case suspected of HIV/AIDS. There were no sick with infectious skin disease such as scabies etc. There were no cases of parasites also.

In the context of taking preventive measures to prevent these contamination diseases in prisons a constant control of the prisoners was done in order to save the good personal hygienic parameters such as: Frequency control of body washes, personal clothing, scabies and lice control, along with controls of the cell purity, cooking in the kitchen, food distribution and control of visitors or family. Also they normally checked the food that the families brought and measures were taken to prevent those foods that were quickly breaks in the summer.

## CELLS

Internal regime was built by four sectors of five cells each that bore up to 10 people for the sector. At the entrance of each sector was a *large hall* with chairs and tables, a big TV hanging on the wall, with cable antenna. This lobby was well lit by large windows. On the ceiling were a ventilator and a powerful lighter. The lobby had an annex with a washing machine to wash the clothes of inmates. On the wall was a telephone installed. Inside the hall was a separate annex to the service employee. In the windows of this annex were displayed the phone number of the ombudsman and the program of action. Next to this Annex, before entering the cell hall, was the counselling room. All these places were brand new with modern look, with white painted tiles and floors kept clean and without moisture.



*Cells* were with one floor beds but also with bunk beds, two or three for each room. With enough space and light natural as well as electric. Cells had toilets inside and sink with water 24 hours. Normally for showers there was a special place that contained a space for three separate showers with a wall and three sinks. Cells had no refrigerators because according to the director they were not allowed by the regulation, where children would consume fast the food brought by their families.

*Sanitary conditions* in the cells were not acceptable. Although periodically *chlorination and disinfection* of toilets was done, amortization of bathrooms and showers attracted attention. They were not maintained because of broken taps in the toilets and in the showers the shower heads were missing. I asked prisoners how they washed, and they told us that they were washing inside the cells and with water buckets.

*Underwear and external clothes* were provided by the prisoners themselves. They were clean and had the opportunity to laundry washing with soap because the detergents were delayed by the prison administration. There was a *central laundry* in which a woman was employed. The environment of the laundry was spacious with dimensions 4x5m with three windows of 1x1.5m dimensions, with three washing machines and a dryer. Currently they were using soap because they had no supplies of detergents. Clothes were washed without problems in washing machines that were for every sector.

## **CLEANING AND MAINTENANCE OF THE PREMISES**

Although the prison is relatively new, premises inside the cells, maintenance of hydraulic installations, equipment and electric apparatus, or keeping clean the space, painting them and cleaning the toilets were not good (we have found broken taps causing vain spill of water, dirty toilets, at the shower rooms, shower heads and pipes were broken. When we asked the children how they bathe in showers without shower heads, they told us that the bathe in the rooms with water buckets.

## **ELECTRIC SUPPLY**

There was *constant* electric supply. In cases where the lights went off, a power generator was turned on. There was a central heating with radiators. In the summer period there was a ceiling fan in every corridor.

## **AIRING**

There were 4 airing boxes and a mini-football. Airing time was respected (2 hours in the morning and one hour in the afternoon). However ventilation was not a problem at all, having in mind all the existing space that this institution had.

## **EATING CONDITIONS**

Kitchen staff consisted of 3 persons working in a 12-hour system. The kitchen had very good conditions. There was a lot of space and good equipment with large stove and large sink, kitchen dishes, tables and large shelves, fridge.

There was an aspirator above the large kitchen table, but the ventilator was missing. Gas canister wasn't outside the kitchen space but was put a meter far from the cooking stove. We were interested to find out and the director told us that they needed to break the wall to install the gas tube, but all this requires investments they were not given.

## **LEGAL STAFF SECTOR**

Legal staff sector consists of two people: Chief of the legal department named Gani Shehu and the filing person. There were no disciplinary actions; as well there were no suicide attempts or attempts to escape. From the questionnaires it emerged that some of the detainees were held for more than three days on the premises of the Directorate of Tirana, due to the law they were allowed such a thing from 15 to 30 days even after issuing the sentence of imprisonment.

## **ON PRESUPPOSED TORTURE AND CASES OF ABUSE**

Two people who were convicted of serious crime of murder had already been transferred to other prisons. There are three observation/isolation rooms with one bed each.

## **PSYCHOLOGICAL STRENGTHS GIVEN TO RISK GROUPS**

Psycho-social activities took place behind the buildings where the cells were located. This was a one floor long building where the learning with metal, took place. There was one 1 classroom for elementary cycle of primary teaching (grades 1-4) and 1 classroom for higher learning cycle (grades 4-9), 1 computer classroom, 1 library, a recreation classroom (with two fields of ping-pong), a large gyms with modern equipment, 4 boxes of ventilation (one for each sector) large spaces and arranged very nicely, a football field (which was actually made of concrete but they were interested in wearing it with a carpet), 1 cult room. Each of the above mentioned places were operational. These facilities were clean but with a relatively amortized infrastructure and material, because inmates didn't take enough care.

### **Work to prevent incidents or conflicts**

The director of the institution himself told us that in the past, in unexpected surprising controls by the groups willing to monitor, they have found prohibited knives fabricated from shaving blades, devised as a screwdriver using screws, keys; fabrication

type of gloves to be worn for fingers and to be used for punching; plastic broom sticks filled with sugar to hit as a wood; fabricated metal knives from the shoe soles. There were no peer conflicts or conflicts organized between groups.

In addition to psycho-social files organized for every person, those with problems was organized a particular individual treatment program.

Currently they had a boy with behavioural disorders that came from the 313, which was also referred to as a case that had suicide attempts. Recommendation of foreign specialists was followed to not allow non disciplined persons, for a certain time, to participate in entertainment activities. There were also no cases of attempted *escape* or individuals who were plotting to escape. There were no *drug users*. There were 10 employees: 2 cleaners, 2 librarians, 1 designer, 1 barber, 1 for workshops, 2 to maintenance the park and a chef assistant. Out of these 4 were detained and six were imprisoned.

#### RECOMMENDATIONS:

- ◆ To foresee in the future investments building of the tent at the entrance of the main gate of the institution equipped with chairs and tables, in order for visitors to wait, rested and protected from sun and rain.
- ◆ To take measures to provide refrigerators at the sector halls, at least during the summer times to keep the juices fresh.
- ◆ To continue with persuasion of securing a car ambulance.
- ◆ To fulfil the missing equipment in the dentist room.
- ◆ Consider the possibility to increase the feeding rate, at least that of bread.
- ◆ Give priority to supplying with laundry detergents for washing.
- ◆ Consider overcrowding in the detention sector.
- ◆ To anticipate investing to put cooking gas outside the kitchen.
- ◆ Also, in the kitchen to put the ventilators, necessary especially in the hot period of summer.
- ◆ Sleeping facilities and toilets should be kept clean and the broken taps repaired. Also showers must be equipped with shower heads and be installed in the wall.
- ◆ Consider the possibility to add a chef aid worker.
- ◆ *Football pitch to be equipped with plastic carpet.*

## IEVP RROGOZHINA

Willingness for better performance of our monitoring visit was shown by the prison staff, and especially by the Director of prison, Police chief, Education chief, and Legal office chief. Monitoring findings were as follows:

### General information

As a construction this prison was amortized although prison surrounding wall was very secure, made of concrete and high above over five meters and at top surrounded by barbed wire. This was the institution of a **common security**. Detention centres, as well as prison units had 4 sectors and each sector had 6 rooms with 6 people. These facilities have an anteroom with a chair and a table beside. The security guard was sitting there. Passing through the special corridors on one side there was a bathroom with a toilet, sink and boiler for washing with cold and warm water but that was much amortized. Currently it had 418 people (capacity is 343). Very clear to understand that it was overcrowded. Among them were 140 detainees (capacity 113) and 278 prisoners (capacity 230). In the detention sector there were 14 young people aged 18-21 years old. There were 3 foreigners (2 Italian and one German passport originating from Kazakhstan). There were no women in this institution. There were 22 cells in the **custody** sector, and an observations room that currently had 6 people, but could hold up to 12 people (according to the beds located there). While in **prison** sector there 40 cell with 8 isolation rooms. The entire space was painted with white lime, and we haven't noticed any signs of humidity on the room space and halls (only in toilets and in one room at the beginning of the custody sector). Capacity of the police staff was 164 persons (one deficient), and 40 civilian staff. In the big square in the centre of these three sectors there were 4 big fields that were used for football games as well as airing places. Hydrant tanks were hanging in visible places.

### About health

In the administration building (**outside the regime**) there was a doctor's room and in the police building there was a pharmacy room. While within the regime there was a doctor's room with a visit bed, a nursing room, where except additional equipment there was a small shelf with first aid medicines. Nearby was the dentist's room. 2 pathologist doctors, 5 doctor's assistants, 1 dentist and one pharmacist assistant were working in the health sector of this institution. There were no psychiatric services. All health staff had attended training seminars for their technical training.

All health personnel were working fulltime and the dentist (part time) was coming 1 day per week, working 6 hours. Doctors worked 8 hours and after this time, the health service was covered by the nurses working 24 hours. All prisoners in custody and in

prison, despite being ill or not, were filed. The dentist was filing only those who appeared for dental treatment. On average **pathologist doctor** conducted 5-6 visits, but sometimes over 10-12 people a day. 150-180 visits were reported per month. During 24-hour service **nurses** gave medical assistance and therapy to over 32 people.

The sick were delivered to the nurses by the doctor, and the nurses would control the progress of the disease until the end of 24 service. And vice versa the nurse would document and report this in the morning meeting. All these actions were documented in a special register. Patients, who have had medical problems during the 24-hour service, were enrolled in a list along with their problems, by the nurse in service. Based on this list they appear in the morning for visit at doctor accompanied by a police officer. Medical visits were carried out without the presence of the police and always keeping confidentiality.

Pharmacy premises well maintained, and the shelves where the medicines were preserved were new and were covered with boards or glass doors. The premises of the dentist were tidy and fairly well equipped. Special armchair, aero-sterile, a table, chairs, a rack and a small shelf of first aid equipped with necessary medicines. There was a car ambulance but not equipped with the necessary equipment for medical emergency transit such as oxygen tank and equipment needed for intravenous injections. The doctor had a first aid bag.

