

**Council for the Prevention of Torture  
National Preventive Mechanism**

# **ANNUAL ACTIVITY REPORT 2023**

**Prevention of torture and other cruel, inhuman, or degrading  
treatment or punishment in the Republic of Moldova**



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**Chisinau, 2024**



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COUNCIL OF EUROPE



CONSEIL DE L'EUROPE



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**This Annual Activity Report of the Council for the Prevention of Torture (CfPT) for 2023 has been prepared by the members of the CfPT (as authors):**

**Ceslav PANICO**, president of the CfPT, People's Advocate (Ombudsman);

**Vasile COROI**, Member of the CfPT, People's Advocate for Children's Rights;

**Ludmila MARANDICI**, Member of the CfPT, Master in Public Health, Physician, „Positive Initiative” Public Association;

**Arcadie ASTRAHAN**, member of CfPT, emergency medicine physician, psychotherapist, Head of the Community Mental Health Centre Botanica;

**Olesea DORONONCEANU**, member of CfPT, Master of Laws, Lawyer, „Moldovan Institute for Human Rights” Public Association;

**Iuliana CUREA**, member of CfPT, psychologist, „Involvement, Rehabilitation, Integration, Support” Public Association;

**Gheorghe BOSÎI**, member of CfPT, lawyer, „Centre for the Rights of Persons with Disabilities” Public Association.



## LIST OF ABBREVIATIONS

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CAT	– UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CC	– Criminal Code
CCP	– Code of Criminal Procedure
CfPT	– Council for the Prevention of Torture
CoE	– Council of Europe
CPT	– European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
DPI	– Department of Penitentiary Institutions (predecessor of the National Administration of Penitentiaries subordinated to the Ministry of Justice)
GPI	– General Police Inspectorate
LPA	– Local Public Administration
MoH	– Ministry of Health
MIA	– Ministry of Internal Affairs
MoD	– Ministry of Defence
MoJ	– Ministry of Justice
NAC	– National Anticorruption Centre
NAP	– National Administration of Penitentiaries subordinated to the Ministry of Justice
NHIC	– National Health Insurance Company
NOSI	– National Office of Social Insurance
NPM	– National Preventive Mechanism
OP CAT	– Optional Protocol to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
PA	– People's Advocate (Ombudsman)
PAO	– People's Advocate Office (Ombudsman)
PDI	– Provisional/Preventive Detention Isolator
UN	– United Nations
UN CAT	– UN Committee against Torture and Inhuman or Degrading Treatment or Punishment
UN SPT	– UN Subcommittee on Prevention of Torture and Inhuman or Degrading Treatment or Punishment



## SUMMARY

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The Council for the Prevention of Torture (CfPT) was established in 2016 as the National Preventive Mechanism on the basis of Law No. 52 of 2014 on the People's Advocate (Ombudsman).

The Council, composed of seven members, conducts unannounced monitoring visits to various places of detention. It prepares post-visit reports that include recommendations for the responsible authorities, aimed at addressing identified legal violations and abusive detention practices. In 2023, 17 visits were conducted to 18 institutions responsible for the detention of individuals as part of CfPT activities and 18 reports were drafted and published on the official website of the Ombudsman Institution<sup>1</sup>. Following the visits, 307 recommendations were issued to improve the conditions of individuals in custody at detention facilities. During this period, CfPT members held 26 meetings to plan activities and analyze the results of the visits.

Council members received training as part of projects conducted by the Council of Europe, including the monitoring of psychiatric institutions and a visit to the Czech Republic, where they gained experience in torture prevention activities.

In 2023, the CfPT emphasized the importance of maintaining an honest and constructive dialogue with authorities responsible for detaining individuals, as well as with central State authorities, to prevent ill-treatment and address the root causes that lead to its application or tolerance.

The CfPT also reiterated the importance of involving civil society in efforts to eradicate inhuman and degrading treatment, as well as highlighting related societal issues in the media.

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<sup>1</sup> [www.ombudsman.md](http://www.ombudsman.md)



# I. INTRODUCTION

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## 1.1. Council for the Prevention of Torture (CfPT) as the National Preventive Mechanism (NPM). Mandate, role, composition

By ratifying the Optional Protocol to the UN Convention against Torture<sup>2</sup>, the Republic of Moldova has reaffirmed that torture and inhuman or degrading treatment or punishment are prohibited and constitute serious violations of human rights and that efforts to combat, as well as distinct and dedicated efforts to prevent torture and other ill-treatment will be made. Thus, the State is obliged to establish and maintain an independent and functioning mechanism for the prevention of torture.

In accordance with Art. 30 of Law No. 52/2014 on the People's Advocate (Ombudsman), for the purpose of protection of persons against torture and other cruel, inhuman or degrading treatment or punishment, the Council for the Prevention of Torture shall be established at the People's Advocate Office as the National Preventive Mechanism.

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### COMPOSITION

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The Council is composed of 7 members, 2 People's Advocates and 5 members from the civil society. The People's Advocate (Ombudsman) and the People's Advocate for the Children's Rights are *ex-officio* members of the Council for the duration of their mandate. The other 5 members proposed by the civil society are selected through a public competition organised by the People's Advocate Office for a term of 5 years. In December 2021, following a competition organised by the PAO, five new members representing civil society were selected for the Council. Subsequently, in February 2023, after the term of one member ended, a new member was appointed. While selecting the members of the CfPT, not only the vast professional experience and integrity of the candidates, but also the recommendations of the OP CAT in terms of selecting candidates from different fields were taken into account, in order to ensure diversity and plenitude of experience and representativeness of various social and minority groups.

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<sup>2</sup> <https://www.ohchr.org/en/instruments-mechanisms/instruments/optional-protocol-convention-against-torture-and-other-cruel>





Composition of the Council for the Prevention of Torture 2023			
Ceslav PANICO	President	Lawyer	People's Advocate (Ombudsman)
Vasile COROI	Member	Lawyer	People's Advocate for Children's Rights
Ludmila MARANDICI	Member	Medical therapist	„Positive Initiative” Public Association
Arcadie ASTRAHAN	Member	Emergency medicine physician, psychotherapist	Community Mental Health Centre Botanica
Olesea DORONCEANU	Member	Lawyer	„Moldovan Institute for Human Rights” Public Association
Iulia CUREA	Member	Psychologist	„Involvement, Rehabilitation, Integration, Support” Public Association
Gheorghe BOSÎL	Member	Lawyer	„Centre for the Rights of Persons with Disabilities” Public Association

According to Art. 18 OP CAT: *„The States Parties shall take the necessary measures to ensure that the experts of the national preventive mechanism have the required capabilities and professional knowledge. They shall strive for a gender balance and the adequate representation of ethnic and minority groups in the country.”*

The current composition of the CfPT consists of members from different fields, whose professional experience allows for the monitoring of the human rights situation and the reporting of all allegations of torture or ill-treatment. To this end, 2 persons with a legal degree (one of whom is a practicing lawyer), a psychologist with extensive experience of working with persons in detention, a psychiatrist, expert in the field of mental health, and a medical therapist with extensive medical and managerial experience in the field of the penitentiary system were selected from civil society, as members.

To fulfil the assigned duties, ***the members of the CfPT are guided and plan their activities on the basis of the provisions of:*** OP CAT; Law no. 52/2014 on the People's Advocate (Ombudsman); Regulation on the Organisation and Functioning of the People's Advocate Office (Ombudsman) 2015; Regulation on the Organisation and Functioning of the Council for the Prevention of Torture of 2016; Principles Relating to the Status of National Human Rights Institutions (Paris Principles) of 1993; the 2013 UN SPT Recommendations on the activity of the NPM (independence, functionality and visibility of the NPM), the Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) as revised in 2015 by the UN General Assembly; the Rules of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), other national and international regulations/standards.



The Council is also guided by standards in distinct areas such as minors in detention (The Beijing Rules UN 1985), women in detention (Bangkok Rules), persons with special needs.

At the same time, the CfPT has at its disposal and is guided by a set of working methodologies and tools:

- 1) Methodology for planning and conducting preventive visits by a National Preventive Mechanism to different places of detention;
- 2) Checklists for planning and conducting preventive visits by the National Preventive Mechanism to different places of detention;
- 3) Guidelines for interviewing persons deprived of their liberty;
- 4) Guidelines for the National Preventive Mechanism „Drafting an effective post-visit report” and the annual report;
- 5) Methodology for the strategy for monitoring the implementation of recommendations and follow-up actions used by the National Preventive Mechanism;
- 6) Guidelines on drafting an effective Post-Visit Report;

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### *THE ROLE OF THE NATIONAL PREVENTIVE MECHANISM*

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To reduce the risks and ensure the protection of persons against torture and other cruel, inhuman or degrading treatment or punishment, ***the CfPT's members carry out their activity, in particular, by performing the following duties:***

- **Systematic and regular conduct of preventive and monitoring visits** to places where persons deprived of their liberty are or may be held. The purpose of the visits is to identify causes, risks of torture and other ill-treatment, systemic problems and mechanisms for ensuring respect for the rights and protection of people deprived of their liberty.
- **Submission of systemic proposals/recommendations** (administrative, institutional measures or legislative proposals) to state institutions/decision-makers, for the redress of the situation regarding the torture and other cruel, inhuman or degrading treatment or punishment.
- Initiation and maintaining a **continuous dialogue with national and international institutions**, specialized in the protection and promotion of respect/protection of human rights.



## 1.2. The activity of the Council for the Prevention of Torture in 2023

In 2023, the CfPT continued to fulfill its role by systematically conducting preventive visits to places of detention. It maintained dialogue with national institutions responsible for detention facilities and other authorities, cooperated with both national and international human rights organizations, and enhanced its capacity and effectiveness through participation in various thematic training sessions and development courses.

The CfPT's mandate includes monitoring the respect for the rights of individuals in state custody across the following institutions:

- **Penitentiaries:** 17 penitentiaries under the National Administration of Penitentiaries, subordinated to the Ministry of Justice. Out of 17 penitentiaries, 3 are semi-closed penitenciaires, 8 closed penitenciaires, 1 for minors and young persons, 1 for women, 1 prison hospital, 3 criminal prosecution isolators.

As of 1 January 2024, according to official information, 5 695 persons were detained in prisons (compared to a number of 6 084, in 2022)<sup>3</sup>.

- **Preventive Detention Isolators (PDIs):** institutions subordinated to the General Police Inspectorate (GPI) under the Ministry of Internal Affairs. Total isolators: 14 territorial and 1 PDI of the Chisinau Police Department. According to official information provided to the People's Advocate Office by the Head of the General Police Inspectorate (GPI), a total of 4,779 individuals were placed and detained in PDIs in 2022, while 3,687 individuals were detained in 2023.
- Centre for **temporary placement of foreigners**, managed by the Migration and Asylum Inspectorate, subordinated to the Ministry of Internal Affairs;
- The **Criminal prosecution isolator** of the National Anticorruption Centre;
- The **Military Command of the National Army** under the Ministry of Defence;
- **Psychiatric hospitals** - 3 hospitals subordinated to the Ministry of Health;
- **Temporary placement centres** for adult persons with disabilities in Brinzeni, Badiceni, Balți, Cocieri and two placement centres for children with disabilities in Hincesti (for girls) and Orhei (for boys), public institutions under the management of the National Social Assistance Agency (reformed into the Agency for the Management of High Specialization Services), subordinated to the Ministry of Labour and Social Protection.

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<sup>3</sup> <https://anp.gov.md/index.php/raport-statistic-date-statistic>



Council members met twice a month in regular meetings. In 2023, the CfPT held 26 meetings. The monitoring visits of the Council were planned on the basis of the Annual Visit Plan for 2023, such visits being confidential and unannounced. In 2023, visits were conducted to several places of detention that are subordinate to different state authorities, during which the following were verified:

- treatment of prisoners/patients/residents;
- safeguards against torture and other ill-treatment;
- conditions of detention (including medical assistance);
- vulnerable groups;
- implementation of recommendations resulting from previous visits of the CfPT.

The Council appreciates the fact that the administration of places of detention is aware of the mandate of the CfPT, which ensured unrestricted access to all monitored premises, access to documentation, as well as the possibility to conduct confidential discussions with individuals in custody.

**In 2023, the CfPT conducted 17 visits to 18 detention facilities and prepared 18 reports containing 307 recommendations.**

Name of the institution	Number of visits	Number of visit reports
PREVENTIVE DETENTION ISOLATORS	9	10
PENITENTIARY INSTITUTIONS	5	5
PSYCHIATRIC HOSPITALS	1	1
TEMPORARY PLACEMENT CENTRES FOR PERSONS WITH DISABILITIES	2	2
TOTAL	17 VISITS	18 REPORTS



No.	Category of institutions	Number of institutions visited	Number of visits	Types of visits	Objectives of visits	Categories of persons detained
1	Penitentiary institutions	<b>5 institutions:</b>  P no. 1 Rusca; P no. 15 Cricova; P no. 2 Lipcani; P no. 10 Goian; P no. 6 Soroca.	<b>5 visits</b>	<b>5 planned visits</b>	<ul style="list-style-type: none"> <li>• the situation of minors,</li> <li>• the situation of women,</li> <li>• the situation of persons remanded in custody,</li> <li>• the situation of adults,</li> <li>• the situation of persons in self-isolation or under administrative sanctions,</li> <li>• the health of persons in prisons,</li> <li>• implementation of the previous recommendations of the CfPT,</li> <li>• the interaction of the NAP with other detention facilities,</li> <li>• the situation of the NAP staff.</li> </ul>	- minors, - women, - adults (men), - persons remanded in custody, - persons with disabilities.
2	Preventive detention isolators	<b>9 institutions:</b>  PDI Criuleni, PDI Dubăsari, PDI Hîncești, PDI Sîngerei, PDI Ungheni, PDI Cahul, PDI Cimișlia;	<b>8 visits</b>	<b>8 planned visits</b>	<b>8 detailed visits:</b> <ul style="list-style-type: none"> <li>• the situation of minors,</li> <li>• the situation of women,</li> <li>• respect for safeguards against torture during initial periods of detention,</li> <li>• the situation of persons remanded in custody in PDI,</li> <li>• the situation of foreigners,</li> <li>• the implementation of previous CfPT</li> </ul>	<ul style="list-style-type: none"> <li>• minors,</li> <li>• women,</li> <li>• adults (men),</li> <li>• foreign nationals and stateless persons,</li> <li>• persons with disabilities.</li> </ul>