Regarding **illnesses** it was referred to have over 51 people with chronic diseases. Among them hypertension 20, diabetes 13 (each with insulin), chronic obstructive pneumonia 4, rheumatic arthritis 3, gastritis 9, one with pruritus, one with pneumopathy after a firearm injury, a nose with adenoid vegetation, with urolithiasis 2, mentally ill 22 persons (personality disorders, psychomotor, sleep and anxiety). There were no patients with infective skin diseases or infections. Also, there were no HIV/AIDS patients.

In a profile work against **infectious diseases**, such as tuberculosis or HIV/AIDS, there was a tradition to take measures to isolate these cases, correctly medication according to consultations that were made with respective specialists in this field, documenting and reporting at their respective institutions and emergency extraction of frequent press releases regarding performance results of the work done so far. Twice a week, chlorination and disinfection of prison toilets was done. Health workers and other staff were doing viral hepatitis vaccine (two doses were made and were now at the third dose).

## Cells

Were as large as small warehouses with dimensions of about 8x10 meters where 8-10-12 up to 14 persons lived with iron bunk beds (especially the isolation rooms). Particularly in the detention sector, in the annexes of these cells were bathrooms with sink, boiler and siphon completely overused and ineffective regardless that they were main-

tained. Inmates were washing themselves with buckets although there were no complaints about hot water. Sanitary conditions of those small baths were miserable, not repaired and without siphon, where you could hear faeces smells. Effects of moisture in some bathrooms were so expressed that some of the doors were rotten, the parts loose and greatly eaten from below. There were times when a toilet was used up to 11 people, and as well for a shower there was one boiler for shower of more than 10 persons. Especially evident were some improvements made because the spaces were painted with lime and the number of equipment was added such as plastic tables for eating because there were 8-10-12 persons per room. There were complaints also for missing supplies with detergent, soap, brooms for 6 months long. Iron beds needed to be painted with enamel.

Convicts made complaints about the **water** that was not secured for 24 hours but three times a day for two hours. Other complaints were about drinking water because they were obliged to buy expensive water at shops. But in confronting the director he secured us that the water was drinkable because it was coming directly from two wells that according to the analysis, made by the laboratory of the Hygiene-epidemiologic Directory, was permitted to drink. There were no complaints about hot water.

### **Lighting and heating**

There were no more complaints about lighting because often this problem could be solved because there were 3 generators (one was moving one) and had direct links with the central. There was no central heating, however electric heaters were allowed.

### **Airing**

For ventilation and airing time there were no complaints because it was normally performed. During the airing time they could play different football games, volleyball, table tennis, weight lifting, strength exercises with tools, etc.

### **Laundry**

There were two 5 kilo washing machines and at the recent time there was a new washing machine. In the period of March only 16 prisoners attended washing machines (per day 1-2 people). There was an employee from the prisoners.

### **Eating conditions**

Kitchen had good hygiene - sanitary conditions, painted white, with large space, sufficient equipment with dishes, new large stove, aspirator (5 meter long and 1.5 meters wide), stack arranging food and bread etc. There was a large refrigerator 2x2 meters,

in addition to other place where the food samples were preserved. 4 Cooks were employed from civilian and 5 assistants from prisoners; they were equipped with white blouses and health insurance cards. It was concluded that the food was various and well cooked (rice, meat, pasta, soup) with fruits, with soft warm bread wrapped in plastic. Fruits distributed twice a week. There was also a special dish container with fat-free meat just for diabetics. Cooking gas cylinders were located outside the kitchen place, but on the yard that was in front of the room where the food was prepared. There were no cases of food refusal or strike threatening, and especially at the detainees there was a big trend of cooking themselves and using the food coming from their families. Employees were serving in white coats, plastic gloves and had regular health cards.

**Psychosocial staff** consisted of 8 persons (chief, 2 education specialists in custody and 4 in the prison sector, one of them was engaged for the vulnerable group age 18-21). Two of these workers were social workers.

### **Legal Office staff**

4 people were engaged, among them: a responsibility person, specialist, filing person, and the one working at the archive and protocol office.

### **Priorities that should be given to risk groups**

According to the chief of education and social care there were over 4 illiterate persons with different age range from 18-45. The agreement between the Ministries of Justice and Education enabled three teachers to come for the new educational year. After approval by the Educational Office Kavaja the implementation of all things was concluded. After bringing certificates from schools, making lists of duties to be performed for each person who attends the school, school attendance continued regularly with 35 pupils. Now 3 classrooms with three teachers are already operating for grades from 1-4 and grades 4-9. According to this the base material was provided by getting books from the previous school students.

There were no church premises but only mosque premises (it was great and well maintained). Christian society of Albanian prisoners comes regularly organizing various sporting activities, mini recreation activities (table games, chess, ping pong, football, volleyball, basketball, tow rope) cocktails etc .. Muslim priest comes every Friday to organize the prayer.

It was referred as well to have over **30 former drug users** but did not receive any special treatment. The organization Action Plus did not come for some time. **Age 18-21:** were 30 people, out of whom 19 were detainees and 11 convicted. At the cells of the age group from 18-21 years old there were complains about the lack of TV, refrigerator or

heater, that they did not send them in the gym, library, or computer courses, or learning a foreign language.

They did not have cases of **physical abuse or psychological pressure**. When they had such cases they were ready to fill the form of the Istanbul Protocol. On October there were 5 punishing measures (3 for debates and 2 for holding prohibited items, phones, etc.). While in March there were 40 special licenses and 9 special prizes.

**Isolation rooms** were 8 inside the building 2. The dimensions were 2-3 meters, equipped with four beds, a suffocating odor smelled, and were without heaters, TVs, fridge. Here were 12 people coming from prisons of Peqin and Tepelena. These rooms also served as **observation rooms** awaiting to be transferred to the other rooms; there were delays in transferring because they could not agree with each other. There were isolated that were carrying their punishment in their rooms because of overcrowding in isolation rooms. At the observation sector, 10 people were in a room with dimensions 3x5 meters.

#### **RECOMMENDATIONS:**

- ◆ Take measures to equip ambulances with oxygen tanks and means for intravenous transfusions.
- ◆ Take measures to supply the dentist with necessary material.
- ◆ Take measures to increasing the supply of detergent items, detergents, soap, etc. and to display the prices of food stuffs sold in the store.
- ◆ Establish bigger water tank near the kitchen.
- ◆ To fully restore baths together with the electric grid.
- ◆ Paint with enamel iron beds.
- ◆ Take measures for the sector insolation to expand windows, to reduce overcrowding.
- ◆ Take steps so that the second floor of the detention sector can be adapted in order to increase living premises, for classrooms, etc.
- ◆ Create an environment for the church.



# IECD PEQIN

## CAPACITY

Institution of Penitentiary Peqin is classified as a high security prison, but that includes a standard security section, along with a detention section.

The prison's capacity was 640 people and currently there were 788 people. Out of these 24 were detainees and 764 convicts. Again out these, 204 were convicted in high security (67 sentenced to life). 560 is the number of prisoners with medium security. There were no foreigners.

Total staff was composed of 361 persons; out of these 45 people were civilian staff and the police staff was 313 people. 3 were employees of the internal audit service. Fired from work were 1 of maintenance, 1 storekeeper and 1 washing person.

## COMPOSITION AND WORKING HOURS OF MEDICAL STAFF

Medical service chief was Dr. Robert Dimas. The medical staff consists of three doctors (two of whom with full-time). There were two general doctors, a dentist, a pharmacist, 6 nurses and one laboratory technician. One of the nurses had a common license. There was no psychiatrist, but he did come once a month. All were working full-time. Only doctor, dentist and pharmacist worked the first shift, while engagement of 24 hours had only nurses.

## EMERGENCY MEDICAL ASSISTANCE

Usually, urgent medical assistance outside the working hours was while performing the 24 hours service, but in those cases where the condition of the patients was difficult, in the premises of the prison regime the general doctor stayed for 24 hours.

In the nursery there was a small shelf but well equipped with all medication, specifically for emergency aid and that inside had the expiry date. They had removed the emergency bag (medical first aid) for security reasons and were working with a cardboard box inside which they had put emergency medicine and tools. Blood glucose tests and ECG they performed automatically using telemedicine equipment.

There was a car ambulance and a driver. *Transportation* of patients in emergencies cases and planned transport for examinations and consultations was done by a car ambulance that has conditions for the emergency aid transit such as: stretcher, bed, oxygen tank, opportunity for intravenous perfusion, etc. There was a room equipped with devices for telemedicine, for consultations of specialists that were away from the

institution. In this room there was internet online all the time. Consultations were made through Skype. There was an ECG device, measuring respiratory data and blood sugar. All these data could be printed and used as documents, etc. As well, in the police building was a biochemical laboratory where blood and urine tests were done as well as biochemical tests set when reagents were available.

Especially for prisoners of high security (there were persons sentenced to life), the doctor had a complaint because for consultations and examinations of the people from this category they were obliged to fulfil numerous documents of bureaucracy in addition to providing a special group of police officers to accompany prisoners.

### **On the organization of dental service**

Dentist performed filling, removal, cleaning of pulp stones, nerve resection, measure the dimensions of bridges. He possessed all the tools necessary to perform these actions with patients with dental problems.

### **On the premises of pharmacy and medicine supply**

Regarding the pharmacy it had two rooms: one outside and one inside of the prison regime.

The room was with dimensions 2x4m along with an annex with dimensions 1.5x1.5m. It was equipped with 2 large shelves and 3 spacious metallic shelves. Medicines were given by prescriptions; reimbursement was made by the Institute of health insurance and was registered in the personal health cards.

### **DISEASES**

There were 111 people with chronic diseases: from these the most important were the cardiology problems 66, with neurological problems 7 (There was a case of epilepsy), pneumology problems 23, with neurological problems 19, with rheumatic problems 20, Ophthalmology problems 2, otolaryngology problems 10, gastrohepatic 33, 10 urology, dermatology 10, 6 surgical, with oncological problems 4, 14 with dental problems, and 5 with endocrine problems (of these 2 were with insulin).

7 with infectious diseases but without hepatitis B, C and HIV. Suspecting a case of hepatitis viralis. 42 convicts with mental health problems such as: schizophrenia, fit disorders, delusional disorders, anxiety etc. From these, from high security are 15 people and medium or common security 27 people; as well from this number, those aged from 40-60 years old were 25 people and between the ages of 20-40 are 17 people. Three are receiving methadone out of 10 people who were former drug users.

## ABOUT PREVENTION AND TREATMENT OF INFECTIOUS AND CONTAMINATION DISEASES

Cases of infectious diseases 7. There were no cases of Hepatitis B, Hepatitis C, or TB. Also there were cases of HIV/AIDS.

In the context of taking measures to prevent disease contamination in the prisons a constant control of prisoners was done to improve personal hygiene parameters such as: to monitor the frequency of body washing, type of personal clothing, scabies and lice control, along with controls of cells' purity, cooking in the kitchen, food distribution and controlling visitors or family.

### CELLS

*Corridors in the cell premises* were built in such a way as to provide abundant natural light and were equipped with lot of lamps, different kind of neon lights and were also surveyed by the cameras. Actually lifts, through which you move in the direction of the cells, were not operating. During the visit, material and hygienic conditions within the internal regime of the prison were good. In the corridors and toilets there were no significant signs of moisture.

*Infrastructural structure of cells* was contemporary. The premises of the cells had sufficient ventilation and sufficient electric and natural light enough to make life and normal activities such as sleeping, small games, readings, etc. The windows were equipped with glasses and iron bars newly painted with oil paint, gray colour. The beds in cells were made of iron, two floor decker beds. Also, they were completed with foam mattresses, sheets, blankets. In some cells which were designed for 6 people, 8 people were staying there and that due to overcrowding.

*General material conditions of the cell.* There was good lighting and ventilation inside and outside the cell. They were equipped with tables, chairs, plastic drawers, television, refrigerator, personal ventilators, etc.

*Material conditions for maintaining personal hygiene.* Toilets were inside the cells equipped with sinks and regular toilets. Chlorination and disinfection of toilets was regular disinfection and organized by labour brigades.

*Collective showers.* In these showers everyone was able to wash every day if he wished. In each sector were 10-12 collective bathrooms split with the compartments and equipped with normal boilers. The space of collective showers and toilets was clean. There were no complaints about *water supply*. A graphic on the water supply was displayed in visible places, and there was water three times a day for two hours.

*Underwear and external clothes* were provided by the prisoners themselves. They were clean and had the opportunity to laundry washing. *Washing detergents and soap tools* were provided by the prison administration. Maintenance service and cleaning of cell space was well organized. (Ex. maintenance of hydraulic installations and electrical equipment and devices, or keeping a clean space, painting, and cleaning the toilets). As well, shearing and hair cutting was very well organized.

In the *sector of observation* with 8 cells, were 32 people were suited; there was only one shared toilet. This sector had rooms with 3-4 beds, but as well had two large rooms with dimensions 10x10m. In this sector there were too many people and this reflected the overcrowding that this institution had.

In the *high-security* cells the cleanness is excellently maintained, cells are clean and painted. The cell dimensions are 4x4m, with a window 1x1.5m (which provides enough natural light), baths are inside, etc. Each room had a bunk bed, but that was never with two people because of the prison rules. But constructors did a mistake for not making cell doors with iron bars. Another complaint that the inmates of high security cells had was about the light lit throughout all night. When asked about this they told us that that it was for the security effect. But according to us one of the methods to torture a person is to keep the lights on. There could be a way to resolve with consent this issue, having in mind that next to each door there was a key switcher for lights, and this fulfilled the conditions to control the situation whenever there might be a problem. One other problem emerged for the showers. Two high security sectors had only one shower that had to be used together, so the situation was that members of one sector in order to shower had to pass to the shower room, which was situated in another sector. However the shower room was well maintained with dimensions 1.5x2m. The shower head was installed on the wall. Currently this only shower was used by 13 people. For inmates in the high security sector, 10 ventilation grills with dimensions 4x10m were available. Each of these grills was covered from above with iron grills, but a strip of two meters was covered with sheets.

### **ADVANTAGES THAT SHOULD BE GIVEN TO RISK GROUPS**

*Head of the education sector* was Mr. Mateo Hoxha. Staff is composed of 10 people: from these 3 psychologists and 6 education specialists. Educational staff did a tremendous job, having in mind that an educator covered many convicted persons. At the age of more than 65 years there were 7 people in high security, and 7 other in medium security. While there were 13 recidivists in detention and 198 in prisons. 83 is the number of illiterate persons. Convicted for the first time were 566 persons. Number of employees is 81 and from these only one is a detainee.

37 persons were attending the mosque, 30 persons from the medium security and 7 persons were coming from high security. 6 people were frequenting the religious cult

of Jehovah Witnesses. 17 people were Evangelical believers frequenting the premises of worship cult, among them 3 were from the high security and 14 were from ordinary medium security.

Patients with *mental health problems* were 42 people. They were diagnosed by a psychiatrist with sleep disorders, depressive in the terrain of drug abstinence, depressive disorders of psychotic nature, with anxiety disorders, with a personality disorder with depressed mood swings, with psychotic elements, with paranoia disorders, affective, bipolar, schizophrenic personality and sleeping disorders, fitting disorders, delusional, anxiety etc. From these from high security and safety were 15 persons, and from the medium security 27 people; also out of these aged 40-60 years were 25 people, while between the ages of 20-40 years were 17 people. 3 people receive methadone, out of 10 people who were former drug users.

*Mentally* ill persons, who posed a danger, were not held here but were transferred after talks organized with the relevant authorities by taking them to *psychiatric institutions*. 10 of these were former drug users. There were still cases that were heroin users and now three of them were treated with methadone, and to mitigate the symptoms of abstinence they were receiving symptomatic treatment such as etc. haloperidol or valium.

They had a case of suicide attempted a person named Florian Mani. They kept him in constant observation, and he was left in a cell with another person even though he wants to be alone.

## **ABOUT TORTURE AND PRESUPPOSED CASES OF ABUSE**

Legal sector. Head of the legal department was Mr. Elvis Dedej. 2 were lawyers and two filing persons. There were no cases when prisoners and detainees were mistreated, or that force was used against them or other forms of compulsion.

Number of *meetings* with prisoners was 966, the number of families entering to visit 1715, the number of meetings of prisoners with lawyers and prosecutors was 10. We are repeating that in the meeting sector boilers were not working (they were defective). Number of *disciplinary measures* given to prisoners was 34, out of these at the age range from 18-21 years were 2 persons, detained 2, adults in total 30 persons. Of these 8 of them because of possession of prohibited items, 5 confrontation with inmates, 4 contradiction to police, 17 for other reasons. The number of prisoners caught with banned items 8.

The number of requests for permission 81, the number of refusals 38, the number of reward permits 39, the number of special permits 3, the number of extensions of the special permits 1, the number of requests for sentence reduction 119, the number of sentence reductions given by courts 52. There were no complaints of ill-treatment by police and

prison staff, only one complained that he wanted to be transferred to the prison in Fier because his family members could more easily visit him. We talked with the director about the case and he said that he has no such authority to make transfers.

There was a case that a person *expressed that he would kill himself*. This case was guarded day and night by a prepared group. There was one case of *setting fire in a room* by a convict who had set fire to floors, but this had occurred 25 days ago. Measures were taken to paint and arrange the room but black signs of burning were visible in the external facade. The cell was painted inside but was not filled in with prisoners. There were 7 seclusion rooms and 5 isolation rooms.

In cases of denouncing or any case of maltreatments, caught by examination committee, there were strict procedures of documenting the denunciation of these cases to the respective bodies. We found no dangerous individuals that under the regulation should be immobilized.

#### **RECOMMENDATIONS:**

- ◆ At least to the doors of high security cells to put iron bars.
- ◆ Consider the possibility that the lights of high security cells to turn off and on through existing switches at each door.
- ◆ The possibility of getting funds so that every high-security sector has its own shower room.
- ◆ Consider the possibility that the lifts are put into work.
- ◆ The possibility that in the observation sector to build another toilet.
- ◆ The boilers to be repaired at the meeting sector.
- ◆ Consider any investment to repair washing machines and dryers that don't work.
- ◆ Consider that within the sectors to have some rooms for health workers.
- ◆ Take measures to close with the key food samples.

## IEVP KUKES

Institution of Penitentiary Kukes is located northeast of the city, within the premises of the District Police Directorate.

IECD Kukes was built in the time of monism, and though with all the changes or modifications made, it inherited extremely amortized infrastructure. Internal regime was suited underground, at a level height of about 1.80 m from the ground level. There were no ventilation systems, airing, heating, and therefore had enough moisture.

IEPD Kukes was taken under custody of the General Directorate of Prisons on October 1, 2007. The capacity of detention is for 36 persons. At the inspection day there were 37 detainees, one of whom a juvenile, one Macedonian citizen and some Kosovo citizens. The director of the institution informed us about the overall situation in the institution by identifying as a major problem the fact that IP is placed partially underground. On the inspection day, there were no detainees with disciplinary measures, mental health problems or chronically ill.

Complaints of the detainees were mainly about the limited space of ventilation, lack of sports activities, lack of supply with detergents, insufficient number of showers, and lack of dental services. Detainees reported us that the majority of them had arranged their own cells with furniture brought by their families.

Regarding the treatment of foreign citizens from Macedonia and Kosovo, there were no differentiation about the treatment and this was confirmed by the detainees themselves. Meetings, phone calls and other services were provided in equal manner for all.

Detainees were unable to engage in any physical activity, apart from walking in the narrow ventilation space. The institution had 17 rooms, out of which one activity room, a meeting room with family members, a meeting room with the lawyer/prosecutor, a worship room, an observation room, an isolation room, and ventilation space. 1-4 detainees were placed in a cell. The problem of supplying with medicines was because of the lack of pharmaceutical warehouse.

### **Recommendations:**

- ◆ Consider the possibility of natural lighting.
- ◆ The possibility of finding funds for investment.
- ◆ The possibility to build another toilet at the observation sector.
- ◆ To repair the boilers at the meetings sector. And to guarantee warm water.
- ◆ Consider that within the sectors to have some rooms for health workers.
- ◆ Take measures to close with a key food samples.

# IECD LUSHNJE

## CAPACITY

Institution of Penitentiary Kosovo of Lushnja is classified as a medium security prison. The prison's capacity was 176 people, and currently at the prison were placed 241 people. At the age of 65 years were 4 people. There were no foreigners. Total staff was composed of 136 persons; out of these 32 people were civilian staff and 104 people police staff. There was no lack of staff.