No.	Category of institutions	Number of institutions visited	Number of visits	Types of visits	Objectives of visits	Categories of persons detained
		PDI Bălți; PDI Chişinău			recommendations, • the interaction of the GPI with other detention facilities, • the situation of the GPI staff.	
3	Psychiatric hospitals	An institution visited <b>Orhei Psychiatric Hospital</b>	A visit	A visit	<ul style="list-style-type: none"> <li>• the situation of women,</li> <li>• the situation of adults,</li> <li>• the situation of persons undergoing coercive treatment,</li> <li>• the health of persons,</li> <li>• the guarantees of forced and „voluntary” hospitalization, including judicial ones,</li> <li>• the implementation of previous CfPT recommendations,</li> <li>• the interaction of institutions with other detention facilities,</li> <li>• the situation of the institutions’ staff.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>women,</b></li> <li>• <b>men,</b></li> <li>• <b>adults with mental disabilities.</b></li> </ul>
4	Temporary Placement Centres for persons with disabilities	<b>2 institutions:</b> <ul style="list-style-type: none"> <li>• Temporary Placement Centre for Persons with Disabilities (adults),</li> <li><b>Cocieri,</b></li> <li>Temporary Placement Centre for Persons with</li> </ul>	2 visits	2 planned visits	<b>2 detailed visits:</b> <ul style="list-style-type: none"> <li>• the situation of minors,</li> <li>• the situation of women,</li> <li>• the situation of adults,</li> <li>• the situation of persons in self-isolation or under administrative sanctions,</li> <li>• the health of persons,</li> </ul>	<b>women, men, minors.</b>



No.	Category of institutions	Number of institutions visited	Number of visits	Types of visits	Objectives of visits	Categories of persons detained
		Disabilities, Bălți city.			<ul style="list-style-type: none"><li>• the implementation of previous CfPT recommendations,</li><li>• the interaction of institutions with other detention facilities,</li><li>• the situation of the institutions' staff.</li></ul>	
<b>Total 2023</b>		<b>18 institutions visited</b>	<b>17 visits conducted</b>	<b>18 reports</b>		

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### ***IALOGUE BETWEEN CfPT AND NATIONAL INSTITUTIONS RESPONSIBLE FOR PLACES OF DETENTION***

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1. On April 5, 2023, during the meeting of the Parliamentary Committee on Social Protection, Health and Family, the People's Advocate (Ombudsman) Ceslav Panico, the members of the CfPT and the representatives of the responsible authorities discussed the findings and recommendations of the Special Monitoring Report of the People's Advocate Office on the respect for the rights of patients subjects to coercitive treatment<sup>4</sup>.

2. Olesea Doronceanu, a member of the Council for the Prevention of Torture, participated in 2023 in informing representatives of institutions responsible for the detention of individuals. Under the project 'Supporting the National Preventive Mechanism in the Republic of Moldova by Organizing Efficient Collaboration with Civil Society Representatives and Monitored Public Institutions' activities were held in Soroca, Cahul, Balti, and Hincesti to raise awareness about the Council for the Prevention of Torture. These activities strengthened knowledge about the role, monitoring, and reporting techniques of the National Preventive Mechanism.

3. On 12 September 2023, People's Advocate (Ombudsman) Ceslav Panico, president of the CfPT, held a meeting with the Minister of Internal Affairs to strengthen inter-institutional dialogue and cooperation in the field of protection of fundamental human

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<sup>4</sup> <https://ombudsman.md/raportul-special-al-avocatului-poporului-privind-incendiul-de-la-spitalul-de-psihiatrie-or-codru-discutat-pe-platforma-comisiei-parlamentare-protectie-sociala-sanatate-si-familie/>



rights and freedoms. The discussion focussed on the establishment of a reporting mechanism to the People's Advocate, the safety of individuals during the custody process, and other challenges. The discussion also addressed the structural reform of the subdivisions subordinated to the Ministry of Internal Affairs and its implementation from a human rights perspective.

4. Several meetings and a training were organised between the NAP (medical and reintegration directorates) with the network of Community Mental Health Centres and the [MENSANA \(Trimbos Moldova\)](#) project which supports this network, in order to establish dialogue and collaboration with a view to raising the standards and quality of mental health services in detention facilities.

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### ***CfPT COOPERATION WITH NATIONAL AND INTERNATIONAL HUMAN RIGHTS PROTECTION INSTITUTIONS***

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1. Participation in the Human Rights Forum.
2. During June 12 to 15, 2023, an official delegation of the People's Advocate Office and members of the Council for the Prevention of Torture participated in a study visit to governmental and non-governmental institutions in the Czech Republic. This initiative was supported by the Council of Europe in Moldova, within the framework of the project „Strengthening the Human Rights Compliant Criminal Justice System in the Republic of Moldova“. The purpose of the visit consisted of exchanging good practices and experiences with the relevant institutions in the field of human rights protection and torture prevention. Detention facilities in the Czech Republic were visited, as well as practices and tools for monitoring places of detention were undertaken.
3. Provision of Commentary on Article 4 of the OPCAT Regarding Places of Detention. The commentary on the definition of „places of detention“ in Article 4 of the Optional Protocol to the Convention against Torture (OPCAT) represents a significant advancement.<sup>5</sup> It broadens the scope for interpreting what constitutes a place of detention or deprivation of liberty. This expanded understanding facilitates the possibility of extending detention visits to include institutions operating under the jurisdiction of unconstitutional authorities, thereby strengthening mechanisms for oversight and protection.
4. Participation in the Regional Conference of NPMs at European level in Copenhagen, on November 9-10, 2023.
5. A number of events and trainings were organised in cooperation with the Council of Europe.

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<sup>5</sup> <https://www.ohchr.org/sites/default/files/documents/hrbodies/spt-opcat/cfis/gc1-art4/submission-spt-gc-article4-APT.pdf>





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## **CfPT CAPACITY BUILDING**

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1. On 8-9 June a theoretical training activity on mental health issues was organised by the Council of Europe. During the activity, experts Clive Meux, a psychiatrist from the United Kingdom, and expert George Tugushi facilitated the aspects of organising a visit to psychiatric institutions, the methodology of conducting a visit, and techniques for monitoring psychiatric hospitals.
2. During June 12 to 15, 2023, an official delegation of the People's Advocate Office and members of the CfPT participated in a study visit to governmental and non-governmental institutions in the Czech Republic<sup>6</sup>. This initiative was supported by the CoE in the Republic of Moldova, under the project „Strengthening the Human Rights Compliant Criminal Justice System in the Republic of Moldova”. The delegation visited the „Remand” penitentiary institution in Brno in order to document more on the specifics of the enforcement of custodial sentences, the material conditions of detention and the protection of persons deprived of their liberty.
3. CfPT members participated in the 6th Regional Meeting of the NPM and CSO in the OSCE Region on Mental Health in Detention, during November 9-10, 2023, Copenhagen.

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<sup>6</sup> <https://ombudsman.md/vizita-de-studiu-a-oficiului-avocatului-poporului-si-consiliului-pentru-prevenirea-torturii-in-republica-ceha-pentru-insusirea-bunelor-practici-in-domeniul-promovarii-drepturilor-omului/>



## II. THE SITUATION IN THE PLACES OF DETENTION SUBORDINATED TO THE GENERAL POLICE INSPECTORATE OF THE MINISTRY OF INTERNAL AFFAIRS

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Under the subordination of the General Police Inspectorate (GPI), there are 14 territorial isolators and one Preventive Detention Isolator (PDI) operated by the Chişinău Police Department. Together, these facilities provide 102 cells, accommodating up to 247 persons. All these isolators underwent renovation funded by the European Union and were brought into operation in 2020, significantly improving the material conditions of detention. The activity of isolators is regulated by GPI Order No. 380 of 21.10.2019, which approved the Instructions for the organisation and operation of the PDI and the measures necessary to ensure them.

Throughout 2023, CfPT conducted **8 visits** - 7 preventive monitoring visits in the territorial PDIs (Criuleni, Dubăsari, Sîngerei, Ungheni, Cahul, Cimişlia, Bălţi) and one visit to the PDI of the Chişinău Police Department.

### **The most current problems that persist in PDIs are:**

- Staff shortage and employee turnover;
- Lack of medical staff, which creates impediments in ensuring the mandatory medical examination at each entry-exit in/from the isolator, but also the medical assistance to persons taken into custody;
- Lack of accommodation of all PDIs to the needs of persons with disabilities;
- Lack of areas designated for waiting, hearing, and lack of temporary holding rooms for persons taken into custody. Persons to be transported to the PDI premises may be near the guard unit space, in the hallway, on chairs, in PI yard for up to 2 hours waiting for the Detention and Escort Service.

According to information published in the **Report on Police Activity for 2023**

- **3 687 persons were taken into custody** and placed in PDIs in 2023.
- 3 611 persons were taken into custody on criminal charges (3 287 males, 272 females, 52 minors) and 76 persons were taken into custody on contraventional charges (75 males and 1 female).
- 3 435 persons were taken into custody for up to 72 hours and 229 persons were taken into custody for more than 72 hours.
- 17 395 escorts were conducted, of which 4 973 to prisons, 8 529 to courts of law and 3 893 to other institutions.



**From the category of vulnerable groups, the following were placed to isolators:** 11 persons with physical disabilities; 11 persons with mental disabilities; 30 persons with HIV/AIDS; 31 persons suffering from tuberculosis; 2 persons infected with Covid-19; 20 drug-dependent persons and 18 persons included in the methadone programme.

In 2023, **81 cases** were registered in the Registers for the Receipt and Filing of Complaints, Statements or Other Information on Alleged Acts of Torture, Inhuman or Degrading Treatment.

In terms of the enforcement of physical force, according to the information provided by the GPI, **576 cases of application of physical force and special means** were registered in 2023. This information is not consistent with the data provided by the GPO on the application of physical force and special means, where it is indicated that the GPO examined **1 049 pieces of information** reported by the police, including **4 cases of application of firearms**. Furthermore, in 2023, there were registered 7 complaints on the misuse of the enforcement of physical force and 2 complaints on the enforcement of special means by police officers.

The GPO presented information regarding a number of **31 employees** of the MIA in respect of whom 30 criminal cases were initiated on reasonable suspicion of committing the criminal offence of torture, inhuman or degrading treatment.

In 2023, one case of suicide was registered in PDI Cimişlia based on which PAO drafted a special report and one case of death of a drug-dependent person, in PDI Chişinău (see mention below).

**According to the Report of the General Prosecutor's Office (GPO), in 2023, there were:**

- 373 referrals for the application of inhuman and degrading treatment (Art. 166/1 para. (1), (2) CC and 4 for the application of torture (Art.166/1 para. (3), (4) CC;
- in 67 cases, criminal proceedings have been opened for the application of inhuman and degrading treatment and, in one case, criminal proceedings have been initiated for acts of torture;
- on the basis of Art. 166/1 of the Criminal Code, the trial courts delivered 21 sentences for 24 persons, of which 14 for conviction and 7 for acquittal.

Although the authorities publish statistical data on the application of torture and/or inhuman treatment, we still do not know who, at what stage or under what circumstances such actions were applied.

In 2023, the number of persons taken into custody with injuries sustained prior to the taking into custody has remained alarmingly high, at 278 cases (*an increase by 33 cases compared to 2022*).



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## TREATMENT OF PERSONS DETAINED IN POLICE CUSTODY

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### a) Abuse by police staff

***During preventive visits conducted by members of the CfPT in 2023, individuals in custody with visible bodily injuries were identified and interviewed. None of these individuals reported the use of physical force, abuse, or other forms of ill-treatment by police staff, including by members of the escort service.***

Signs of torture or allegations of acts of torture, identified in the Register for cases of application of bodily injuries/trauma/self-harm/declaration of hunger strike and the Register of violent incidents, application of physical force or special means in TDIs, referred to:

- disproportionate application of physical force by Police staff at the stage of taking persons into custody and causing bodily harm to persons taken into custody;
- causing bodily injury in other circumstances not attributable to Police staff (altercations with other persons, domestic incidents, accidents, etc.).

### b) Violence among persons taken into custody/detainees

During 2023, CfPT did not receive any allegations, nor did it find from the analysis of the registers, any cases of application of violence among detainees. This is due to the measures put in place in order to prevent inter-prisoner violence: sorting and cell assignment procedure (smoking/non-smoking, placing mentally disabled persons separately from other detainees, separating persons with obvious signs of illness (cough, confirmed tuberculosis); functional alarm buttons have been installed in all cells; video surveillance has been provided, etc.

During a monitoring visit, CfPT members identified in PDI Cimișlia a case of death of a person taken into custody, who allegedly committed suicide in the bathroom. Even though the person had strangled himself and the registers did not show any suspicion of suicide inducement, the case was reported to the PAO who started an investigation finalized with the drafting of a Special Report „Suspicious Suicide in the Preventive Detention Isolator of the Cimișlia Police Inspectorate<sup>7</sup>, 2023”.

The report found shortcomings in the protection of a person’s right to life (the person taken in custody talked to another person in custody), insufficient training of police employees in monitoring persons in Police custody, including in terms of providing first medical aid; the issue of objective medical examination of persons during the taking into custody and/or placement into police isolator, the issue of investigating and documenting cases of death of persons in State custody.

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<sup>7</sup> <https://ombudsman.md/post-document/raport-special-privind-suicidul-dubios-in-izolatorul-de-detentie-preventiva-al-inspectoratului-de-politie-cimislia/>



### c) Access to legal advice

Access to a lawyer for persons in police custody should include the right to contact and be visited by a lawyer (the guarantee of confidentiality of discussions should be ensured) in principle, the right of the person concerned to have their lawyer present during questioning. During the visits, the CfPT found that the right of persons taken into custody/arrested to be assisted by a lawyer is complied with. All PDIs are equipped with premises (clean, equipped with table, chair, ventilated, with access to light and heating), specially designed for confidential meetings with lawyers, no complaints regarding time limitation, impediments, failure to comply with confidentiality were noted.

From the analysis of Visitor Registers in some PDIs it was found that ***sometimes persons taken into custody are visited by the prosecution officer, prosecutor, investigation officer in the absence of the lawyer.*** Although such visits are not expressly forbidden, the CfPT has nevertheless recommended that such situations be reduced, in order to guarantee physical security and to exclude intimidation/pressure of persons taken into custody.

### d) Access of person taken in custody to medical examination and medical care

The CPT stressed that the effective screening for injuries by health-care staff can make a significant contribution to the prevention of ill-treatment of persons detained by the police. The right to medical assistance, besides being essential for persons in need of medical care, is one of the fundamental safeguards against ill-treatment for any person in police custody. It is, therefore, essential that this right is guaranteed from the earliest stage of detention.

The medical facilities of the isolators are not accredited in accordance with national legislation, which cannot guarantee the quality of the medical assistance provided.