## INTERNAL AND EXTERNAL CONDITIONS OF THE CONSTRUCTION

The prison was built back in 1975 and from its multi-year use it was amortized. In fact an investment of 300 million old leks was envisaged to reconstruct all the prison premises. In the beginning persons from the second sector would be transferred, and after the work is finished in this sector, the first sector would be emptied and the work would begin in the first sector. In these investments it is foreseen to do cell reconstructions, reconstruction of toilets, kitchen and meeting rooms up to the administration building. Also from the investments it is planned to modernize the entire camera system. For providing water they were planning to open deep wells.

The prison itself consists of 2 sections. Cells were in three floor building and their placement was longitudinal. On sides and at the bottom of this building were large spaces with mini-football space, basketball field, gymnastics facilities and airing spaces, etc. In the big square that was placed in the middle of these three sectors, there were 3 major fields that were used for football games, and as 2 ventilation areas, that have several telephone handsets installed in walls.

## COMPOSITION AND WORKING HOURS OF MEDICAL STAFF

Medical service *chief* was Dr. Ardian Gjinaj. In the health sector of this institution were working 1 doctor and 4 nurses, 1 dentist and 1 pharmacist's assistant. All were working full-time. Only Doctor, dentist, and the pharmacist were working the first shift, and nurses had a 24 hours commitment.

The number of monthly visits reaches the figure of 170.

## DENTAL SERVICE

During July it had there were 60 actions done with customers. The pharmacy room was well maintained and shelves where the medicines were held were new covered with boards or glass doors. For insulin there was a special refrigerator.



## DISEASES

Diseases were referred by nursing service who informed us that there were 23 people with chronic diseases. Among them with hypertension 7, 3 with diabetes with insulin, chronic obstructive pneumopathy 2, arthritis 3, gastritis 4, 1 with goiter, 2 with anaemia thalassemia, cholecystitis 1. Two former drug users and out of those 1 was treated with methadone. 7 were mentally ill such as: schizophrenia, fit disorders, delusional disorders, anxiety etc.

There were no patients with infectious or contagious skin disease. Either there were no patients with HIV/AIDS. In the context of taking measures to prevent contamination diseases in the prisons, a constant control of prisoners was done to improve personal hygiene parameters by monitoring: the frequency of washing the body, type of personal clothing, control for scabies and lice control, along with controls of cell purity, cooking in the kitchen, food distribution and controlling visitors or family members.

Also they checked *the food* that was normally brought by families and measures were taken to stop food that is quickly damaged during warm period.

## CELLS

*Cells* were of different dimensions; some were large and some small, but what was evident in some of the cell were overcrowded with 2, 4, 6, 8 and 10 people. There were cells with iron bunk beds, with bathrooms and collective showers, but also with bathrooms inside. Mostly there were collective bathrooms and showers but as well baths and showers within cells (35%). Especially in the isolation rooms, in the annexes of these cells hygiene and sanitary conditions were bad; there were bathrooms with sink, boiler and siphon all depreciated and ineffective. Inmates were washing with bailer buckets, though there were no complaints about hot water; The doors were outdated, dirty and rotten from moisture. Around the cells you could see hanging electric wires very badly isolated. There were also amortized mattresses that had to be replaced because the mattress foam had fallen out. Effects of moisture in some bathrooms are so expressed that some of the doors are rotten, have loose parts, and are greatly damaged from below. There were times when a toilet was used by up to 11 people. Especially evident was a very high humidity, with cracked walls, filled with white mold, and the presence of cockroaches. There were also complaints for not supplying with blankets or mattresses. Each floor has collective bathrooms and showers 4 places. There were no complaints about *water supply*. Availability with water was based on a graph displayed in visible places, twice a day 1-1.5 hours a day.

## CONDITIONS OF EATING

Kitchen had acceptable hygienic-sanitary conditions, and related equipment was kept fairly well. The dimensions of the kitchen were 5x15m, with 3 windows. But, there were also three other rooms. In the kitchen were two stoves. There were employed 8 people, 3 of which were assistant and 5 people who distributed food and actually were prisoners. All were equipped with white blouses and health insurance cards.

## ADVANTAGES THAT SHOULD BE GIVEN TO RISK GROUPS

*Head of the education sector* was Mr. Indrit Tafa. The staff of psychological and educational support is made of 6 psychologists and 5 educators. In fact there were no separate rooms for these experts but with the reconstruction it is planned to foresee rooms for them. There were 2 former drug users and one was treated with methadone 1. There were other 2 former drug addicts and for their abstinence they were given symptomatic treatment with different sedatives ex. haloperidol or valium.

There were seven mentally ill: with depression in the terrain of the abstinence of drugs, depressive disorders tinted psychotic, with anxiety disorders, with a personality disorder, with mood swings, depressed with elements of psychotic, with paranoid disorders, affective, bipolar, schizophrenic, fit disorders, delusional, etc. There was one case of schizophrenia which needed constant consultation from a psychiatrist. There were no cult rooms. They had sports fields, several different parallel bars to do sports exercises. They had a computer room with several computers. There was room for ping pong game, and there was also a gym hall for force exercises.

## ADVANTAGES THAT SHOULD BE PROVIDED FOR RISK GROUPS

Every month was compiled a list of people with conflicts. Ex. in August, the list included 22 people with conflicts. The director did not have problems to give permission to prisoners, but stressed that the elements of guarantee and reliability of the person should be carefully evaluated.

Education of the prisoners is: 37 people have low education, 130 people have graduated with 8 years, 62 people have completed secondary education, and 5 people are highly educated.

Convicted for the first time are 297 people, 12 people were specific repeater and 24 people were general repeaters. *Mentally disabled* persons who were thought dangerous were not held here but were transferred, after talks with the relevant authorities, to *psychiatric institutions*.

There were 18 requests for forgiveness. Conditionally released were 2 people. Sentence reductions were 14 cases and 10 were released.

## RECOMMENDATIONS:

- ◆ Take measures to improve living conditions, especially in terms of overcrowding in cells, to renew the respective devices in the cells and replaced or renovated baths or broken boilers, and repair and improve hygiene and sanitary conditions.
- ◆ Take steps to repair electrical lines in order for electrical wires that hang in boilers not to be seen or electrical heaters not well insulated.
- ◆ Take measures to reduce total the number of mice circulating both inside and outside the prison premises.
- ◆ Take measures to change those mattresses where the sponge dropped.
- ◆ To foresee in the next investments including the construction and equipping of educational rooms and rooms of worship.

## PRISON HOSPITAL CENTRE, TIRANA

Institution, at the time of the visit, treated convicted with the security measure “compulsory medication”, with “temporary hospitalization” measure given by the respective courts, witnesses of the trial judicial processes, and prisoners waiting to perform forensic expertise.

The rest of the prisoners/detainees who were in this institution, were brought for a more specialized treatment according to various pathologies that were manifest in the respective institutions. The main service of Prison hospital is that of health and psycho-social care.

The building of this institution was built many years ago and investments for reconstruction were rare. Director of the Institute announced that recently it was invested in repairing the administration premises and repairing the external hydro-insulation of the building, while his demands were continuing to provide funds for its complete reconstruction. This institution lacked a central heating system which was observed immediately from the monitoring group. Even though the temperatures outdoors were tolerable, upon entering the hospital environment there was a significant change, because in the rooms patients were not allowed to use other means of heating.

The organizational staff of this institution was completed, but by the Director of SHPI (Special Health Prison Institution) it was pointed out that there was a need to increase the security staff especially when it came to accompanying and transportation of the patients in security conditions to other services of PHC (Prison Hospital Centres) “Mother Teresa”, according to the needs and demands that these patients had for specialized consultations. The health sector was filled with doctors of various specialties, while according to the director of this Institution, there was a needed to increase organizational structure of nurses and caregivers.

The monitoring team had as a work objective collecting information about patients’ rates (prisoners/detainees), and identifying cases of psychological pressure or use of physical force beyond foreseen limits by normative acts toward this category. From the information received from this group, in conversation with them and in privacy, the monitoring team found no instances of psychological pressure, the excessive use of physical force, or flagrant case of torture.

In SHPI Tirana, at the time of inspection, complaints were mainly about hygiene-sanitary conditions in rooms, showers and toilets and the lack of a central heating system.

Psychiatric pavilion had 10 rooms with deficiencies in their supply such as tables and chairs. Sheets and mattresses of these rooms were very old and damaged. By staff, the expert group has been informed that this was a specific problem of this pavilion, be-

cause the damage of these devices was occasionally done by the treated patients themselves. However, this claim is not sufficient to justify the fact that these patients are kept under such degrading and inhumane conditions.

Nevertheless, it is necessary to cooperate with the Psychiatric Hospital for the provision of appropriate assistance and expertise.

Given the specific characteristics of this Institution's monitors recommended:

- ◆ Organize the space for training center
- ◆ The allocation of patients to particular sectors, for detainees and for prisoners as predict by standards.
- ◆ Provision of heating in all premises of the Institution through the implementation of the agreement with the Director of Department of the University Hospital Center.
- ◆ Equipping patients with the basic personal hygiene package.
- ◆ Complete repair of showers and toilets, as well as improving their hygiene and sanitation conditions.
- ◆ Increase organisation of middle medical staff having in mind the special category of persons treated by this Institution.
- ◆ The creation of a reserve fund for terminally ill patients who require treatment of costly medications.

# IEVP LEZHE

## KAPACITY

The prison's capacity was 666 people and actually there were 720 people. The capacity is 486 prisoners. In the high-security sector the capacity is 26 people located in 13 double rooms. There were 495 convicted persons. In detention there are currently 225 people (capacity is 180). There is overpopulation only in detention sector. Civilian staff had 45 people while the police staff had 280 people. In the police staff 15 people were removed from the organizational. In ICS (Internal Control Service) were 3 people.

## HEALTH STRUCTURES

In the outdoor premises there was a doctors' room and a pharmacists' room. While in the inside premises of a one floor building was a hospital with three rooms and 15 beds. Among other things there was another space with a doctors' room, nursery room and dentist's room. The corridors were large and sufficient lighting and a range of large window. Furniture and equipment were depreciated.