Medical assistance in PDIs is regulated by GPI Order No. 380 of 21.10.2019. Although all PDIs have specially equipped premises for the provision of medical assistance (not all of them meet the minimum quality requirements) and, in most cases, no lack of stocks of medicines or first-aid medical devices was found, most PDIs are faced with a shortage of medical staff. In many PDIs, the medical examination is not conducted, in all cases, immediately upon each entry-exit from the isolator; medical records are filled in the absence of the person taken into custody; medical records include medical data not clinically confirmed; not in all PDIs the confidentiality of medical data is complied with; there are no qualified persons to provide psychiatric/psychological assistance in any institution subordinated to the MIA; there is no policy for the identification of persons with suicidal tendencies and their placement under supervision, and there is no staff to conduct such assessments.

As regards the documentation and reporting of bodily injuries, the CfPT finds that, in some PDIs, feldshers either do not examine the person or limit themselves to a formal description of the bodily injuries found, without reporting their origin. At the same time, not all medical staff is trained and aware of the provisions of the Istanbul Protocol and Joint Order No. 77 of 31.12.2013 on the approval of the Regulation on the procedure for the identification, registration and reporting of alleged cases of torture, inhuman or degrading treatment. Double loyalty severely affects the documentation and reporting



of bodily injuries in persons taken into custody. Currently, there is a lack of confidential mechanisms for reporting the observed bodily injuries, as well as a lack of safeguards to protect medical staff from retaliation by the administration or colleagues.

In 2023, a young man died in the PDI and, according to a Special Report „Suspicious death of a drug-dependent person taken into custody by Chişinău Police Department 2023”, the lack of qualified medical assistance represents a failure in guaranteeing the right to life and health of individuals.

In the absence of employed medical personnel, medical assistance for persons in custody is provided by escorting them to medical institutions under the Ministry of Health or by contacting the 112-emergency service. However, certain findings related to detainees' health made by Emergency Medical Assistance (EMA) teams are not consistently documented confidentially in medical records.

The issue of interventions in case of declaring hunger strike remains unresolved. There is no regulation which would clearly set out what are the interventions and responsibilities of PDI staff.

The Council notes that not all medical offices in PDIs meet the sanitary and hygienic requirements, in particular, the safety of medical interventions is not complied with in each of them. Medical services have been equipped with boxes for the collection of waste resulting from medical activity, but contrary to the provisions of Law no. 209/2016 on waste, they are collected and destroyed unsafely thus, there are risks to the health of persons taken into custody and police staff (there are no contracts with economic agents specialized in the collection and destruction of medical waste). Similarly, there is no clear procedure for the collection and destruction of expired medicines.

The Council maintains the recommendation to comply with the Sanitary Regulation on hygienic conditions for health service providers and the requirement for (harmless) destruction of expired medicines in accordance with the legislation in force, including MoH Order No. 9 of 06.01.2006 „On the non-hazardous disposal of medicines with expired shelf life, counterfeit, with quality deficiencies or without (accompanying) documents of origin”. Likewise, the requirement to comply with Recommendation No. R (1998) 7 of the Committee of Ministers, which establishes the basic principles in dealing with the problem of hunger strikes, is maintained.

#### **d) Notification of custody**

Notification of custody is an essential safeguard of the detained person, which has to be ensured. The telephone should be available, free of charge, functional and the privacy and confidentiality of telephone conversations of the persons taken into custody/arrested should be ensured.

From discussions with the persons taken into custody it was established that the right to inform a relative about the placement into custody is respected. However, ***the PDIs do not have a telephone to ensure the right of persons taken into custody/arrested to notify relatives/the lawyer on their placement into state custody.*** Thus, if the person taken into custody requests to inform a relative or requests a meeting with the lawyer,



then the radio station in the isolator is used to notify the Guard Unit staff who informs the relatives or contact the lawyer, as appropriate.

#### **e) Information regarding the rights**

***CfPT notes that, upon the taking into custody, persons are given standardized forms on the rights/obligations of the person taken into custody, and the information is also recorded in a separate register.*** In most of the visited PDIs, there are information boards in the corridors, with leaflets on the rights of persons taken into custody (including in several languages); the mandate and contact details of the PAO, the mandate of the CfPT, contact details of public institutions (Prosecutor's Office, medical institutions, lawyers) etc. However, in the cells, in the meeting room there are no standardized excerpts with the rights of persons taken into custody or information on the mandate of the CfPT, therefore, the access of detainees to information on their rights is limited. Thus, it is recommended to update and place information on the rights/obligations of detainees (including in other languages) also in the cells/walking yard, including information regarding the mandate of the CfPT and/or other institutions responsible for the protection of their rights.

#### **f) Registers**

GPI Order No. 380/2019 provides the nomenclature of the registers completed in the PDIs, to which CfPT had unrestricted access. The CfPT observes an uneven practice of completing the registers, thus in some PDIs no objections were raised versus the quality of the entries in the registers, and in other PDIs the registers were either missing, empty or incorrectly/incompletely filled in. Thus, an internal management problem rather than a systemic problem is noted. The overall analysis of the registers shows that, sometimes, in some registers, the information is duplicated, and certain compartments are incorrectly filled in, so it would be recommended to revise some unnecessary or repetitive headings.

The overlap of information in the registers of cases of torture, incidents, injuries, with the medical registers, does not coincide in all cases, neither the information on the injuries, nor the circumstances of their occurrence.

#### **g) Procedure for the submission of complaints and communication with the outside world**

The procedure for handling complaints is not sufficiently clear, the mechanisms for resolving complaints, the possibility of filing them, who examines them, the results, etc., are not clear. It would be useful to draw up a regulation in this respect, which would include clear and efficient regulations for handling correspondence. In many PDIs, the Register for the Receipt and Filing of Complaints, Statements or Other Information on Alleged Acts of Torture, Inhuman or Degrading Treatment with information to the prosecutor for 2023 is empty, therefore detainees either did not file complaints due to lack of allegations or had no real opportunity to file them.

In the PDIs, there are no mailboxes, no telephones, no paper, pens, envelopes, stamps available (although, it is claimed that they are issued on request) to ensure that the right to file complaints is exercised when necessary. The information boards accessible inside the isolators do not include information on the procedures for lodging complaints/petitions



as well, both internal (addressed to the head of the isolator, the head of the Inspectorate) and external (addressed to the Prosecutor's Office, the People's Advocate (Ombudsman), parliamentary committees, the President of the Republic of Moldova, the CfPT).

#### **h) Living conditions**

Material conditions of detention in PDI cells are satisfactory and meet national and international standards. The cells are not overcrowded, are clean, they have 1, 2 or 3 bunk beds with stairs to reach level 2; in each cell there is a table and chairs corresponding to the number of beds; the walls are clean, without traces of mold; the temperature in the isolator and cells corresponded to the standards; humidity was not high; no insects or rodents were observed; access to daylight is ensured by the presence of large windows; artificial light at night/evening is operational; the ventilation system is functional. In each cell, next to the door, there is a device installed on the wall, through which the detainee, if necessary, can phone or call the guards. In other rooms in the isolator (medical office, meeting room, kitchen, storeroom) the conditions were satisfactory, normal humidity, artificial lighting, temperature was in compliance with the rules. In the PDIs, there is a cell with a glass door, provided for the detention of persons with phobias.

An unsolved problem that affects almost all PDIs in the country is the lack of infrastructure adapted to the needs of persons with disabilities, especially locomotor disabilities, including in the Chişinău PDI, the accessibility of the sanitary block is not possible.

The kitchens are equipped with a microwave oven, stove, refrigerator, washing machine, sink, etc. The isolators are equipped with padlocks where the belongings/clothes of the apprehended/detained persons can be kept.

#### **i) Hygiene and access to bathroom of persons taken into custody**

In most of the PDIs visited, the beds, mattresses and bed linen were clean (some new). Each cell had a space (isolated from the cell by a wall and a double glass door reaching up to the ceiling) where the toilet (functional, clean, ventilated), shower (hot and cold water) and a functional faucet are located, where persons can maintain daily hygiene. There were personal hygiene items in the cells, and upon request, the administration distributes personal hygiene products to the persons taken into custody - toilet paper, soap, shampoo, tissues, towel, toothpaste and toothbrush.

#### **j) Water and food**

All persons in PDIs have unlimited access to drinking water. The food of persons taken into custody is provided 3 times a day on the basis of contracts with economic agents, who deliver food in sealed boxes. The CfPT notes that there are no special diets in case of chronic diseases of persons taken into custody/arrestees; the employees of the isolator distribute food in the absence of a health card with the respective mentions regarding the medical check-up and hygienic training.

#### **k) Daily activities**

Persons taken into custody/detainees have unrestricted access to open air and daily walks, the yards for walks are clean and equipped with a roof to provide shelter in case





of rain. Persons taken into custody/arrested have limited access to newspapers, radio, books in the library of the isolator.

### **I) Transportation of persons detained in police custody**

The GPI Order No. 527/2017 approved the minimum mandatory standards for detention facilities and vehicles intended for the transportation of persons detained in police custody. Most of the TDIs visited had at least 2 means of transport that were revamped and adapted to the safety standards for transporting persons detained in police custody. During 2022, the CfPT did not record any allegations of ill-treatment/torture by employees of the security and escort service.

The issue of the failure to provide detainees with food and water during escort and limiting access to restrooms during transportation remains unaddressed.

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## **RECOMMENDATIONS**

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1. Ensure medical examinations and documentation of bodily injuries for persons taken into custody are conducted upon each entry and exit from the place of detention.
2. Ensure the presence of medical staff in PDIs to examine all persons taken into custody. Ensure uniform and accurate completion of medical records, preventing instances where records are completed in the absence of the detainee or without an actual examination. Record and report bodily injuries in compliance with the Istanbul Protocol and Joint Order No. 77/2013 of the General Prosecutor's Office on the regulation for identifying, registering, and reporting alleged cases of torture, inhuman, or degrading treatment. Implement Standard Operating Procedures (MIA Order No. 444 of 2019) for providing medical assistance to persons in provisional detention.
3. Develop clear methodologies for police intervention when detaining persons with mental disorders, disabilities, or those under the influence of alcohol or narcotics. This aims to prevent abuse and protect both detainees and GPI employees.
4. Ensure that no person remains in preventive detention beyond the prescribed 72/48-hour time limit.
5. Provide dedicated premises in PDIs for conducting hearings and holding persons in custody until their transfer to the escort service.
6. Develop and implement regulations for a complaint-filing mechanism and facilitate the interaction of persons in custody with the external environment.

### **Level of implementation of the 2022 recommendations**

The CfPT Activity Report for 2022 contained 13 recommendations sent to the GPI/MIA, of which, in 2023, 8 are maintained and 5 have been partially implemented.



### III. THE SITUATION IN THE PLACES OF DETENTION WITHIN THE NATIONAL ADMINISTRATION OF PENITENTIARIES SUBORDINATED TO THE MINISTRY OF JUSTICE

#### OVERVIEW OF VISITS AND MONITORING OF RECOMMENDATIONS

During 2023, the Council for the Prevention of Torture conducted visits to **6 institutions under the National Administration of Penitentiaries subordinated to the Ministry of Justice**. As a result of the visits, 6 reports on the visits conducted by the Council were prepared. The CfPT visited: Penitentiary No. 13 Chişinău, Penitentiary No. 15 Cricova, Penitentiary No. 2 Lipcani, Penitentiary No. 7 Rusca (women's penitentiary), Penitentiary No. 6 Soroca and Penitentiary No. 10 Goian (Detention Centres for Minors and Young People<sup>8</sup>).

The purpose of the visits of CfPT was: to monitor the situation in penitentiary institutions regarding the respect of the rights of sentenced persons against torture and other cruel, inhuman or degrading treatment or punishment, as well as to monitor the situation of the implementation of the recommendations made by the CfPT during previous inspections. The CfPT analyzed the implementation of 98 recommendations issued during visits to six penitentiary institutions from 2017 to 2022. Of these recommendations:

- 24% were fully implemented,
- 8% were partially implemented, and
- 57% were upheld and remain to be addressed.

No.	Number of recommendations and date of the previous visit	Number of recommendations implemented	Number of recommendations partially implemented	Number of recommendations maintained
Penitentiary no.7 Rusca	<b>16 recommendations</b> on 23.07.2020	18%	12%	56%
Penitentiary no. 2 Lipcani	<b>14 recommendations</b> on 24.04.2018	29%	7%	57%
Penitentiary no.15 Cricova	<b>20 recommendations</b> on 18.12.2018	10%	15%	60%
Penitentiary no.10 Goian	<b>8 recommendations</b> on 03.02.2017	75%	-	12%
Penitentiary no.13 Chişinău	<b>18 recommendations</b> on 30.11.2022	16%	11%	61%
Penitentiary no.6 Soroca	<b>22 recommendations</b> on 10.10.2019	27%	-	68%

<sup>8</sup> [https://www.legis.md/cautare/getResults?doc\\_id=141815&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=141815&lang=ro#)



With reference to the content of the recommendations, in the case of the 23 previous recommendations that were assessed as „**implemented**“, they most often referred to the following areas:

- |                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ➤ Recommendations related to improving the record keeping of certain activities or services provided to prisoners (development/amendment of registers) - 17% of recommendations; |
| ➤ Recommendations related to medical assistance for prisoners - 39% of recommendations;                                                                                          |
| ➤ Recommendations related to the improvement of detention conditions - 13% of recommendations;                                                                                   |
| ➤ Recommendations related to the provision of conditions for conducting vocational training, sports, reintegration activities - 4% of recommendations;                           |
| ➤ Recommendations on facilitating prisoners' contacts with the outside world (access to telephone, meetings), possibility to file complaints - 7% of recommendations;            |
| ➤ Recommendations related to the staff-prisoner relations and exclusion of abuse - 4% of recommendations.                                                                        |

With reference to the content of the recommendations, of the 56 previous recommendations that were assessed as „**maintained**“, they most often referred to the following areas:

- |                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ➤ Recommendations referring to the training of prison staff in documenting bodily injuries, alleged acts of torture and ensuring documentation of alleged acts of torture in compliance with (Joint) Order No. 77 (11% of recommendations); |
| ➤ Recommendations on informing prisoners with regards to their rights and safeguards (5% of recommendations);                                                                                                                               |
| ➤ Recommendations related to ensuring reasonable accommodation of access for persons with locomotor disabilities (2%);                                                                                                                      |
| ➤ Recommendations related to compliance with the standards for the detention of a person (4 + 6 m <sup>2</sup> ) - (2%);                                                                                                                    |
| ➤ Recommendations related to ensuring conditions for conducting vocational training, sports, reintegration activities (2%);                                                                                                                 |
| ➤ Recommendations related to the development/amendment of normative acts (7%);                                                                                                                                                              |



➤ Recommendations related to the improvement of detention conditions (9%);
➤ Recommendations related to the staff of the penitentiary system (increase in number, working conditions, etc.) - (3%);
➤ Recommendations related to the medical assistance for prisoners (11%);
➤ Recommendations related to the conditions in which convicted persons are detained under Art. 206 (2%);
➤ Recommendations related to the exclusion of discriminatory treatment, etc.

**CfPT notes that the authorities have not provided sufficient resources and commitment to implement a significant part of the recommendations from the previous visit reports and annual reports, thus changes in the penitentiary system are slow and some problems such as the influence of criminal subculture, discriminatory treatment and overcrowding have negative effects, generating an even greater lack of safety for both prisoners and staff and exacerbating mental health problems.**

#### **GENERAL DATA RELATED TO THE PENITENTIARY SYSTEM**

**The total number of convicts** held in the penitentiary system, for 2023, decreased by **6.4%**<sup>9</sup> compared to 2022, with 5 690 inmates placed in penitentiary institutions as of 31.12.2023. During 2023, 1 916 persons were released from detention.

Although the total number of convicts in most prisons visited in 2023 did not exceed the legal living capacity, an analysis of specific sectors revealed significant overcrowding. The CfPT members identified a large number of convicts living in overcrowded spaces in Penitentiary No. 15, Penitentiary No. 6, Penitentiary No. 2, and others.

**CfPT draws the attention of the penitentiary administration to address the issue of overcrowding, as it has a negative influence on all other aspects of detention and on the general climate within the institution, it can create a tense and stressful environment, which can increase the risk of abuse and ill-treatment**<sup>10</sup>.

The staffing number of the system in 2022 was 2,490 positions (38% officers, 55% agents, and 8% contractual personnel). In 2023, 2,572 positions are occupied (a 2% increase compared to 2022), with 386.25 vacant units. The most concerning issue is the low number of medical staff (lack of general practitioners and heads of medical departments) in Penitentiary No. 15, Penitentiary No. 6, Penitentiary No. 2, and others.

<sup>9</sup> <https://statistica.gov.md/ro/nivelul-infractionalitatii-in-republica-moldova-in-anul-2023-947860977.html>

<sup>10</sup> CPT Rules <https://www.refworld.org/cgi-bin/texis/vtx/rwmain/opendocpdf.pdf?reldoc=y&docid=4d78829d2>



According to the Report on the review of the activity of the penitentiary administration system for 2023<sup>11</sup>, there is a trend of decrease in the number of self-harm cases (614 - 16% less than in 2022), bodily injuries (978 - 13% less than in 2022), application of physical force (193 - 31% less than in 2022), declaration of refusal of food (572 cases - 24% less than in 2022). However, the CfPT studied the information provided by the NAP in response to the request of the PAO no. 12-9/3-134 of 16.01.2024 (Report on the review of the activity of the penitentiary administration system for 2023, Activity reports of penitentiary institutions for 2023, Indicators of activity reporting for 12 months 2023), as well as the visit reports of the CfPT, and found that the information recorded in the reports differs from the data provided by the NAP with reference to the situation for 2023, which not only indicates an erroneous assessment of the state of affairs, but may also affect the trust in the institution and in the way its goals and tasks are achieved.

Thus, in the Report on the review of the activity of the penitentiary administration system for 2023, there are errors in the total number of self-harm cases per system, the number of bodily injuries, the number of cases of refusal of food. Thus, the information analysed by the Council members shows at least 751 self-harm cases in 2023, and not 614 according to the NAP Report, at least 1 185 bodily injuries, and not 978 described in the NAP Report, etc.

By reviewing the data submitted, the number of self-harm cases has increased compared to 2022, by 3%, the number of bodily injuries has increased by 6% compared to 2022, not taking into account that the number of inmates itself decreased by 6.4% this year.

Similarly, a problem of transparency and decrease of trust in the system is also the lack of some statistical reports, which could be accessed on the NAP website<sup>12</sup> until 2023 and which have not been accessible to website visitors for several months.

During 2023, the People's Advocate Office recorded information on **1 072 cases of inter-prisoner violence**, an increase by 40% compared to 2022, **15 cases of assault on employees**, **131 incidents against minors in detention** (an increase by 31% compared to 2022)<sup>13</sup>.

## **TREATMENT OF PERSONS DETAINED IN THE PENITENTIARY SYSTEM**

### **a) Abuse by employees**

During the monitoring visits conducted by the CfPT in 2023, prisoners did not report any allegations of torture or ill-treatment by prison staff. However, during individual interviews, prisoners raised concerns about the lack of action in providing protection and passivity in responding to their requests. Complaints were also made regarding discriminatory treatment by staff and instances of verbal abuse.

CfPT members further note the presence of ***informal relations among convicts, discrimination and differential treatment in the penitentiary institution***, caused

<sup>11</sup> <https://www.anp.gov.md/rapoarte-de-bilant-semestriale-anuale>  
<https://drive.google.com/file/d/1B-UC205iaRf1LvI2ExO2ud5hQvyzGUCa/view>

<sup>12</sup> <https://www.anp.gov.md/raport-statistic>

<sup>13</sup> <https://ombudsman.md/siguranta-in-sistemul-penitenciar-in-2023/>



by the phenomenon of criminal subculture, *tacitly supported by the penitentiary employees.*

**The members of the Council reiterate their concern regarding the insufficient number of staff in penitentiaries, both those responsible for security and management, as well as personnel in other services. The lack of staff results in poor supervision and intervention in crisis situations, leading to a lack of control over detainees and poor management of the institution. The high workload of employees have a negative impact, causing stress and burnout among staff, as well as affecting relations between staff and detainees by generating conflicts or negative attitudes.**

The findings of the CfPT, both in 2023 and previously, highlight issues that indicate a **lack of safety** in penitentiary institutions, as safety in a prison means maintaining a relaxed human environment between inmates and staff, free from violent manifestations or self-harm, and the lack of safety in a prison can create an environment conducive to the occurrence and perpetuation of ill-treatment and torture of prisoners or danger to life.

An indicator of the presence of this phenomenon is also the increasing number of prisoners requests regarding personal security in accordance with Art. 206 EC RM. During 2023, 852 prisoners benefited from personal security in accordance with the provisions of Art. 206 of the Execution Code of the RM<sup>14</sup>, an increase by 33% compared to 2022. Even more worrying is the fact that a fourth of them (26.2%) applied for this form of security for the first time. The majority of them explain that they do not agree with the informal rules: play cards, make monthly payments to prisoners, etc., and the only way to avoid being subject to abuse is to request personal security. Regardless of the reasons given, it is certain that they are at high risk of abuse by other inmates and the administration should put in place adequate protection, supervision and intervention measures and policies, provide awareness and training programs for staff and provide access to adequate resources and support services to them.

During 2023, 193 cases of physical force application were reported, marking a 10.5% decrease compared to 2022. Additionally, there were 148 cases of special means applied to prisoners, reflecting a 23% decrease compared to the previous year. Based on information gathered from monitoring visits, the most common reasons for the use of force included aggressive behavior, threats to staff, and damage to cell property. The CfPT observed that physical force and special means were predominantly applied in sectors with cell-type conditions (particularly those housing prisoners in accordance with Article 206 of the EC of the Republic of Moldova). This suggests that staff in these sectors have better control and can respond more quickly to crisis situations. In contrast, this level of control is often lacking in other sectors, such as those with barrack-type accommodations. Despite this, data related to incidents of trauma, hunger strikes, self-harm, and other incidents reflect cases across all sectors, not exclusively in the cell-type sectors.

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<sup>14</sup> <https://www.anp.gov.md/rapoarte-de-bilant-semestriale-anuale>  
<https://drive.google.com/file/d/1B-UC205iaRf1Lvl2ExO2ud5hQvvyzGUCa/view>



## b) Inter-prisoner violence

The main cause of **inter-prisoner violence** is the poor prison management itself and the dysfunctional forms of control applied<sup>15</sup>, one of these forms of control being the **criminal subculture**, the influence of which persists throughout the prison system, a finding also made by the CfPT in its report on the 2022 visit<sup>16</sup>.

Based on observations from CfPT members during monitoring visits, the presence of a criminal subculture increases the risk of physical and mental abuse among prisoners. This is one of the dysfunctional forms of control that arises in the absence of well-trained staff, adequate prison infrastructure, and an efficient system for classifying and categorizing prisoners. According to the United Nations, these factors are crucial for ensuring safety and order in detention.<sup>17</sup>

An important aspect in preventing acts of violence and cases of torture is medical examination and documentation of bodily injuries. In this regard, in the prisons visited during 2023, the number of injuries is impressive, especially in Penitentiary No. 10 Goian where minors and juveniles are detained.

From the analysis of the documents relating to bodily injuries, there are records of cases of abuse of prisoners, at the same time, even if there are suspicions that the prisoner was mistreated, the staff only records the explanations of the prisoners with reference to the origin of the trauma (left eye bruising - „hit himself in a tree branch”, „fell down”, etc.), and there is no information actually recorded on the consistency between the prisoner's account of the origin of the injury and the physician's finding. Regrettably, in some institutions, staff do not indicate in the registers the circumstances of the injury, they only describe the injury and the information whether or not medical assistance was provided. (situation in Penitentiary No. 6). there are cases where CfPT members detected serious injuries that were not recorded in accordance with the documentation procedures (*a prisoner was identified with a fracture of phalanges 3 with displacement of the right hand, who was escorted to the district hospital where he was applied a plaster dressing. Upon verification of the register of bodily injuries, this case was not registered and reported to the institutions authorized to examine such cases*).

With reference to addressing the problem of informal hierarchy and inter-prisoner violence, both the CfPT in its reports and the CPT reports<sup>18</sup> describe the lack of progress in this segment and recommend the national authorities to develop a clear strategy

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<sup>15</sup> <https://rm.coe.int/2-combaterea-relelor-tratamente-in-penitenciare-final/1680722471>

<sup>16</sup> Report to the Government of the Republic of Moldova on the visit to the Republic of Moldova conducted by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) in December 2022, English version available at: <https://rm.coe.int/1680ac59d8>

<sup>17</sup> <https://rm.coe.int/2-combaterea-relelor-tratamente-in-penitenciare-final/1680722471>

<sup>18</sup> Report to the Government of the Republic of Moldova on the visit to the Republic of Moldova conducted by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) in December 2022, English version is available at: <https://rm.coe.int/1680ac59d8>





with concrete measures to diminish the criminal subculture - a finding made by the CPT during its visit in June 2018<sup>19</sup>, but also during the visits and information analysed by the CfPT during 2022<sup>20</sup>.

### c) Disciplinary procedures applied to prisoners

The CfPT notes that in 2023, the enforcement of disciplinary measures for acts of self-harm continues to be a significant issue. These measures may be considered excessive and inhumane, particularly when they involve sanctioning individuals who may be mentally disordered, thereby punishing rather than providing appropriate treatment.

The Council draws the NAP's attention to the CPT's recommendation elaborated as a result of the visit conducted in December 2022 with reference to **acts of self-harm that should no longer be subject to disciplinary punishment in prisons (and negatively influence the possibility of early release from prison) and persons who commit self-harm should not be required to pay for the medical assistance provided to them.**<sup>21</sup> It has also been repeatedly recommended that self-harm should also be addressed from a clinical-psychological perspective, in order to identify possible therapeutic and support measures for its management and prevention.

During 2023, more than 50% of disciplinary measures were in the form of limiting the contact with the external world (such as suspension of the right to visits).

The issue of applying disciplinary sanctions in the form of suspension of the right to visits, which is in accordance with the law, but is contrary to the international standards was raised in the reports of CPT visits to the Republic of Moldova both in 2018<sup>22</sup> and 2020, as well as in the CfPT reports of 2017<sup>23</sup>, 2018<sup>24</sup> and 2022<sup>25</sup>, which warned the authorities to take measures, including by revising the legislation, so that the disciplinary sanctions applied to prisoners do not lead to forbidding contacts with the family.

The CfPT welcomes the initiative to amend the Execution Code (legislative initiative 104 of 14.04.2023), which proposes the removal of self-harm as disciplinary breach and the

<sup>19</sup> Report to the Government of the Republic of Moldova on the visit to the Republic of Moldova conducted by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from June 5 to 11, 2018, English version available at: [https://www.ecoi.net/en/file/local/1454825/1226\\_1545136703\\_2018-49-in-eng-docx.pdf](https://www.ecoi.net/en/file/local/1454825/1226_1545136703_2018-49-in-eng-docx.pdf)

<sup>20</sup> Report to the Government of the Republic of Moldova on the visit to the Republic of Moldova conducted by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) in December 2022, English version available at: <https://rm.coe.int/1680ac59d8>

<sup>21</sup> Report to the Government of the Republic of Moldova on the visit to the Republic of Moldova conducted by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) in December 2022, English version is available at: <https://rm.coe.int/1680ac59d8>

<sup>22</sup> 16809022b9 (coe.int)

<sup>23</sup> [https://ombudsman.md/wp-content/uploads/2019/03/raport\\_CfPT\\_npm\\_moldova\\_ro-1.pdf](https://ombudsman.md/wp-content/uploads/2019/03/raport_CfPT_npm_moldova_ro-1.pdf)

<sup>24</sup> <https://ombudsman.md/wp-content/uploads/2019/07/Raport-anual-de-activitate-CfPT-2018-Romana.pdf>

<sup>25</sup> <https://ombudsman.md/post-document/raportul-anual-al-consiliului-pentru-prevenirea-torturii-2022-2/>





exclusion of short-term meetings as a disciplinary sanction. These amendments are in line with numerous recommendations from the CPT and CfPT.

During its visit to Penitentiary No. 15, the CPT observed practices of excessive enforcement of disciplinary isolation sanctions. In this respect, in Penitentiary No. 15 there is only one functional cell in which such a sanction is conducted, which is in unsatisfactory conditions, is very cold, unlit, and the placement of convicts in the disciplinary isolator cell is a form of inhuman and degrading treatment.

The Council emphasizes that, given the potentially harmful effects of solitary confinement, the principle of proportionality requires that it be used as a disciplinary measure only in exceptional cases, as a last resort, and for the shortest possible duration. Since solitary confinement represents a serious restriction of a prisoner's rights and involves inherent risks, any actual or potential harm must be sufficiently serious and impossible to address by other means<sup>26</sup>.