## COMPOSITION AND WORKING HOURS OF MEDICAL STAFF

The *Chief* of the medical service was a psychiatrist doctor. There was another general doctor, a dentist, a pharmacist and 6 nurses (in the organization should have been 8 thus missing 2 people). All worked full time. Doctor, dentist and pharmacist worked the first shift and nurses had a 24 hour commitment.

193 pathological visits were carried out and 4 people were sent in the prison hospital. A total of 13 people were hospitalized with different diagnoses such as: bypass coronary 2, one with valvuloplasty, one with diabetes mellitus, another with herniated disc, one with pneumopathy, one with neurotic disorders and others ex-former users with complicated abstinence.

## ON THE ORGANIZATION OF DENTAL SERVICE

There was an Aerosteril for *sterilization of medical instruments* and in particular to dental care. The dentist kept sterile rubber gloves and mask during his work. It had sufficient supply of necessary materials needed for a mid-level dental service. The furniture was acceptable while the armchair was now arranged. The windows were fitted with curtains. The Dentist gave assistance to 100 persons per month, while during one day the number went up to 5-6 persons per day. The Dentist performed checks, medications, dental extractions, fillings, and even prostheses. (Only the latter were made with payment). There was a lack of dental filling materials.

## ON PHARMACY PREMISES AND MEDICINE SUPPLY

The space of pharmacy was small. There was an old amortized refrigerator. Reimbursement of medicines started by the Institute of health insurance through the use of personal health cards, but the reimbursement book doesn't have all the necessary medicines so that some are forced to buy medicines privately.

## DISEASE

There were 110 chronic patients: hypertension prevailed with 45 people (one with two bypasses), cardiology 2, neurology 1, nephrology 1, ophthalmology 1, ORL 6, pneumology 1, surgery 1, dentistry 1, diabetics 6 (3 of them insulin dependents), hyperthyreosis 1 person, 1 with multiple sclerosis, 1 with traumatic meniscus, with gastrointestinal problems 2, with bronchial asthma 1, epilepsy 1, with rheumatic problems were over 15 people (among them one with Kyphoscoliosis and operated with herniated disc). There was a case of infectious disease. There were no TB, and scabies cases. With HIV/AIDS was a person who took medicines from the prison hospital. 17 were mentally ill people who had been diagnosed with schizophrenia, depressive disorder, bipolar, delusional, personality and sleep disorders. There were 10 users, 8 of whom received treatment with subutex (buprenorphine) which is a new medicine that has replaced methadone. Consultations outside the prison system 24. There was a case with infectious disease. With HIV/AIDS was a person who took medicines from the prison hospital.

## CELLS

Cells were 4-6-7 places. However there were wooden door frames that were rotten. The windows were equipped with glasses and railings that were painted with oil paint.

Their level of *overcrowding* was high and was divided by age groups and adaptations to.

Cells had shared bathrooms outside the cell as well. They were equipped with iron bunk beds and complete with sheets, blankets and foam mattresses although some prisoners referred to us that some parts of equipment for sleeping were brought from home.

*Hygiene-Sanitary conditions.* The space of collective showers and toilets had humidity. There were trash cans (small and large) but were amortized by constant use the delicacy of plastic goods. The trash was removed at least every 24 hours. *Disinfection and Chlorification* of the bathrooms was done on regular basis.

*Underwear and external clothes* were provided by the prisoners themselves. They were clean and had the opportunity to laundry washing. *Washing detergents and soap* were provided by the prison administration. *Collective showers.* Everyone was able to wash

every day if wished. A little problem was with the detention sector boilers because from the burning of electronic package it was working with resistance which did not provide a perfect heating. Other collective showers functioned well and were divided.

It had *water supply for 24 hours* because there were also water tanks (4 in terraces of each building and two wells that absorbed water with electromotor, though there were complaints of water interruptions. *Service of maintenance and self-cleaning the space.* (for ex. maintenance of hydraulic installations and equipment, electric equipment, or keeping a clean environment, paint them and cleaning the toilets). This action was organized by *working brigades of prisoners*. As well in this way organized hair shearing and cutting. However, a high humidity level was visible in all surfaces as inside and outside of the building.

### **CONDITIONS OF EATING**

Kitchen had two large halls. One of the halls was the one for preparing food 20x15 meters with 8 large windows (1.5x1.5 meters) and 6 small windows (1x0.5 meters) and another hall for the preparation of vegetables (6x10 meters) and for warehouse (2x10 meters). Kitchen actually had really good conditions in equipment and space. There was a large gas stove (4x1.5 meters) an enormous dish washer. Kitchen equipment, many tables and large shelves, a jumbo refrigerator were all of iron stainless steel material. In fact the aspirator was not working. Gas canisters were located in the outdoor territory. Quantity and quality were acceptable.

### **ADVANTAGES TO BE GIVEN TO RISK GROUPS**

The staff of this sector consists of 9 people together with the chief. 1 of the organizational was missing. Also the staff of education required, due to overload not only to increase the number of staff with one person, but to have a larger number of employees up to 12 (a social worker and a psychologist), having in mind that Fushe-Kruje prison has a half number inmates versus the number of inmates that Lezha have, and they have the same number of education staff.

Detainees education was as follows: Without education 17 people, poorly educated 29 people, with 8-year education 133, with secondary education 89 people and with higher education 19 people. For July at *detainees* 27 were specific repeaters, and 71 overall repeaters.

Also in July from *detainees* a special permission was given to 1 person and also 19 disciplinary measures were given. In *prisoners'* sector in August without education were 14 prisoners, with low education 32 people, with 8-year education 291 person, secondary education 141 people and with higher education 17 people. 30 people were released. 67 people are employed. There were 2 special permissions in time, and 75 cases of rewarding permissions. 5 disciplinary measures and 3 conditional releases.



There was a *section of minors in detention building*. Psychosocial assistance was conducted by a juvenile specialist (Mr. Edi Duro) and head of the social care sector. Juvenile staff is constantly trained on the seminars organized by Training Center at the General Directorate of Prisons. Minors (14-17 years) were 18 convicted people. For them were available 6 rooms and distribution of minors in these rooms was as follows: the first room 1 person, second room has 4 persons, third room has 2 persons, fourth room 5 persons, fifth room 2 persons and sixth rooms 4 persons. In this sector there were cells, and one of them was serving as an observation room, but was used very rarely and in exceptional cases.

There was no specific building where all 18-21 year olds would gather together but they were scattered haphazardly across all buildings of the institution. Currently there was a total of 27 persons of age range from 18-21 year old.

There were 16 mentally ill persons. Those found to be *psychic* and psychiatric nomenclature were not kept here but were transferred after talking with the relevant authorities to *psychiatric institutions*. There were only individuals with personality disorders, sociopath with behavioural disorders and adaptation that were well administered. There were 4 cases of attempted *suicide* or individuals who expressed that they would commit suicide.

There were still 10 people who were *drug users* who left it but who received abstinence symptomatic medication such as haloperidol or valium, etc. 8 persons former heroin users received treatment with suputex (bupremorfinë) which is a new medicine that has replaced methadone. There were 26 people of age over 65.

## RECCOMENTATIONS:

- ◆ To continue the renovation of terraces, especially in the kitchen facilities in order to eliminate the high humidity.
- ◆ To take measures to repair the defect of the kitchen aspirator so that it is put into operation as soon as possible.
- ◆ Provide the kitchen and food control staff with gloves. Food samples to have a key.
- ◆ Especially at the pharmacy place to consider the possibility of equipping with closed shelves to store medications held outdoors. Also consider the possibility of equipping with a new refrigerator.
- ◆ Take measures that the doctors are normally supplied with papers for measuring blood sugar; also the possibility to ensure an ECG device and a micro chirurgical complete instruments.
- ◆ To intensify work to increase the level of cleanliness in the cells by activating in this case the employees but on the other hand by increasing the awareness of inmates themselves to keep their sleeping place clean.

- ◆ To systemise in a separate building juveniles from 18-21 year old, for detainees as well as prisoners.
- ◆ To add psychosocial staff and also two other employees (a social worker and a psychologist, and the later one in anyhow predicted by the organizational structure).
- ◆ The need to enhance investment for the outdated facilities like showers, toilet doors, replacement of broken tiles or the moving ones (especially at the minors sector).
- ◆ To increase the amount for distribution of chlorine and other detergents.

## IECD SARANDE

IECD Saranda is a detention institution with the maximum official capacity of 31 persons. During the meeting, the inspection group, originally requested information regarding the rights and treatment of detainees, as well how the institution treated the problems encountered in the previous inspection in this institution.

On the day of the inspection, at the premises of the institution were 61 people. Overcrowding was a current problem with 43 detainees, roughly double number of the official capacity. As a result of overcrowding, in the rooms there were detainees sleeping on the floor in conditions of an inhuman and degrading treatment. Some of the rooms were so small in cub dimension so that detainees sleeping on mattresses on the floor, would put their legs under the beds, or next to the cell door. On this overcrowding has influenced the fact that a part of cells were used for treatment of the detained/arrested people of the Police Station Saranda, on the basis of the bilateral Agreement of year 2012 between the Ministry of Justice and Ministry of Interior Affairs "On keeping and treatment of detainees/arrested" from the Police station Saranda, Berat and Tropoj, in the penitentiary facilities.

In IECD Sarande at the time of inspection, complaints were mainly about overcrowding in rooms, quality of food, lack of ventilation (it was very hot), hygienic and sanitary conditions in the showers and toilets, as well as the lack of joint activities. The complaint was also for the lack of medicines and dental services as well as for the ventilation environment which was unsuitable for performing such a function. Common environments that needed to provide education, vocational trainings, development of individual skills, social activities, sports, individual and group counselling, were missing totally. Lack of these facilities had brought to obstacles on development of activity and psycho-social integration.

All the interviewed detainees claimed that they could talk whenever they wanted with their relatives through telephone with cards that were placed in the environment of the regime, but they mostly complained about the price which was very high.

There was a lack of supply for detainees with other means of personal hygiene and the common one such as: soap, shampoo, washing detergents, etc. and the fact that the detainees in most cases secured these goods themselves by their families.