#### **SAFEGUARDS AGAINST TORTURE AND OTHER ILL-TREATMENT**

##### **a) Complaints mechanisms within penitentiary institutions**

The CfPT did not report any issues, such as impossibility, refusal, or limitation, in filing complaints or intimation during confidential individual or group discussions with convicts. According to the information presented by the NAP with reference to the flow of petitions for 2023, out of 3 071 petitions received, 77% originated from penitentiary institutions.

Most complaints address issues such as transfers to other penitentiary institutions (795), improper performance of duties by employees (414), requests for information (210), subjection to inhuman or degrading punishment or treatment/torture (168/23), inadequate medical assistance (123), and questions related to work engagement (128). Regarding the issue of subjection to inhuman or degrading punishment or treatment, most complaints were received from penitentiaries No. 4, No. 6, No. 7, and No. 13.

***The Council was unable to identify a clear procedure or mechanism within the penitentiaries for handling confidential complaints submitted to prosecutors, the People's Advocate (Ombudsman), or public associations regarding ill-treatment or allegations of torture allegedly suffered in the penitentiary or during transportation.***

As a result, there is no internal regulation outlining the organization and application of the complaints mechanism.

The issue of sending correspondence outside the penitentiary remains a significant concern due to prisoners' lack of financial resources to purchase envelopes and stamps. This lack of money becomes a real obstacle in reporting potential abuses or cases of ill-treatment. While employees state that they provide prisoners with the necessary resources (envelopes, paper, pens, etc.), the majority of prisoners claim that they have not received any materials from the administration.

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<sup>26</sup> <https://rm.coe.int/16806ccccc0>



The Council observed a very good practice at Penitentiary No. 7 Rusca, implemented by the administration, regarding the respect for women prisoners' right to information. In this regard, we were shown informational leaflets (Guidelines for Newly Arrived Convicts), which are given to each person newly arrived in the penitentiary. These leaflets contain essential information about the penitentiary, its structure, activities, the rights and obligations of the convict, the daily schedule, contact with the outside world, and more. This concise yet highly informative material is very useful, and the practice of distributing such guidelines could be successfully adopted and implemented in other detention facilities.

## **b) Contact with the outside world:**

### **Access to a lawyer**

During the monitoring visits conducted in 2023, the CfPT did not receive any allegations from prisoners that they had restricted access to the services of a lawyer, a fundamental safeguard including against torture and other ill-treatment. For confidential conversations between prisoners and attorneys, rooms for short meetings are being used. The CfPT encourages lawyers to provide qualified assistance and to challenge/report any allegations of torture, ill-treatment, degrading or inhuman treatment when they have knowledge of such information.

### **Notification of custody**

Custody notifications are made via public telephones. In all the institutions visited, convicted persons did not report being denied this right. Generally, each institution provides enough public telephones to allow calls with relatives. Unfortunately, most of these phones are placed in locations that make it impossible to ensure the confidentiality of conversations.

A positive practice observed at Penitentiary No. 7 Rusca is the administration's practice of sending notifications to the relatives of convicted women. These notifications inform them about the location where the convict is held, the duration and number of annual visits, the length of telephone calls, and the lists of permitted and prohibited items that can be sent or received.

### **Telephone conversations.**

During the monitoring visits, the CfPT did not receive any allegations from prisoners regarding restrictions on access to telephone calls. However, in nearly all penitentiaries, telephone sets (taxophones) are installed within the premises, often in areas where they are within hearing range of staff or other inmates. This arrangement does not ensure the privacy and confidentiality of telephone conversations.

## **c) Access to medical examination**

Upon entering the penitentiary, prisoners undergo a detailed examination by a medical worker, and this is recorded in their medical card. The documentation of bodily injuries is conducted, but there are instances where staff are unsure of how to proceed if they suspect the prisoner is a victim of violence. Bodily injuries are documented in several ways, including in the register, the report, and the prisoner's medical record. Injuries are also documented through photographs. However, there are cases where medical workers are



not familiar with the provisions of the General Prosecutor's Office order, which regulates the proper procedures for documenting and reporting bodily injuries. As a result, data regarding the true origin of the injuries are often missing. When there are suspicions of altercations or violence, medical workers may fail to notify the authorities, and the reporting relies solely on the prisoner's statements. The medical worker completes the medical record based on the prisoner's own statement account, without offering an independent assessment of the injury's cause, regardless of the severity of the injury.

Medical staff require continuous training in the documentation of bodily injuries, alleged acts of torture and the provisions of Order No. 77 of 31.12.2013 of the General Prosecutor's Office and the Istanbul Protocol (Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment").<sup>27</sup>

### **ACCESS TO HEALTH SERVICES**

The healthcare system in penitentiaries is part of the National Administration of Penitentiaries (NAP) under the Ministry of Justice. At the central level of the NAP, the NAP Medical Directorate is established, which is directly subordinated to the director of the NAP.

The NAP Medical Directorate is organizationally responsible for the medical services in penitentiaries (including the penitentiary hospital). The medical staff in penitentiary institutions are subordinated to the director of the penitentiary and are subject to dual loyalty in making medical decisions. Thus, the priority in medical decision-making lies with the official/unofficial position of the penitentiary administration, rather than the interests of the patient.

***The CPT reiterates that the dual loyalty of medical staff subordinated to the penitentiary administration increases the risk of bodily injuries being formally recorded and reduces safeguards against ill-treatment.***

According to the Nomenclature of departmental medical and sanitary institutions<sup>28</sup>, the Medical Directorate is established with code 2650, within the National Administration of Penitentiaries, which provides hospital medical assistance in therapeutic (375 beds) and surgical (45 beds) specialties. Additionally, according to the Nomenclature, the Medical Directorate provides specialized outpatient medical assistance.

The recommendations of the CfPT and international organisations with respect to ***the transfer of responsibility for the health of prisoners from the Ministry of Justice to the Ministry of Health has not been fulfilled***. The MoJ and NAP have organised several meetings where the above recommendations were discussed but did not result in any outcome.

Overall, the CfPT notes the following **improvements**: in the framework of penitentiary medical services there are improvements in terms of equipment, technical resources,

<sup>27</sup> <http://ombudsman.md/wp-content/uploads/2019/07/Raport-anual-de-activitate-CpPT-2018-Romana.pdf>

<sup>28</sup> MoH Order No. 894 of 25.11.2015 On the Approval of the Nomenclature of Departmental Medical-Health Institutions, [http://old2.ms.gov.md/sites/default/files/legislatie/ord\\_nr\\_894\\_din\\_25.11.2015\\_cu\\_privire\\_la\\_aprobarea\\_nomenclatorului\\_PMSI\\_departamentale.pdf](http://old2.ms.gov.md/sites/default/files/legislatie/ord_nr_894_din_25.11.2015_cu_privire_la_aprobarea_nomenclatorului_PMSI_departamentale.pdf)



medical services are accredited in 13 out of 16 penitentiaries. No shortages of medicines have been detected.

However, the basic problem remains unresolved, which is the lack of medical staff with higher education, which reduces the quality of the management of the services provided. Thus, heads of medical services are missing in P1 Taraclia, P2-Lipcani, P3 Leova, P6-Soroca, P9-Pruncul, P15-Cricova, P17-Rezina, P18-Braneşti. Total vacant positions of medical staff as of 31.12.2023 - 52.5.

The CPT reiterates that the CPT standards establish several basic rules for healthcare services in prisons, the first of which is access to a physician. The organization of the healthcare service should be structured in such a way as to ensure that requests for examination are addressed without any delay<sup>29</sup>.

The coverage of prisoners with medicines is satisfactory, achieved through centralized procurement conducted by the National Administration of Penitentiaries (NAP) using the mechanism available in the civil sector – the Centre for Centralized Procurement in Healthcare. Within the penitentiary system, there is a Regulation on the circulation and management of medicines, developed with the support of Council of Europe experts, and approved by NAP Order No. 163 on 25.03.2021

no. d/o	Disease	2017	2018	2019	2020	2021	2022	2023
1	<b>Infectious and parasitic diseases</b>	1132	1037	1114	901	1700	1634	1501
	<i>Tuberculosis</i>	61	89	98	91	152	116	61
	<i>HIV</i>	124	130	149	168	176	196	223
2	<b>Tumours</b>	40	37	38	36	28	29	30
3	<b>Blood diseases</b>	113	98	79	83	99	87	141
4	<b>Endocrine diseases</b>	305	289	247	211	207	503	600
5	<b>Mental and behavioural disorders</b>	4829	3731	3094	2845	3147	2855	3818
6	<b>Diseases of the nervous system</b>	439	586	682	603	708	690	810
7	<b>Diseases of the eye and appendages</b>	601	542	440	430	479	432	509
8	<b>Diseases of the ear and apophysis</b>	303	235	173	175	236	201	205
9	<b>Diseases of the cardiovascular system</b>	1400	1176	1170	1187	1222	1249	1631
10	<b>Diseases of the respiratory system</b>	3198	2127	1843	1467	1550	1580	2558
11	<b>Diseases of the digestive system</b>	3377	3524	3171	2194	3203	2983	2901
12	<b>Diseases of the skin and subcutaneous tissue</b>	609	512	456	330	573	380	632
13	<b>Diseases of the articular system</b>	432	406	425	376	301	279	388
14	<b>Diseases of the genitourinary system</b>	921	813	758	806	847	856	1129
15	<b>Congenital malformations</b>	2	1	1	3	3	1	4
16	<b>Trauma and intoxications</b>	1477	1108	1376	1221	1756	1562	1684
	<b>General morbidity</b>	<b>19178</b>	<b>16222</b>	<b>15067</b>	<b>12956</b>	<b>16211</b>	<b>15321</b>	<b>18541</b>

<sup>29</sup> CPT Rules <https://www.coe.int/en/web/cpt/prison-health-care>



An increase in the general morbidity rate among prisoners by 21.0% has been observed. The most common illnesses affecting prisoners include mental and behavioral disorders, followed by diseases of the digestive and respiratory systems. The prevalence of mental and behavioral disorders underscores the impact of detention conditions and highlights the insufficiency of specialized psychiatric medical assistance. Meanwhile, the share of infectious diseases, including tuberculosis and HIV infection, has decreased from 10.6% in 2022 to 8.0% in 2023.

Trauma and poisoning cases among prisoners have risen from 25.7% in 2022 to 29.6% in 2023 reflecting an increasingly unsafe detention environment.

The analysis of deaths by their underlying causes highlights the areas requiring urgent intervention by authorities, as well as the need for significant investment to address or mitigate these issues. Inmate mortality has increased compared to 2022, reaching 29 deaths per 5,695 prisoners (0.5%) in 2023, up from 23 deaths per 6,084 prisoners (0.37%) in 2022. Historical data shows fluctuating mortality rates: 41 deaths per 6,429 prisoners (0.63%) in 2021, 56 deaths per 6,517 prisoners (0.85%) in 2020, 36 deaths per 6,776 prisoners (0.53%) in 2019, and 29 deaths per 6,990 prisoners (0.41%) in 2018. In 2023, the leading causes of prisoner mortality were cardiovascular diseases, tumors, suicides, and diseases of the digestive system, collectively accounting for 68.9% of deaths. Traumatic injuries and poisonings were the next most common causes. Each death is subjected to forensic examination, with the findings forwarded to the Prosecutor's Office for further examination.

### Mortality per nosologies 2016-2023

no. d/o	Disease	2016	2017	2018	2019	2020	2021	2022	2023
1	<b>Tuberculosis</b>	4	4	0	2	4	1	0	1
	<b>and HIV / TB</b>	0	1	0	0	0	0	1	
2	<b>AIDS proper (excluding TB)</b>	2	0	0	0	0	0	0	
3	<b>Cancer</b>	12	9	4	6	12	11	4	5
4	<b>Diseases of the nervous system</b>	4	0	4	1	8	3	0	2
5	<b>Diseases of the cardiovascular system</b>	8	12	9	10	14	11	5	5
6	<b>Diseases of the respiratory system (excluding TB)</b>	0	2	2	1	4	1	0	1
7	<b>Diseases of the digestive system</b>	10	4	1	2	1	6	7	5
8	<b>Traumatic injuries, intoxications</b>	5	2	1	3	6	0	2	3
9	<b>Suicide</b>	6	3	6	9	7	6	4	5
10	<b>Other</b>	3	5	1	2	0	2	0	2
	<b>Total:</b>	54	42	29	36	56	41	23	29



Risk reduction programs (needle exchange) and pharmacotherapy with methadone and buprenorphine are implemented in 13 penitentiaries. By the end of the year, **104** drug-dependent persons benefited from permanent treatment, **46** new beneficiaries being included during 2023 (32 in 2022), **14** convicted persons finished the pharmacotherapeutic treatment with Methadone (19 in 2022) and 47 beneficiaries abandoned the treatment (29 in 2022). Also, 27 convicted persons benefited from the continuation of the pharmacotherapeutic treatment with Methadone through case transfer from the Ministry of Health (20 in 2022) and 38 beneficiaries were released from detention (33-2022).

By the end of the reporting period, 27 prisoners (compared to 22 in 2022) benefited from the **buprenorphine** substitution treatment. During 2023, **11** new beneficiaries were included (31 in 2022), **5** re-initiated the treatment (4 in 2022), **9** beneficiaries abandoned the treatment (13 in 2022) and 7 persons were excluded for circumvention (8 in 2022).

Penitentiary institutions are not adapted according to national standards for persons with locomotor disabilities. Additionally, access to these facilities is not accommodated to the needs of individuals with special needs, which creates further obstacles in accessing medical services. The penitentiaries lack spaces adapted for personal hygiene as well as for daily routines; in practice, there are no cells adapted for individuals with physical disabilities. It is impossible for inmates to move independently. It is encouraging, however, that within penitentiary institutions, a personal assistance unit has been implemented as part of the household service detachment to assist inmates with disabilities in the penitentiary system.

**The CfPT reiterates that the effective guarantee of the right to health in places of detention is based on the cumulative fulfilment of the constituent criteria, such as: accessibility, availability, acceptability, quality, equivalence (equity). The CfPT notes that access to qualified health care is limited due to the insufficient provision of senior medical staff in institutions, thus, nurses are at risk of being held accountable because they undertake some responsibilities that are assigned to a doctor.**

***According to Rule 5 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules), the prison administrations shall make all reasonable accommodation and adjustments to ensure that prisoners with physical, mental or other disabilities have full and effective access to prison life on an equitable basis.*<sup>30</sup>**

**CfPT recommends adjusting and improving living conditions to the needs of persons with disabilities (at least a few cells in each prison).**

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<sup>30</sup> The United Nations Standard Minimum Rules for the Treatment of Prisoners, available in English at the following link <https://www.bing.com/ck/a?!&&p=7a3eb121c1be546a7d4e99029ba542591c488e98367d57ae7a5804c67757bbe3JmltdHM9MTczMzcwMjQwMA&ptn=3&ver=2&hsh=4&fclid=3ac16c99-1625-6009-10f2-780a173161b7&psq=The+United+Nations+Standard+Minimum+Rules+for+the+Treatment+of+Prisoners%2c+available+in+English+&u=a1aHR0cHM6Ly93d3cudW5vZGMub3JnL2RvY3VtZW50cy9qdXN0aWNILWFuZC1wcmllZb24tcmVmb3JtL0dBLVJFU09MVVRJT04vRV9lYm9vay5wZGY&ntb=1>



## Treatment of prisoners in the medical sector

Medical staff examine prisoners only upon request, do not proactively act, no prophylactic, preventive, monitoring measures are conducted in terms of healthcare, or measures for visiting the living areas.

The confidentiality of the medical documentation is not fully ensured, as the medical records of inmates are accessible to health workers from among the prisoners, or prison personnel other than the medical staff. CfPT reminds about the need to ensure confidentiality of information of special nature and the exhaustive completion of medical data in the medical documentation.

A specific issue concerns the confidentiality of information related to minors. In the Republic of Moldova, minors can be detained in the penitentiary system starting at the age of 14, while the legal age for expressing informed consent for health interventions is 16 years.

At the same time, in accordance with the provisions of the European Convention on Human Rights and Biomedicine<sup>31</sup>, as well as national legislation<sup>32</sup>, patients must be involved in exercising their right to participate in decision-making, to be informed about their own health, and to give free and informed consent, appropriate to their level of discernment.

Penitentiary institutions lack a clear procedure for ensuring and formalizing such evaluations and processes. Regarding minors, their right to confidentiality of medical information can be affected in cases of "informing parents or legal representatives of persons under 18 years of age when they are provided medical assistance."<sup>33</sup> The juvenile penitentiary institution does not have a procedure, instruction, or regulation to manage these legal guarantees, and medical workers are not familiar with the legal provisions in this field. A separate topic concerns the formalization of consent for persons with mental or behavioral disorders.

Penitentiary institutions do not have clinical psychologists trained in mental health, particularly for minors, to participate in structured evaluations for diagnosing mental health issues, developing treatment plans, and engaging in the treatment and rehabilitation of patients through psychotherapy and specialized psychological counseling.

### CONDITIONS OF DETENTION

#### **a) Accommodation conditions**

Practically in all the prisons visited in 2023, in a large number of cells, the material conditions of detention are far from being considered satisfactory. In some of the prisons visited, the CfPT noted the administration's efforts to improve the living conditions, to divide up large „barrack” type sectors into rooms for a smaller number of prisoners.

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<sup>31</sup> Oviedo Convention, [Oviedo Convention and its Protocols - Human Rights and Biomedicine](#)

<sup>32</sup> Art. 10-13 of Law No. 263 of 27.10. 2005 on patient rights and responsibilities: [LP263/2005](#)

<sup>33</sup> Art. 12, para. (4), let. d) of Law No. 263 of 27.10.2005 on patient rights and responsibilities





**However, the CfPT still notes different conditions of maintenance and discriminatory attitude of the staff of the institution resulting from the segregation according to „group membership”, in line with the criminal subculture, to the detriment of the total mass of prisoners or the most vulnerable and marginalized groups.**

In penitentiary institutions for men, convicts are placed in overcrowded dormitories characterized by poor conditions: dirty ceilings, walls, and floors, combined with inadequate ventilation and lighting. These circumstances collectively indicate detention under inhuman and degrading conditions, as observed in Penitentiaries No. 15, No. 6, and No. 2. Additionally, the lack of proper storage space for personal belongings forces prisoners to keep numerous items—far exceeding what is necessary for daily living—in bags stored under their beds. This abundance of items visually transforms the living spaces into storage rooms.

The worst conditions are found in the sectors housing prisoners who have requested personal security under Article 206 EC (Penitentiary No. 15, Penitentiary No. 6). These sectors, which were previously used for disciplinary isolation, exhibit inferior detention conditions: The wards consist of narrow, overcrowded rooms with limited access to daylight, inadequate ventilation, high temperatures, unpleasant odors, outdated furniture, worn bed linens and bed covers. The small windows are covered with metal grilles, severely restricting daylight. Artificial lighting is of low intensity. In Penitentiary No. 15, Sector No. 1, the cells measure only 8 m<sup>2</sup> for 3 prisoners, making movement within the space nearly impossible<sup>34</sup>. The situation in Sector No. 12 of Penitentiary No. 6, where prisoners isolated for personal security reasons are held, is deplorable. In cell No. 6 of this sector, three prisoners are confined in a 6 m<sup>2</sup> space, with one prisoner having only 2 m<sup>2</sup> to themselves.<sup>35</sup>

**According to the Nelson Mandela Rules, the minimum standards stipulate that a collective cell should provide at least 4 m<sup>2</sup> per prisoner, plus access to sanitary facilities. There must be a minimum of 2.2 m between cell walls and at least 2.5 m between the ceiling and the floor. For collective cells, the minimum standards are as follows: 10 m<sup>2</sup> for 2 prisoners, 14 m<sup>2</sup> for 3 prisoners, and 18 m<sup>2</sup> for 4 prisoners, plus sanitary facilities.**

## **b) Hygiene and access to the bathroom**

**Access to the bathroom** for prisoners is provided by the prison administration according to the established schedules, at least once a week. Most prisoners say they want to take a bath more often.

The conditions in the communal bathrooms are reprehensible and urgently require repair. Some bathrooms lack shower heads, and there are insufficient shower cubicles for the total number of prisoners. The cubicles are not separated in a way that ensures

<sup>34</sup> <https://ombudsman.md/wp-content/uploads/2023/10/Raportul-p-d-vizita-la-P-15-din-27.04.2023.pdf>

<sup>35</sup> <https://ombudsman.md/post-document/raport-privind-vizita-de-monitorizare-efectuata-la-penitenciarul-nr-6-soroca-din-cadrul-administratiei-nationale-a-penitenciarelor-la-14-decembrie-2023/>





privacy. Additionally, there are no mats on the floor to prevent slipping. The toilets, including those for staff, are also in unsatisfactory condition.

The CfPT also notes that bed linen was worn and soiled in the case of most prisoners, and the prisoners stated that bed linen is issued once a month. **The CfPT recommends revising the hygiene kit and also including other necessary products as well as reviewing the quantity provided monthly.** Prisoners acknowledge receipt of the set of hygienic products provided by the penitentiary administration, but claim that, for certain products, the quantity is small and not enough to last until the end of the month. **The CfPT draws attention to the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)<sup>36</sup>, which stipulate that personal hygiene shall be available to all prisoners. To this end, they shall be provided with water and necessary toilet articles for health and cleanliness.**

Convicts from several penitenciarie mentioned that the medical worker does not come every day to check the sanitary and hygienic conditions in the sector, as required by the Ministry of Justice Order No. 343 of 29.12.2022. This order approves the Regulation on the Organisation of Medical Assistance for Detainees in Penitentiary Institutions, specifically in item 44, paragraph (17), and item 95, paragraph (10)<sup>37</sup>.

### c) Water and food

Water is supplied from city aqueducts or from the prison's artesian well. In the prisons visited by the CfPT, there were no complaints from detainees regarding issues related to water supply and its quality, except for Penitentiary No. 2 Lipcani, where prisoners mentioned that the water had too much chlorine.

Complaints about the quality of food have been reported in practically all institutions for adult men, issues that were not evident at the penitentiary for women and the penitentiary for minors. However, at the penitentiary for minors, some detainees have complained that from dinner, which is served at 6 pm, until morning, many of them feel hungry.<sup>38</sup>

Most often convicts mention that they have products brought to them from home and that they prefer to cook their own food.

In this regard, the Council repeatedly recommends diversifying the menu to include fruits, dietary options, and meals respecting various religious beliefs, as well as providing professional training for prisoners involved in food preparation.

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<sup>36</sup> The United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules), [https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E\\_ebook.pdf](https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf)

<sup>37</sup> [https://www.legis.md/cautare/getResults?doc\\_id=135397&lang=ro](https://www.legis.md/cautare/getResults?doc_id=135397&lang=ro)

<sup>38</sup> <https://ombudsman.md/wp-content/uploads/2023/12/raport-penitenciarul-nr.10-goian-din-cadrul-administratiei-nationale-a-penitenciarelor-la-07-iulie-2023.pdf>



## REGIME AND DAILY ACTIVITIES

**The Council refers to Rule 4 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)<sup>39</sup>: prison administrations and other competent authorities should offer education, vocational training and work, as well as other forms of assistance that are appropriate and available, including those of a remedial, moral, spiritual, social and health- and sports-based nature. All such programmes, activities and services should be delivered in line with the individual treatment needs of prisoners.**

The educational and psycho-social assistance programmes are conducted based on the programme offer, which consists of 28 programmes, approved by the NAP (the number of programs has increased compared to 2022), depending on the needs identified and the individual sentence execution plans.

During the monitoring visits CfPT observed a significant decrease in the number of convicts involved in vocational-technical training programs. Moreover, the need for training and the participation action in vocational studies is not reflected in all the individual sentence execution plans, even though the information from the initial assessments describes that they only have secondary education or incomplete secondary education (in total per system, 76,4% of convicted persons have secondary and high school education, which respectively need to learn a profession, in order to increase the possibility of further reintegration into society). For the 2023-2024 academic year, only 219 convicts were enrolled in 11 trades, which is a decrease by 50% compared to those enrolled for the 2022-2023 academic year<sup>40</sup> (14 professions) and a decrease by 60% compared to those enrolled for the 2019-2020 academic year (18 professions).

A similar situation is also the case for convicted persons serving sentences for offences of a sexual nature, for whom no actions are planned that would reduce the risk of relapse. By reviewing the activity reports prepared by the penitentiary institutions for 2023, the *Program for decreasing the risk of recidivism of convicted offenders for crimes of a sexual nature*, approved by the Order of the Department of Penitentiary Institutions No. 237 of 28.12.2017, was implemented only in 4 penitentiary institutions (Penitentiary No. 1, Penitentiary No. 2, Penitentiary No. 6 and Penitentiary No. 18), even though the number of persons with such needs at the end of 2023, amounted to 619 convicts, which represents around 13% of the number of convicts by type of offence, and a large number of them are detained in Penitentiary No. 4 (123), Penitentiary No. 3 (82), Penitentiary No. 9 (85), etc.

The Council notes that **an unsafe prison environment can adversely affect the ability of prisoners to engage in rehabilitation programs and to develop the skills necessary for reintegration into society upon release.**

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<sup>39</sup> The United Nations Standard Minimum Rules for the Treatment of Prisoners, available in English on the following link [https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E\\_ebook.pdf](https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf)

<sup>40</sup> <https://www.anp.gov.md/rapoarte-de-bilant-semestriale-anuale> [https://drive.google.com/file/d/1lwPQj2QaMNCeE2\\_xb4LNq1H8qf9CbKH8/view](https://drive.google.com/file/d/1lwPQj2QaMNCeE2_xb4LNq1H8qf9CbKH8/view)



The CfPT noted problems related to the implementation of educational or psychosocial programmes in Romanian for Russian-speaking and foreign prisoners. This problem is to be solved through the implementation of Romanian language courses, this being one of the primary actions of the individual sentence execution plans of convicts.

The lack of opportunities for convicted prisoners to engage in paid and unpaid work remains a current issue, as the lack of occupational activities has a negative influence on the climate in the institution, as well as on the mental health of convicts. The most vulnerable in this case are the convicts who are placed separately on the basis of Art. 206, who are deprived of certain occupational programs or work activities.

At the same time, for those who are involved in work, **the period of work is not included in the contribution period, and the provisions of the legislation in force in this area restrict and limit the right of persons deprived of liberty to social insurance. The Council emphasizes that the criminal sentence should not be a reason for prohibiting or limiting the right to social insurance and urges the NAP management to initiate the procedure to amend the regulatory framework in order to include the period of work of persons deprived of liberty in the contribution period.**

#### **SITUATION OF WOMEN IN PENITENTIARY INSTITUTIONS**

During 2023, the CfPT visited 2 prison institutions where female prisoners were detained: Penitentiary No. 7 Rusca - women's penitentiary and Penitentiary No. 13 Chişinău.

**During the monitoring visits, the CfPT did not receive any allegations of torture and other ill-treatment by penitentiary staff towards female prisoners.**

However, some female prisoners reported instances of verbal abuse or violence. In Penitentiary No. 7, they mentioned that, in previous years when the institution was under different leadership, there were cases of physical violence perpetrated by staff.

The CfPT found that the medical service does not record and keep track of all cases of declared hunger strikes, which gives rise to suspicions that hunger strikers are not being medically monitored. Similarly, not all cases of bodily injuries and self-harm are recorded<sup>41</sup>. **We would like to emphasize that failure to record data on bodily injuries, self-harm or refusal of food for prisoners can have serious consequences for their health and safety, as well as for the integrity of the penitentiary system. It is essential that penitentiary authorities ensure proper documentation of bodily injuries and take appropriate measures to prevent abuse and violence in prisons.**

With reference to the conditions of detention in the Women's Penitentiary, practically all the cells in the living blocks (except for block 4 where the disciplinary isolator is located) are clean, heated, airy and well arranged, the cells being equipped with furniture (beds, chairs), bed linen (pillows, mattresses, sheets, blankets) and decorative objects created by the convicted women. Practically all the cells are personalized with decorative items given to the convicts by relatives or personally made, which contributes to the psycho-emotional improvement. Daylight is accessible and artificial lighting is functional.

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<sup>41</sup> <https://ombudsman.md/post-document/raport-elaborat-in-urma-vizitei-de-monitorizare-efectuate-la-penitenciarul-nr-7-rusca-la-20-01-2023-2/>



Council members observed that both the food preparation areas, storerooms and the food serving room are kept clean, are well ventilated and well furnished. All female inmates take their food in the dining hall. No complaints regarding the quantity or quality of the food were received.

The prison offers various occupational activities as well as paid employment. Approximately 50% of incarcerated women are engaged in remunerated work. The CPT considers that all individuals involved in work should benefit from the calculation of their work tenure.

There are no program offerings for individuals with mental health issues. In this regard, the Council recommends the development and implementation of programs and activities for the mentioned category.