In this institution showers were organized twice a week and during the confidential interviews with detainees, they claimed that often they lacked hot water. IECD Saranda kitchen which was located in a very small space next to administration offices proved to be clean and in order, but lacked some basic equipment, such as aspirators and boilers. Consequently, the kitchen lacked hot water. Menu of the day and the

grams were posted in accordance with the regulation. However, the group of inspection, drew attention to the maintenance of food samples, which were not preserved in refrigerated environment, as according to employees in this sector the refrigerator was out of use. The institution did not have people who needed specific food diet.

During the visit in this institution, it was observed that there were many complaints regarding health care. Detainees were claiming that the doctor of the institution did not respond to their requests for medical examinations on time. There were deficiencies in medications as for cases with chronic and acute diseases, so the treatment was provided by the family.

#### **RECOMMENDATIONS:**

- ◆ Due to the significant depreciation to begin the immediate reconstruction up to the stairs and to end with the extension of the windows that are so small that they don't allow natural lighting.
- ◆ To create a convenient space for laundry.
- ◆ Shelves, drawers, tables, chairs, beds in cells, need to be painted.
- ◆ Think about any potential investment in the heat regeneration system.
- ◆ Having in mind bad conditions in the cells, it is required to increase ventilation time, especially now in the summer time.
- ◆ To be equipped with an ambulance.
- ◆ To find opportunities to supply detainees with newspapers.
- ◆ To suggest to the General Directorate to review the contract with the telephone company because with the current company detainees are paying more money than before.
- ◆ To consider the possibility of reducing the overcrowding figure.

# IEVP MINE PEZA

## CAPACITY

Detention Institution number 302 on street "Mine Peza" in Tirana, according to the Order of the Minister of Justice, is categorized as a high security prison with a detention section.

The prison's capacity is 170 people and currently is populated by 224 people (overpopulation); out of these 216 detainees, and 8 were convicts handed over; one was British and the others Albanians. As recidivist figured 1 convicted person and 38 detained. There were no over 65 years old.

As *convicted* foreigners was only one Englishman, that was held at this institution by a special order from authorities, while there were 22 detained people. Out of these 5 Macedonian people, 6 Kosovar people, 3 Italians, 2 Serbo-Croatians, 1 from Presheva, 2 Colombians, 1 Spanish, 1 Romanian, 1 Turkish and 1 Greek.

## GENERAL INFORMATION

The detention institution is situated at one of the oldest streets of the capital Tirana named "Mine Peza" and with an outdated construction, too amortized because it was built during the reign of the Kingdom of Albania. 33 people as civilian staff while 86 police staff. From the new organisational structure of staff 2 people were removed.

## HEALTH STRUCTURES

Health space was situated at the second floor of the administration building, which consisted of a room for the chief of the health service and a room for the pharmacy. While the dentist's room and nursery (serving also as a visits room and nurse room on night shifts) was placed inside the second fence of the prison (on the first floor of the two-storey building when you enter to the corridor behind the big gate, but with entrance from the courtyard).

## COMPOSITION AND WORKING HOURS OF MEDICAL STAFF

The health staff consisted of 1 doctor, 1 dentist, 1 pharmacist and 4 nurses. All working full-time. Doctor, dentist, pharmacist worked the first shift and 24 hours commitments had only nurses. The doctor was also often involved in medical emergencies and to accompany patients in consultations of various examinations that in this case were carried out outside the institution.

The general doctor performed 5-6 medical examinations per day. Weekly visits would

number a total of 20-25 visits. Within July figured 90 medical visits. They did have consulted cases and hospitalization cases in the prison hospital, in a private clinic and in a military hospital.

During the 24-hour service, nurses gave medical assistance to 12-14 people but there were times when the number of cases was going up to 20 persons because there were cases of consultations for obtaining different drugs or treatment of a medical emergency case by giving the patient a medicine for headache, for anxiety, for sleep, for stomach pain, kidney or bladder bile crisis, to reduce blood pressure or in the end even to measure blood pressure. Every day records or different formats of documents signed by the doctor, nurses and pharmacist were filled in.

### **ON THE ORGANIZATION OF DENTAL SERVICE**

The dentist's space was completed. The dentist kept sterile rubber gloves and a mask during his work. The dentist did 3-4 visits per day consisting of teeth control, fillings or teeth removal. 40 such visits were made. Working dental instruments were sterile. Here was worked with all the necessary standards of sterility as gloves, mask, etc.

### **ON PHARMACY PREMISES AND SUPPLY WITH MEDICINES**

There was a small room in the administration building near the medical room with dimensions 3x3m, with two shelves and another one with holders. Balance *supply with medications* was drafted by a doctor who would compile a demand list signed every morning by a doctor, nurse and of pharmacist and based on this medications were given.

### **EMERGENCY MEDICAL ASSISTANCE**

Instead of using the emergency bag, they used a carton box that was a new recommendation by the General Directorate of Prisons (with justification for safety effects), equipped with all medications and other equipment needed to provide emergency first aid. They had no barrels. They have a static and glucometer device.

There is an old car ambulance, but they have no stretcher and seriously ill were transported by wheelchair. Transport of medical emergency cases and planned transport for examinations, consultations of patients was well organized. An average number of emergency cases was 2-3 persons per month.

### **CONSULTATIONS**

This institution had connections with the Prison Hospital in Tirana which provided consultations with specialists, examinations with sophisticated equipments and to hospitalise the seriously ill.

## **DISEASES**

There was a total of 40 patients with chronic diseases. Patients with mental health problems 13 cases that were randomly treated with amitriptyline, loram, Haldol decanoate, haloperidol drops, risperidone, diazepam, lorazepam and figured with these diagnoses as personality disorder, anxiety disorders sleep, affective epilepsy/psychosis, depressive disorder, neurotic disorder, neurosis, schizophrenia, adjustment disorder, etc.

One patient with HIV, 2 patients with Hepatitis B, 1 patient with Condyloma (sexually transmitted disease). Patients that were previously treated with methadone is 1 patients. Users were not taking methadone anymore but were treated with Buprenorphine (Subutex) which was delivered by the association Action Plus, in the form of sublingual tablets use. There were no sentenced to forced medical treatment. There were no death cases. People with chronic diseases were with these main diagnoses: diabetes mellitus 7 cases, arterial hypertension 17 cases, Ischemic heart disease 3 cases, atrial fibrillation 1 case, with Pneumopathy 3 cases, with Epilepsy 1 case, with arthritis 7 cases, with hemorrhoid 1 case, hyperthireosis 1 case, there was no cases of TB.

## **ON PREVENTION AND TREATMENT OF INFECTIOUS AND CONTAMINATION DISEASES**

A prophylactic work was done against infectious diseases such as HIV by taking measures to isolate such cases and by making immunobiology tests correctly every 6 months. Twice a week, chlorination and disinfection of toilets was performed.

In the context of measures taken to prevent contamination diseases in the prisons, a constant control of prisoners was done to improve personal hygiene parameters, for ex. to see the frequency of washing the body, type of personal clothing, controlling for scabies and lice, along with controls of cell space purity, cooking in the kitchen, food distribution and control of visitors or family.

As well the food brought by the family was normally checked and measures were taken to stop those foods that would easily break in the summer period. There was 1 HIV patient, 2 patients with Hepatitis B, 1 patient with Condyloma (sexually transmitted disease). Measures were taken for those ill patients with contagious diseases, such as tuberculosis and infectious diseases, HIV/AIDS and parasitosis, to be isolated and treated provisionally in a correct way correctly based on the recommendations of specialists who consulted these cases. There were no cases of homosexual abuse. As well we haven't noted any cases of parasites or infectious diseases like scabies etc.

## CELLS

Amortization of prison was evident from the damaged staircases, with different kind of stains. Because of the considerable depreciation reconstruction should begin as soon as possible up to the stairs and to finish with extension of the windows that are so small that natural lighting was not allowed. In the corridors between cells you can see only with electric light. Also, a very poor lighting is present in cells that have very small windows dimension 0.5x0.5m and also a small room with dimensions 2x4m. Each floor has 20 rooms. In cells are 5-6 persons. Each cell has a toilet with respective vessels, such as sink etc. Supply with drinking water is done according to the common schedule, but supplying with running water for bathing and hot water for showers is done for 24 hours. Cells were completed with iron bunk beds, equipped with foam mattresses, blankets, sheets, etc. The overall material conditions of the cells were not good. Cells had inadequate electric lighting, no natural lighting, and inadequate ventilation outside in the corridors as well as within cells. Acceptable were furnishing with things such as with tables, chairs, shelves (need to be painted), televisions with satellite, digitalb, refrigerator, etc. There is considerable moisture which is evident even in the summer period. There is moisture stress because the terraces are amortized.

Infrastructural structure of *cells* was not contemporary. Cell dimensions were 2x7m. The space of the cells had limited airing, illuminated only with electric light because small cell windows don't allow natural light. This electric light was insufficient to make normal life and activities such as sleeping, small games, reading up, and even doing exercises, etc.

Hygienic and sanitary conditions of these environments where prisoners live, of toilets, showers, boilers and of hydro-sanitary installation were amortized although efficient (some of flexible pipes and some boilers were rusted below). Hand held shower heads were fixed up. Each floor has a special space for collective showers with 4 partitions one meter high each and shower head was actually installed in the wall. Body washing was organized twice a week according to the schedule. Chlorination and disinfection of toilet was done once a week. Washing detergents and soaps were supplied by the institution. There was a large kettle and some small waist containers that allow garbage to be evacuated once every 24 hours.

*Underwear and external clothes* were provided by the prisoners themselves. They were clean and had the opportunity of washing in the laundry, although there were prisoners that complained about the amount of washing *detergents and soap*, that according to them was not given the proper amount and on time by the prison administration.

*Water supply.* Water problem was considered solved. On the third floor only in a room water did not go. The problem of this room to be supplied with water they have resolved by closing temporarily the water on the first and the second floor until the



needs until the needs for water in this room are covered. There was water 3 times a day for 2 hours.

Disinfection and deratization was done 2 times per month and analyses of water storage are made once a month by the Department of Epidemiology and hygiene in Tirana. There was overpopulation in cells but division of people was done according to the age group. Chlorination and disinfection of the toilets is done regularly. There were no limits on power supply or cases of power cuts.

## **EDUCATION SECTOR THAT HAS A PRIORITY RISK GROUPS**

Staff consists of 4 people: 1 psychologist and 2 social workers. There were meeting rooms, physical controls (separately for women and for men) and food control.

There was no separate room for children of inmates. There were 15 employees.