The situation at Penitentiary No. 13 is different, where women are confined in poor living conditions, including inadequate lighting, bathrooms in need of repair, and infestations of cockroaches<sup>42</sup>. They are rarely engaged in activities, apart from sporadic events, and spend most of their time in their cells, except during designated walking hours. Access to books in the library is limited, and women can only use a TV or radio if these devices are provided by relatives, and if they have funds in their peculium account to cover the cost of electricity.

The CfPT views it as a positive development that a gynecological cabinet has been established (through external donations) in the women's detention sector, which is fully equipped with all the necessary tools and equipment to provide medical care to women.

#### **SITUATION OF CHILDREN/JUVENILES IN PRISON INSTITUTIONS**

##### **a) Treatment of juveniles prisoners in prison institutions**

The CfPT commends the actions of the NAP for implementing the recommendations made in the CPT report following the 2022 visit<sup>43</sup>, as well as those from the CfPT's reports and transferred the minors under investigation from Penitentiary No. 13 and from Penitentiary No. 17 to Penitentiary No. 10 Goian.

During the Council's visit in July 2023, no complaints were received from prisoners regarding abuse by either staff or fellow inmates. However, elements of the criminal subculture have not been fully eradicated, with juvenile prisoners still adhering to informal rules from adult penitentiaries. As a result, the CfPT recommends intensifying efforts to eliminate the criminal subculture through educational programs that promote positive values, ethics, and an understanding of the consequences of criminal behavior. Education is essential for changing antisocial behavior.

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<sup>42</sup> <https://ombudsman.md/post-document/raport-de-vizita-la-penitenciarul-nr-13-chisinau-2-august-2023-2/>

<sup>43</sup> Report to the Government of the Republic of Moldova on the visit to the Republic of Moldova conducted by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) in December 2022, English version available at: <https://rm.coe.int/1680ac59d8>



The Council also noted an increase in cases of bodily injury and self-harm. In 2023, the activity report recorded 70 cases of bodily injury and 43 instances of self-harm. These behaviors may indicate underlying issues such as abuse, neglect, severe stress, or mental health problems. The rising numbers suggest an unsafe detention environment.

**CfPT recommends to ensure the safety and well-being of children and to prevent any form of abuse or violence against them, including through staff training, assessments and concrete action plans to prevent inter-prisoner harm and self-harm, as well as suicide.<sup>44</sup>**

Employees stated that minors have unlimited access to mail. However, in order to correspond with individuals outside the prison, inmates must have money in their peculium account to purchase envelopes and stamps. The lack of funds can create a significant barrier, potentially preventing them from reporting abuse or mistreatment.

### **b) Living conditions**

The living conditions are generally good in most areas. In Block A, where pre-trial detainees are held, the interior consists of individual cells, each housing two individuals. The cells are equipped with beds (including mattresses and bed linen), a table and chairs, and a toilet. They are clean, well-ventilated, with intact ceilings and walls, though the bed linen is worn and needs to be replaced.

Prisoners are allowed access to the bathroom twice a week. However, the conditions in the shared bathroom in Block D and the state of the sanitary facilities are deplorable and in need of urgent repairs. There is a lack of privacy, and the walls and ceiling are damp and mouldy, with a slippery floor. The toilets, including those for staff, are also in poor condition.

Prisoners confirmed that the daily menu includes eggs, meat, fish, butter, and other items. However, during discussions with some minors, it was revealed that the last meal is served at 6 p.m., and they expressed complaints about feeling hungry until the following morning.

### **c) Diet and activities**

Young individuals have the opportunity to enroll in secondary and high school education, vocational-technical training in six specialties, and participate in ten programs designed to develop social skills, conflict resolution, assertive communication, cognitive processes, and life skills.

There are designated spaces equipped for conducting training programs, psycho-social activities, and group sessions.

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<sup>44</sup> <https://ombudsman.md/wp-content/uploads/2023/12/raport-penitenciarul-nr.10-goian-din-cadrul-administratiei-nationale-a-penitenciarelor-la-07-iulie-2023.pdf>



The Council agrees with the CPT's perspective<sup>45</sup> that minors should be offered a comprehensive daily schedule that includes education, sports, vocational training, recreation, and other beneficial activities outside of their cells. Physical exercise should be an essential part of the daily routine for minors.

#### **SITUATION OF PERSONS WITH SPECIAL NEEDS IN PENITENTIARY INSTITUTIONS**

A major concern of the CfPT is the situation of persons with disabilities in places of detention. The CfPT permanently notes that the conditions of detention in all prisons visited are not adapted to the special needs of prisoners with disabilities.

The CfPT once again highlighted the absence of cells adapted for individuals with locomotor disabilities. Living areas, bathrooms, and toilets are not designed to meet their needs. Additionally, numerous barriers hinder the movement of prisoners with disabilities to other areas within the penitentiary, such as stairs leading to walking yards, medical offices, and other specialist facilities.

Although the NAP's 2023 Activity Report<sup>46</sup> states that *„adequate conditions for physical and informational accessibility for persons with disabilities are created in penitentiary institutions by assigning this category of beneficiaries to the first floor of the living blocks, near sanitary facilities and medical wards”* CfPT members identified a concerning case in Penitentiary No. 15. In this instance, a prisoner with a severe disability, including the loss of a leg, is housed in a dormitory on the second floor, while the toilet and bathroom are located in the basement. The prisoner reported relying on assistance from other inmates to move around.

***According to the Recommendations of the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules)<sup>47</sup>, prison administrations shall make all reasonable accommodation and adjustments to ensure that prisoners with physical, mental or other disabilities have full and effective access to prison life on an equitable basis.***

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<sup>45</sup> Report to the Government of the Republic of Moldova on the visit to the Republic of Moldova conducted by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) in December 2022, English version available at: <https://rm.coe.int/1680ac59d8>

<sup>46</sup> <https://www.anp.gov.md/rapoarte-de-bilant-semestriale-anuale>  
<https://drive.google.com/file/d/1B-UC205iaRf1Lvl2ExO2ud5hQvyzGUCa/view>

<sup>47</sup> The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), available in English at the following link [https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E\\_ebook.pdf](https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf)



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## RECOMMENDATIONS

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1. Ensuring the safety and well-being of convicted persons by preventing any form of abuse or violence against them.
2. Implementing measures to reduce the criminal subculture, aiming to eliminate the involvement of prisoners in decision-making processes within penitentiary institutions (e.g., maintaining order, sector allocation). This includes ensuring equal and non-differentiated treatment for all detainees and excluding any form of discriminatory practices against individuals deprived of their liberty.
3. Providing equal opportunities and rights to individuals under Article 206 of the Enforcement Code, ensuring they have access to satisfactory living conditions, occupational activities, outdoor walks, and other facilities under the same conditions as other categories of prisoners.
4. Amending the regulatory framework to account for the work period of individuals deprived of their liberty in their contribution period.
5. Implementing an Action Plan to ensure the accommodation of prisoners with disabilities in penitentiary institutions, addressing both infrastructure needs and the provision of nursing staff.
6. Implementing a Mental Health Care Strategy in penitentiary institutions, including developing procedures for collaboration among specialists to provide integrated services for individuals with mental health issues.
7. Increasing staffing levels for employees who directly interact with persons deprived of their liberty, alongside developing facilities and incentives to attract and retain candidates. This aims to fill vacant positions, ensure compliance with national legislation and international recommendations, and prevent staff overburdening and exposure to risky situations.
8. Establishing a progressive system for executing custodial sentences, emphasizing individualization of sentence execution and providing a transparent mechanism to assess the progress of convicted persons during their detention.
9. Conducting individualized reintegration programs and activities designed to reduce the risk of relapse among convicted individuals.
10. Providing initial and continuous training for penitentiary staff on key topics such as effective communication with prisoners, the appropriate use of physical force and special means, and adherence to professional ethics standards.
11. Improving general living conditions for all prisoners without exception, ensuring adequate space, lighting, ventilation, temperature control, sanitation, food quality, access to drinking water, fresh air, exercise, personal hygiene, and healthcare.



## IV. THE SITUATION IN THE DETENTION FACILITIES IN INSTITUTIONS SUBORDINATED TO THE MINISTRY OF HEALTH

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During 2023, CfPT conducted 4 visits in the institutions subordinated to the MoH - one monitoring visit in a psychiatric hospital - Orhei Psychiatric Hospital and in 3 visits to the Centres for the placement of persons with disabilities - Hîncești, Cocieri, Bălți.

### **PREVENTION OF ILL-TREATMENT AND SITUATION IN ORHEI PSYCHIATRIC HOSPITAL**

#### **General information**

The Psychiatric Hospital in Orhei is a public medical-sanitary institution established by the Ministry of Health. The hospital operates with four main wards and an isolation unit, providing a total of 145 beds—115 allocated for psychiatric care and 30 for narcological treatment. At the time of the visit, the hospital housed 110 patients, comprising 45 women and 65 men. Although the hospital is designated for adult patients, records from the men's ward show that a 17-year-old minor was admitted in 2023. Additionally, in 2022, five minors aged 17 were also admitted.

The hospital received conditional accreditation in 2021 and underwent reassessment in 2022. It operates a pharmacy, a food service unit, a laboratory, and two sections for functional diagnostics and physiotherapy.

The hospital serves five districts in the central region of the republic—Orhei, Rezina, Șoldănești, Criuleni, and Telenești—with a combined population of 361,587 (as of 2021).

Sections are distributed as follows:

1. Psychiatry males - 40 beds.
2. Psychiatry females - 40 beds.
3. Somatogeriatrics – 30 beds.
4. Narcology – 30 beds.
5. Isolator – 5 beds.

Patient placement at CPH Orhei begins with signing a hospitalization agreement in the admission section. Subsequently the patient signs an agreement for examination and treatment.

At the time of the visit, no individuals were undergoing treatment as a result of coercive medical measures; the last such case occurred in February. Additionally, it was noted that, de jure, there are no involuntarily hospitalized patients in accordance with Article 28 of the Law on Mental Health. The administration states that if a patient no longer wishes to remain hospitalized, they are discharged and may leave the facility at any time.





At the time of the visit, the hospital's occupancy rate was approximately 85%. The average duration of treatment is between 10 and 45 days, with an average of 22 days. However, some patients are admitted multiple times per year. The Council notes that the long duration of hospitalization persists.

Over the course of a year, the hospital records approximately 2,000 admissions. A personal file is created for each patient, but individualized treatment plans are not developed.

In 2022, the hospital recorded 1,949 discharges.

Diagnostic Profile of Patients:

847 patients with alcoholism

450 patients with organic disorders

408 patients with schizophrenia

The hospital reports no patients hospitalized with infectious diseases such as HIV or Hepatitis. Approximately two-thirds of the patients suffer from urinary incontinence. Bedridden patients are not admitted. There are no patients under legal guardianship measures.

No major incidents, deaths, suicides, rapes, or altercations were recorded in 2023. However, one case of verbal and physical abuse by a male nurse towards a patient was documented, and the nurse was disciplined.

Patient Care: Hygiene is provided daily in bathrooms equipped with boilers for heating water. A significant portion of personal hygiene products is donated.

Meals are provided three times a day, with a daily budget of 30 MDL per day. The menu includes poultry or pork meat 2-3 times a week. There is no on-site shop where patients can purchase food or personal hygiene products.

The institution faces a shortage of staff, particularly physicians, with 7 vacant positions. Out of a total of 131 positions, 7 are for physicians (4 psychiatrists), 41 for nurses, and 62 for orderlies. The medical team includes psychiatrists, 1 psychologist, a laboratory head, a dentist, a physiotherapist, an internist, an ophthalmologist, and a gynecologist. However, the institution does not have a social worker on staff. The medical staff works only during the day.

Patients have access to various activities, including rehabilitation, sewing, drawing, chess, and a sports room. They are allowed to go outside daily for approximately two hours under staff supervision, while 10 patients can leave the ward freely without supervision.

Patients can communicate with their relatives either in visitation rooms or via cell or stationary phones in the ward. Each ward is equipped with mailboxes for correspondence.

Physical and medicinal containment are used as means of restraint when necessary.

In cases where bodily injuries are detected, the Police, PAO, and the Orhei Prosecutor's Office are notified in accordance with the provisions of Order 77 of the GPO. The institution does not have surveillance cameras installed.



### **Situation of staff:**

As in all psychiatric hospitals in the country, while the overall staff coverage stands at 81%, the shortage of physicians is particularly acute. There are only six physicians filling 19 positions, of which only four are psychiatrists. All of these physicians are over the age of 60 and continue working even beyond retirement age. The situation is further complicated by the fact that these four psychiatrists are also responsible for covering night on-call shifts. The next increase in the number of psychiatric specialists is not expected until a few years from now, with the state planning to assign two current residents to the Department of Psychiatry. Consequently, the ratio of psychiatrists to the total number of patients (110) – or the 40 patients per ward – is clearly insufficient to ensure the quality and effectiveness of the care provided.

The administration is satisfied with the medical personnel, despite the overwhelming workload. Most specialists are working more than two quotas, splitting their time between the wards during the day and covering on-call shifts in the emergency ward.

The mid- and lower-level personnel also work 24-hour shifts, the working regime most often being 1 day (24 hours) of work to 3 days of rest.

There is only one psychologist on the staffing lists, who provides psycho-diagnostic activities and does not provide individual or group psychotherapy plans. There are no other multidisciplinary mental health specialties such as social workers or occupational specialists. This makes it impossible to orient treatment towards recovery and it is mainly directed towards curbing exacerbations and obtaining remission, without a multidisciplinary intervention plan, which would ensure continuity both up to hospitalization and afterwards. At the same time, the lack of clinical psychologists affects the quality of psycho-diagnosis, especially in personality and affective disorders.

Liaison with local authorities at discharge is provided by hospital administrative workers.

The administration reports around 20 training activities in 2022 and full refresher courses for nurses (up to 1 month). There are no specialized trainings in the field of human rights, mental health or rights of persons with disabilities.

CfPT considers that one single nurse and 2 orderlies during the night shift are not sufficient for 40 patients (e.g. male ward).

Supervision is conducted by junior staff without specialized security services.

### **Material conditions**

Orhei Psychiatric Hospital was originally established in Curchi and later relocated to Orhei. The building, dating back to 1969, was originally an 800-bed colony for individuals with intellectual disabilities. The last major renovation occurred between 2000 and 2003, and work is currently underway to renovate the food block.

There is no fenced or controlled walking area around the hospital, and the land adjacent to the building is not owned by the hospital, which affects patients' right to outdoor walks.



Several complaints have been raised regarding the quantity and quality of food. The director mentioned a daily food allocation of 31 MDL per patient. The administration also reported that meat and fish are provided on alternate days, although patients have disputed this claim.