There were no worship rooms both for Muslims and Christians (this was done according to a graph). Granted license were given only in case of deaths and in case that of full safety and with the approval of the prosecutor. Previously treated patients with methadone was 1 patient. Users were not taking methadone anymore but were treated with Bupremorfine (Subotex) which is delivered by the association Action Plus, in the form of sublingual use tablets.

There were others, 7-8 people that used to be drug users, but since they have left it, for their abstinence they were taking symptomatic medication such as haloperidol, valium, etc.

Patients with mental health problems are 13 cases that were treated randomly with amitriptyline, Loram, Haldol decanoate, haloperidol drops, risperidone, diazepam, lorazepam and figured with these diagnoses: personality disorder, sleep disorders anxiety, affective epilepsy/psychosis depressive disorder, neurotic disorder, neurosis, schizophrenia, adjustment disorder, etc.

The staff of this sector developed with convicts and detainees every month table games, and to courses for improving skills in computer use, culture or religious courses, social issues, reviews of books, they were interested in full operation of educational classes, for tracking attendance of library, etc.

*During these activities* the staff of this sector did *surveys for interpersonal behaviour* among prisoners and detainees. A hard systematic work was done to prevent incidents or conflicts, however, there were cases of conflicts between inmates that were motivated by the overcrowding though it happened that the conflicts were due to trivial motives like smoking, etc.

*From detainees:* there was 1 illiterate person, 15 with low education, 87 with 8-year education, 90 persons with secondary education, 31 with higher education.

*From convicts:* 4 people with 8-year education, with secondary education 1, and 2 with higher education.

## **EDUCATION SECTOR**

This sector consists of two people, one is the chief, and the other filing person. Judicial staff was engaged in receiving prisoners, registration of new entries, in their movements, in releases and their transfers, in updates of personal criminal files, in making contact and clarifications to the prisoners within the legal framework, taking part in the reception committee, in that of discipline committee, in the evaluation of behaviour, in planning of rewarding leaves, trainings on the topic of respect for human rights, etc.

Extradited convicts were 8 people; one of these was British and the others were Albanian. Convicted for the first times were 7 people, repeater was 1 and transferred was only 1 case. No special licenses were given, no disciplinary measures, no request for forgiveness and no parole. From the detainees 38 people were repeaters. Disciplinary measures were given to 3 detainees.

## **ABOUT TORTURE AND PRESUPPOSED CASES OF ABUSE**

There were no cases when prisoners and detainees were mistreated, or use of force or other forms of coercion toward them. When formulated any maltreatment case, after any denunciation or during an examination, the reception committee had strict procedures of *documenting* and *reporting* these cases to the respective bodies. We found no *dangerous individuals* that under the regulation should be immobilized. There has been no escape attempts.

A witness who defended from justice was transferred from hospital to detention 302 because at the hospital he burned his cell, but here also tried to hang himself. The energetic intervention of police did cause his plan to fail.

## **SECURITY SYSTEM**

Cameras were installed. Anti fire hydrants were regular.

## RECOMMENDATIONS:

- ◆ Due to the significant depreciation reconstruction should begin as soon as possible starting from the stairs and finishing with the extension of the windows that are so small that they never allow natural lighting.
- ◆ Start building a parenting room in distance.
- ◆ To create a convenient environment for laundry.
- ◆ Take measures to eliminate large moisture that especially exists between the dividing zone with the police buildings.
- ◆ Shelves, night tables, tables, chairs, beds in cells, need to be painted.
- ◆ Think about any potential investment in regeneration of flexible boiler tubes and some boilers as well, etc.
- ◆ To isolate wires of the boiler in the kitchen and put them back inside in the box.
- ◆ To put into function fields such as for football games, etc.
- ◆ Considering that conditions in the cells are bad, it is required to increase ventilation time, especially now in the summer time.
- ◆ To equip ambulance with a stretcher.
- ◆ To create special space facilities for Muslims as well as Christians.
- ◆ To find opportunities to find the funds to make possible issuing of the periodic newspaper drafted by detainees.
- ◆ To suggest to the General Directorate to review the contract with the telephone company because with the current company detainees are paying more money.
- ◆ Consider the possibility of reducing the overpopulation figure.
- ◆ Fill in the organizational staff structure of the police staff by adding two missing persons.

## IECD ELBASAN

Penitentiary Institution Elbasan was opened on 2 October 2012. Built in the interior space of the former metallurgical plant, this detention institution does not only bring high standards in terms of conditions, but also brings another standard and that is saving electricity. The uniqueness of this detention, compared with 5 new institutions built since 2008 with EU funding, is that during the construction of this institution some special techniques have been used such as the techniques of electrical energy.

By order no. 7013/1 dated 21/11/2012 of the Minister of Justice the internal regulations of IECD Elbasan was approved. Adoption of this regulation has been to define the rules, how to organize the IECD for the efficient and fair law on the rights and treatment of the detainees/prisoners and legislation on the penitentiary system, in view of the rights and fundamental freedoms, social rehabilitation, individualization of treatment.

IECD Elbasan with the order no. 1201/1, dated 27/02/2012 of the Minister of Justice, is categorized as detention institution. The institution's capacity is 120 people.

On the day of the inspection there were 264 inmates in overcrowded conditions of 92% over capacity. In accordance with the procedure of monitoring, the group initially met with the head of the institution and the head of security, and they expressed willingness to cooperate.

The greatest problems according to their judgment in this institution were overcrowding which led consequently to reducing the quality of services for detainees.

The institution was divided into two major sections A and B. Before entering the sections there were 2 observation rooms and 2 transit rooms. Section A was for convicted over 21 years old and section B for 18-21 year olds.

IEVP Elbasan me urdhrin nr. 1201/1, datë 27.02.2012 të Ministrit të Drejtësisë është kategorizuar institucion paraburgimi. Kapaciteti i institucionit është për 120 persona.

Në ditën e inspektimit ndodheshin 264 të paraburgosur në kushte mbipopullimi 92% mbi kapacitet. Në përputhje me procedurën e zhvillimit të monitorimit, grupi zhvilloi fillimisht takimin me drejtuesin e institucionit dhe shefin e sigurisë, nga ana e të cilëve shpreh gatishmëria për bashkëpunim.

Problematika më e madhe në gjykimin e tyre ishte mbipopullimi i këtij institucioni i cili sillte për pasojë uljen e cilësisë së shërbimeve për të paraburgosurit.

Institucioni ndahej në dy seksione të mëdha A dhe B. Përpara hyrjes në seksione kishte

2 dhoma observimi dhe 2 dhoma transiti, seksioni A për të dënuar mbi 21 vjeç dhe seksioni B për 18-21 vjeçarët.

Sections were divided into organized sectors in these areas: living rooms, consultation rooms, common outside bath, shower space for a person and warehouse. Cells were designed for 1, 2, 3, 4 and 5 persons. Cells were all equipped with bathing space. Common facilities (classrooms, library, gym) were only for sector B.

Separation and isolation rooms were on the first floor of the building and were found to be overcrowded and not equipped with the necessary accommodation things. These rooms were monitored by surveillance cameras.

There were 2 observation rooms and 2 transit rooms. On the day of the inspection, in the observation rooms were 6 people, actually divided in one room 2 persons and in the other 4 persons. These rooms were very small and each of them had only two beds and mattresses. The observation room lacked chairs (sheets, blankets and pillows). In the room where there were four people, two of them were sleeping together on a mattress on the ground. Within a small corridor outside was the toilet and showers for the observation and transit rooms.

People in the observation, during talks in privacy, complained about the lack of equipment such as plates, spoons and glasses. Food was provided for all meals, but they generally have preferred to take from the family.

### **Material conditions**

**Cells** accommodated from 1 to 4 persons per room. The institution offered 143 beds, so not all detainees had a bed. In all rooms there from 1 up to 2 convicts sleeping on the mattress on the floor.

**Rooms** were of different sizes, but mainly of small dimensions. There were rooms with one convicted, where the room was so small as to fit only one bed. Toilets were inside rooms and in very good conditions. In the rooms was secured natural and artificial lighting.

### **Health Service**

Organizational health staff sector consisted of 4 nurses and a doctor working part time.

During the inspection in this institution, and based on interviews with detainees, it was found that the health service was relatively good and the detainees did not have any complaints against staff.

### **Recommendations to be met regarding:**

- ◆ To create working environments for employees of the social care sector within the institution for Building A.
- ◆ Filling in the organization staff structure of having a full-time doctor in the health sector.
- ◆ Supply dentist's room with instruments and dental materials.
- ◆ Put in use laundry to wash clothes linen and other clothes of the detainees.
- ◆ Recognition of days of sentence remission for those employed within the institution.
- ◆ Take measures for equipping isolation rooms with the necessary tools, as well as offering more dignified services in these rooms.

# **IECD TEPELENE**

## **CAPACITY**

Tepelena prison is classified as a common security prison with a detention section. The capacity of the prison in cub metres is for 70 people and with beds 108. Currently there were 117 people; among them in the detainee sector 54 and in the prison sector 60 people. Staff consisted of 106 persons where the police one numbered 78 persons and the civilian one 28 persons. There was as one of the workers from the Internal Control Service.

## **HEALTH CONSTRUCTIONS**

In the outdoor facilities was a room for the doctor, one room for the pharmacist and one for the dentist. The doctor's room was equipped with visiting bed, table, chair, window with curtain and a shelf of the first aid completed with all the necessary medicines and supplies for the case of emergency. While in the inside facilities of the prison there was another small room (nursery 2x2m) for health visits. Worth mentioning that this room, because of the lack of space, was used at the same time as a commission room for welcoming, meeting with the lawyer or procurer.

## **WORKING TIME OF THE MEDICAL STAFF**

There was one general doctor (head Dr. Klevis Shella) working part time and a dentist working full time. As well there was a pharmacist with a high school education and 4 nurses working full time. In the first shift were working: doctor, dentist and pharmacist, while nurses had the engagement of 24 hours.

## **QUALIFICATIONS AND TRAININGS OF THE MEDICAL STAFF**

The medical staff was continuously attending qualification courses, trainings and seminars for raising their technical-professional capacities organized by the training sector of the General Directorate of Prisons. There was no psychiatric assistance. Mentally ill was one persons.

## **WORK BUSINESS**

The medical staff was engaged every day in their working premises. Inside the prison (except the pharmacist and the dentist) the doctor and the nurses were working as well. Outside the prison regime the dentist was working. We were told that the dentist was taking the patients in his private clinic because he lacked the necessary equipment to work inside the prison. The general doctor had 4-6 visits per day.

## EMERGENCY MEDICAL ASSISTANCE

Usually the medical emergency help overtime was performed the nurse on 24 hours service, but in those cases where the condition of the patients was difficult, they were transported to the hospital in Tepelena or that of Gjirokastra because these hospitals had a cooperation agreement. There were no complaints from the civilian hospitals, contrary to this they were very satisfied because it was made available a special room used only for detainees and medical examinations to prisoners were made by the hospital heads of departments.

*Transport of the sick patients was done with the prison cars because there were no car ambulances. There were stretchers to transport the seriously ill.*

### On the organization of dental services

Actions with patients, the dentist was performing in his private clinic outside the institution because his room did not have the means to ensure the best efficiency in his work. According to statistics dentist was performing 2-3 visits, among them controlling, medications, cleaning stones, teeth extractions, fillings, etc. We could not meet the dentist because he was waiting for his patients in his private clinic outside environment of the institution.

*Pharmacy premises and supply of medicines.* Drugs were held outdoors (there were two shelf holders). There was no refrigerator in which they could put medicines such as insulin for ex., etc.). Medicines supply was sufficient. Supplying with the reimbursed medicines by the Health Insurance Department did not start yet. Prisoners did not want Albanian medicines; they preferred to buy Greek medicine.

## DISEASES

Regarding *diseases*; *Cardiology* sick was 1 convicted person and 4 detained; convicted with *gastrointestinal* 1 convicted person and 2 detained, *neurological* 1 detained person, with *rheumatology* 5 detained, *dermatological* 1 detained, with *surgical* issues 8 detainees, *dental* issues had 32 detainees and 2 convicts.

There were 2 patients with Infective diseases (two chronic hepatitis B cases being treated with medicines brought by his family). There were no cases with HIV-AIDS. Mentally ill 1 case.

## ON PREVENTION AND TREATING CONTAMINANT AND INFECTIVE DISEASES

There were no cases suspected of HIV - AIDS, TB or any occasion with pediculosis or scabies. 2 patients with infections (two chronic hepatitis B cases being treated with



medicines brought by family).

In the context of taking preventive measures to prevent contamination of these diseases in prisons was organized a constant control parameters of prisoners for good personal hygiene such as frequency of washing the body, personal clothing, scabies and lice control, along with space controls of cell purity, cooking in the kitchen, food distribution and control of visitors or family. Also they checked the food that was brought by their families.

## **ADVANTAGES THAT SHOULD BE GIVEN TO RISK GROUPS**

Education sector staff consists of three persons. One psychologist and one specialist in education.

Persons found as *psychic* or as a psychiatrist nomenclature, were not held here but transferred after talks with the relevant authorities to psychiatric institutions. 1 was sick with schizophrenic disorders but with the treatment he received he was quiet. This patient occasionally showed individual personality disorders, sociopathic disorder, behavioural disorders and adaptation. There was no library facilities, worship, education rooms. Actions of this nature were carried out in the offices of the administration.

These activities were followed by 6 inmates aged 18-21 years old, 30 adult prisoners and 36 detainees in adulthood. Each month for 12 hours social themes were developed.

*In football /volleyball/basketball activities* 6 persons aged 18-21 and 44 adults were attending these activities; and a total of 25 hours was developed for such activities. Table games: 25 hours of such activities with 55 participants.

*Cultural-art activities*, 30 participants; in these activities was made a conversation about the book "Chronicle in stone" where they have interpreted and read literary creativity of the prisoners. July: Training of security staff: the number of participants 10; topic: how to manage stress. July: there were no activities of religious organizations. There was no space for performing religious rites.

There was a separate room for conducting special meetings with double bed, baby bed, bathroom with shower, siphon, sink and mirror. Meeting rooms were well constructed, with the wall divisions (three), with benches, tables etc. Grouping was done according to age range (there were 8 beds, but currently 6 persons, age 18-21 years old.) According to the groups (ex. drug users separately) and according to how they adapt to each other. There were no people above 65 years old. There were 11 employed (prisoners). With low education were 3 people, 12 people with 8-year education and 8 people with secondary education. There were no case of attending formal or informal education.

Convicted for the first time were 18 people; specific repeater 1 person and 4 general

case repeaters. The number of complaints were 4. These complaints were handled and this was supported in the register of requests and complaints to the institution. 5 computers that they used before are no longer functioning and therefore they have not developed computer courses. There were 6 former drug users, that for their abstinence are taking different soothing as haloperidol, valium, Parkopan, etc. The former heroin users were not taking methadone any longer, but were treated with Buprenorphine (Supotex) which is delivered by the association Action Plus, in the form of sublingual tablets use. Alcohol users 2 persons; mentally ill 1 person.

## **ABOUT TORTURE AND PRESUPPOSED CASES OF ABUSE**

There were no cases when prisoners and detainees were mistreated, or that force or other forms of coercion was used. 4 rewarding permissions were given; 2 paroles; 1 sentence reduction and 1 released.

Number of meetings with families was 547. 4 cases of special meetings. There had been some time ago a case of *attempted of escape* from the court premises. When formulated any malpractice case, in any case of denunciation or examination case, reception committee had strict procedures of documentation and reporting of these cases to the respective bodies.

## **CELLS**

There were 24 cells, among them 12 in detention and 12 in imprisonment. In the detention sector was an isolation room but due to overcrowding it was turned into a cell. For this reason the library room was tuned into cell as well. Therefore it is understandable that the greatest capacity was on the second floor in the prison sector. Cells had 4-6 rooms, but in the detention cell there were 8 people in a cell. 12 cameras were installed.

*Infrastructural structure* of cells was acceptable. The environment of the cells had ample ventilation and enough electricity and natural light, but it was not enough to make a life with normal activities such as sleeping, small games, readings etc. Cells were 4-6-7 beds and with large windows of dimensions 1.60x1.50m. It was overcrowded. *General material cell conditions with* (drawer with shelves, tables, chairs, some TVs, fridge) were good.

Material conditions for maintaining *personal hygiene*. Inside every cell in the windows side there is an annex 4 meters long and 1.5 m wide, containing on the left arm a sink and on the other side a toilet with siphon. The toilet was divided by the place with an aluminium door. They were equipped with iron bunk beds and completed with sheets, blankets and foam mattresses although some prisoners told us that some of the equipment they brought from home.

*Collective showers* were located on the right of the entrance to the corridor of cells. Shower room contained 3 showers separated with a wall. It was paved with tiles and on sides as well. One of the showers was broken. The shower water was heated by two boilers. Shower heads were fixed on the walls. Everyone had the opportunity to shower based on a chart, 2 times a week. Chlorination and disinfection of toilets was done regularly.

*Interior and exterior clothes* were provided by the prisoners themselves. They were clean and had washing opportunities. Washing detergents and soap tools were provided by the prison administration. It had *water supply for 24 hours* and the water was very clean because it was directly connected to the water supply of Tepelena. People here had no complaints, nor for water.

## **ELECTRIC SUPPLY**

Electricity supply was constant. In the cases when the lights went off the generator was working.

## **PREMISES AND AIRING**

There were 3 spaces for airing. One serving of detention sector, and the another was serving for the prison sector, and the third space somewhat smaller was serving for the special security sector. Airing time was respected throughout all days of the week without interruptions in the holiday days or during celebration days (in the morning 2 hours and a one and a half hour in the afternoon).

## **TERMS OF EATING**

Kitchen had a small space (5x10m) with 3 windows (1x1m). There was no separate room for the dishes (so they were held in open cupboards, not covered with shelves), food products, preparation for washing them, room for cooks, etc. There was a fridge freezer, a broken refrigerator counter, an amortized stove (only one ring working) and two gas rings. The sink was small (1.5m) but had good water supply of hot and cold water. There were tables, shelves and shower. There was no aspirator.

In comparison with other times there were some repairing of the kitchen premises (a new door of aluminium beige colour was put there, the pavement was covered with tiles, and tiles were put on the side walls (row of tiles over 2 meters high). It was cooked with electricity but also with gas. Gas cylinders were placed outside the kitchen environment. The quantity and quality were acceptable. Food was distributed under *hygienic conditions*.

The staff was wearing the *appropriate uniform* white hoods and with *health cards*. Control and maintenance of food samples was done by the health personnel. Control

was done regularly and the samples were preserved for 24 hours but they did not have tags and they were preserved in fridges but were not locked with a key. 3 chefs and 3 delivery persons were working in the kitchen. According to the director of the institution, he was promised a fund of 4 million old leks to renovate and equip the kitchen.

## **LAUNDRY**

Clothes were washed in an environment outside the institution.

## **CONFIDENCE AND IMPLEMENTATION OF MEDICAL ETHICS**

Medical examinations were confidential and were carried away from the objection and respecting the care that there must be a guardian.

## **PROFESSIONAL INTEGRITY IN THE DUTY PERFORMANCE**

Health personnel were not brought in tough positions by the authorities of the institution while carrying out their humanitarian duties. The doctor was not a member of the disciplinary committee.

## **RECOMMENDATIONS:**

- ◆ Consider the possibility of reconstruction and asphaltting of the narrow road close to the mountain that leads to the entrance of the prison.
- ◆ To renovate and maintain clean the building, where the families could stay and wait for prisoners.
- ◆ Take measures so that the medical examination room is not used for other needs that are not that of health character.
- ◆ Take measures to increase doctor's attention in equipping inmates with health cards.
- ◆ To take measures to ensure a refrigerator in pharmacy room.
- ◆ Take measures to put into function and efficiency the dentist's room, in order for him to perform the work inside the prison.
- ◆ Take steps to make available a car ambulance for the medical staff, and also be equipped with all necessary equipment for the transportation of patients.
- ◆ To take measures to regulate the functioning of one of the shower boilers.
- ◆ To take measures to ensure a new large stove and install an aspirator in the kitchen.
- ◆ Ensure the expansion of the kitchen environment with other special facilities for placement of dishes, food products, processing and washing of dishes, a room for cooks, etc.
- ◆ Take measures to reduce overcrowding.