The condition of the food block is unsatisfactory, with outdated equipment. Despite being told that patients receive meat five times a week and fish once a week, the refrigerator only contained two boxes of frozen fish for Monday and no meat (visit on Thursday). Therefore, the CfPT observes a shortage of food supplies and improper food storage, with fish stored in the refrigerator instead of the freezer.

Each ward has a restroom and a shower room, both of which are kept locked. The administration claims that showers are available daily, but both patients and lower-level staff report that there are designated "bath days" in the wards, typically on Tuesdays. The facilities are insufficient for the 40 beds in each ward to meet daily hygiene needs.

In the men's ward, the sanitary facilities are in poor condition. The sewage drains in the bathroom are exposed, and there are no mats to prevent slipping. Out of the four toilets available, only one was operational, while two were damaged. As a result, patients had to use a bucket of water to relieve themselves.

Most patient rooms are overcrowded, with up to eight beds in spaces ranging from 16 to 19 square meters. The rooms are furnished with beds and a few bedside tables, but there are no locking mechanisms. Patients store their personal belongings in plastic bags under their beds. These conditions do not allow for privacy or secure storage of personal belongings and may contribute to ill-treatment among patients under certain circumstances. The director mentioned that the stock of beds is outdated and insufficient, despite recent donations from Dutch organizations. The institution still relies on voluntary donations for furniture and bed supplies, as the founder does not provide adequate resources.

Although some wards are overcrowded with less than 4 square meters of space per person and minimal space between beds, other rooms contain only one or two patients, with some rooms left empty.

Lighting and ventilation are compliant with standards.

Each ward has designated "activity areas" equipped with a library and sports equipment, such as bicycle simulators. However, the ward documentation does not provide any information on how or whether these resources are being utilized. There are no dedicated rooms where patients can withdraw or seek refuge. Meetings with relatives are held either in the patient rooms or in the dining area of the hallway.

### **Treatment regime**

Treatment primarily focuses on medication. Patients spend most of their time in the hallway, smoking on the balcony, or watching television. The availability of medications depends on the pharmaceutical market in the Republic of Moldova. Access to atypical



antipsychotics is provided, though often in limited quantities, including expensive medications such as paliperidone and risperidone. The Director has expressed concerns about the recent disappearance of a highly effective medication, haloperidol decanoate, from the market. This drug allows for maintenance treatment with a single injection every three weeks and is typically used upon discharge from inpatient care. Tranquilizers, antidepressants, and mood stabilizers are also available. While the Director claims that clozapine (an antipsychotic with pronounced sedative and hypnotic effects, used only for resistant psychosis) is extensively utilized, there are no laboratory safeguards in place to monitor or prevent its severe adverse effects.

Electroconvulsive therapy has never been used. The treatment of somatic diseases is managed with internal resources. For many chronic somatic conditions, patients use their own medications, which have been prescribed by specialized physicians, such as antihypertensives, antidiabetics, antiretrovirals, and other necessary drugs. In certain cases, if required, the hospital administration submits requests to the specialized wards of the Orhei District Hospital to obtain specific medications. Pharmacotherapeutic treatment for drug addicts, including methadone and buprenorphine, is provided by the district hospital for patients enrolled in these programs, as needed.

The treatment of mental illness is not carried out in a multidisciplinary manner following the bio-psycho-social model. Patients are not assessed by a multidisciplinary team, and no individual treatment or recovery plans are developed. Upon reviewing medical records, it is evident that most records only include medication prescriptions, with therapeutic plans absent. There are no psychological, social, educational, or other assessments conducted. Additionally, there are no planned occupational or recreational activities, nor are there individual or group psychotherapy sessions. Social and recreational interactions are limited. Patients do not have access to their medical records and are not involved in the treatment planning process. The continuity of treatment is ensured through the discharge epicrisis, which only includes the medication details and is forwarded to the community mental health center in the patient's place of residence. In some cases, medical records lack a clinical diagnosis, with the physician completing the records only upon admission. Test results are not interpreted within the medical records, and the progression of the illness during treatment is not documented.

### **Isolation and restraint**

The administration denies the practice of any form of isolation. Physical restraint is applied using towels made of soft materials. Although the administration asserts that physical restraint is only used in exceptional cases and only in special wards, out of the sight of other patients, several individuals have reported that physical restraint is commonly practiced in general wards, often at the patient's bedside. Restraint is typically applied using a five-point method, securing the hands, legs, and chest. In some cases, patients are restrained with their hands raised, which can pose a danger to the patient. While restraint registers are available (though not in all wards, such as somatogeriatrics), they are often incomplete, and in some wards, there have been



missing entries for several years. The duration of restraint is difficult to determine due to the lack of proper documentation, but several patients have reported instances where restraints lasted more than two hours, and in some cases, overnight. During these periods, staff are not consistently present, and regular check-ups may occur infrequently.

### **Legal safeguards**

Although, de jure, all patients are hospitalized based on free consent expressed in writing, the CfPT identified several issues regarding the legality of the admission and discharge procedures. Upon admission, each medical record contains three forms to document the patient's free and informed consent, as required by procedure. Information about the patient's rights is provided in the admission ward, where a form is signed that outlines the patient's rights, based on Law No. 1402 on mental health. However, this form remains in the inpatient record and is not given to the patient. Additionally, in the ward, the patient signs both the admission agreement and the treatment agreement.

According to the entries in the patients' records, all of these signatures are documented with the date of admission, although the majority of patients, including those brought in on an emergency basis, are admitted with diagnoses that raise questions about the mental capacity, at the time, to enter into a legal document, including informed consent. Some patients have chronic intellectual disabilities that consistently impair their mental capacity, requiring support in decision-making. In several cases, the signatures on the three forms are not identical. Additionally, some patients have expressed that they do not want to be hospitalized, claiming they were brought in by relatives, or with the involvement of the police, among other circumstances.

At the same time, procedures for treatment without consent are not initiated. The argument is made that the patient may give consent after a few days, once they have recovered from the acute state. There is no mention of guardians or authorized caregivers who could sign on behalf of protected patients.

The institution does not have a standard operating procedure for obtaining informed consent or refusal.

In practice, patients cannot leave the ward at will, and the safeguards for involuntary treatment are not applied in cases where a patient later expresses an intention to discontinue treatment, despite being restricted from leaving the ward.

Most patients are unaware of the medications they are being given and do not participate in discussions regarding their treatment plans.

Although the administration claims that there is a box for complaints, both patients and ward employees do not know the path and subsequent fate of these complaints, how they are resolved and how patients are informed. Although there are mailboxes in the wards, there is no stationary, mail is not picked up by the postman but by hospital staff. Information leaflets with contact details and the names of institutions responsible for the



protection of patients' rights are missing in the wards. Cell phones and internet access are allowed in the wards but very few patients have them.

Involuntary treatment review safeguards - such as periodic review - are not valid due to lack of their documentation. Periodic assessments of patients' condition, especially for chronic patients seem to be formally typed and standardized, no medical councils are convened for more complicated cases.

**The Council for the Prevention of Torture has reiterated most of the findings and recommendations made in previous visits, including by the CPT, which are also valid for other psychiatric hospitals in the country.**

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## RECOMMENDATIONS

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1. Ensuring the legality of admission and discharge procedures by guaranteeing the uncorrupted expression of free consent.
2. Ensuring the right to freedom of movement by guaranteeing patients access to outdoor walks at least once a day and developing designated walking areas.
3. Informing patients about the treatment being administered, including its duration and potential adverse effects.
4. Documenting cases of violence or bodily injuries in compliance with Order 77 of 31.12.2013 and implementing proactive measures to prevent violence among patients.
5. Developing and enforcing clear protocols for addressing instances of patient violence, documenting injuries, and notifying law enforcement authorities as necessary.
6. Installing video surveillance cameras in common areas to enhance security monitoring.
7. Providing continuous staff training in human rights, mental health, and the documentation of bodily injuries.
8. Equipping hospital rooms with specially designed and secured spaces for personal belongings to help prevent conflicts.
9. Avoiding overcrowding in rooms that fail to meet minimum accommodation standards, particularly when other rooms are available.
10. Ensuring patients have unrestricted access to bathrooms and maintaining separate toilet areas to safeguard privacy, as well as promptly repairing any defective sanitary facilities.
11. Enhancing the quality of medical care by filling vacant positions with qualified medical and non-medical specialized staff.



12. Documenting every instance of physical restraint, ensuring that restraints are performed only in specially equipped rooms, strictly on a physician's orders, under staff supervision, and without prolonged durations or in the presence of other patients.
13. Providing treatment through a multidisciplinary approach, incorporating individual or group psychotherapy sessions and psychosocial interventions to positively impact treatment outcomes, improve the patient's health, and enhance social inclusion skills in all aspects of life.
14. Diversifying occupational activities to better engage patients.
15. Renovating and upgrading equipment and instruments in the food preparation areas, and increasing financial resources to ensure adequate and diversified nutrition.



## V. THE SITUATION IN THE DETENTION FACILITIES IN INSTITUTIONS SUBORDINATED TO THE MINISTRY OF LABOUR AND SOCIAL PROTECTION

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### *TEMPORARY PLACEMENT CENTRES FOR PERSONS WITH DISABILITIES*

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In 2023, the Council for the Prevention of Torture visited 3 Temporary Placement Centres for Persons with Disabilities (TPCPD) under the Ministry of Labour and Social Protection - Hîncești, Cocieri and Bălți. These institutions are managed by the National Social Assistance Agency (later reformed into the Agency for the Management of Highly Specialised Social Services).

The Temporary Placement Centres for Persons with Disabilities, according to the Regulation of organisation and functioning, approved on 31.10.2022, based on the framework regulation approved by Ord. no. 43 of 26.05.2022, „...are social institutions of public interest providing highly specialised social services, with temporary or long-term placement, as the case may be, with emergency placement, with the status of legal entity, founded by the Ministry of Health, Labour and Social Protection and managed by the National Social Assistance Agency. Although the institution previously deemed itself to be a medical and social institution, having so far provided health care services, where many of the approved staff positions are medical workers, in the new regulation the institution has the status of a highly specialised social service provider.

According to information provided by the management, TPCPD Cocieri was scheduled to be closed in 2024, with plans to redeploy its beneficiaries to other facilities.

The institutions are not accredited as social service providers in accordance with the legislation - Law No. 129 of 08.06.2012 on accreditation of social service providers.

Medical wards are not accredited according to Law No. 552 of 18.10.2001 on assessment and accreditation in healthcare, making it impossible to confirm their compliance with national healthcare standards. While medical services constitute the majority of services provided, there is a lack of clarity regarding the methods used to assess the quality of these services, the professionalism of medical staff, and the efficiency of the diagnostic and treatment processes.

Government Decision No. 893 of 12.09.2018 approved the National Program for the Deinstitutionalization of Persons with Intellectual and Psychosocial Disabilities in Residential Institutions, managed by the National Social Assistance Agency (NSAA), for the period 2018–2026, along with an accompanying Action Plan for its implementation. Each year, the NSAA publishes a report detailing the progress of the Action Plan,





highlighting challenges, successes, and other relevant developments. At the same time, the international and national legal framework guaranteeing the protection of the rights of persons with disabilities includes the UN Convention on the Rights of Persons with Disabilities, the Constitution of the Republic of Moldova, the Civil Code, Law no. 123 of 18.06.2010 on social services, Law no. 60 of 30.03.2012 on social inclusion of persons with disabilities, Law no. 1402 of 16.12.1997 on mental health, etc.

According to information from the NSAA, a 2023 analysis of the objectives' relevance following the mid-term evaluation of the National Program for the Deinstitutionalization of Persons with Intellectual and Psychosocial Disabilities (2018–2026) revealed that only three out of six planned objectives remain relevant for the next implementation period. Assessing the program's objectives requires an updated understanding of the needs of persons with various types of disabilities, addressing both deinstitutionalization and its prevention. Additionally, the centers visited by the CfPT in 2023, like other similar institutions, have not implemented the transformation plans that were approved since 2016.

The centres provide the following services

- (a) highly specialised social service, with emergency placement, planned placement and paid placement.
- b) „Sheltered Housing” social service.
- c) „Community Home” social service.

#### **METHODOLOGY**

In all cases, the monitoring team employed multiple methodologies to gather and report the necessary information. These included:

- Conversations with institutional staff.
- Individual and group interviews with beneficiaries.
- Inspections of all rooms, spaces, and wards used by beneficiaries and staff.
- Direct observation.
- Review and analysis of submitted records.
- Examination of patients' personal and medical records.
- Photography.
- Verification of the expiry dates of medical and food products/preparations and the functionality of devices.
- Observation of beneficiaries' behavior in the presence and absence of supervisors.
- Evaluation of staff involvement in task performance by beneficiaries, assessing the extent of support, guidance, or substitution provided by staff.



## COOPERATION

In all institutions, the managers and relevant staff were very open and cooperative with the Council during the visits. They provided a briefing session at the start of each visit and ensured access to all specialized and ancillary areas, as well as the documentation needed for monitoring.

## STRUCTURE OF BENEFICIARIES

Institution	M	F	of which minors	TOTAL
TPCPD Cocieri	173	142	0	<b>315</b>
TPCPD Bălți	196	190	0	<b>386</b>
TPCPD Hîncești	0	243	17	<b>243</b>

In accordance with the National Programme for the deinstitutionalization, the Centres have created community placement services, aimed at including the beneficiaries in the community, but they remain under the management of the Centres, while the *de jure* and *de facto* beneficiaries are under the complete care of the institution. The number of services and beneficiaries varies:

Institution	Sheltered Housing	Community Home	In the institution
TPCPD Cocieri	3 - <b>15</b> benef.	142	127
TPCPD Bălți	6 - <b>19</b> benef.	0	367
TPCPD Hîncești	1 - <b>5</b> benef.	4 - <b>24</b> benef.	214

The experience with the community placement services is perceived as a positive one by both beneficiaries and staff. Practices vary, community homes have auxiliary staffed 24/7, social workers during the day. The approach to community service residents is more individualized, activities in individual plans are more varied, geared towards gaining independent living skills. One of the main problems is access to community resources in the localities where the homes are located. In most cases, all material resources, medicines and services including medical and social services are provided by the mother institution. The beneficiaries are not *de jure* deinstitutionalized and the mother institution provides food, hygiene products, clothing, medical and psychiatric supervision from its own resources. The beneficiaries do not have their social rights restored, as they do not have access to their social allowances, per disability benefits, from the sources of the social insurance system, and are fully supported by the state. A good practice, as an example in this regard, are the beneficiaries of the services created by the TPCPD Cocieri, which managed to register the beneficiaries at the territorial social insurance house. The majority of the beneficiaries, both in the institution and in the social services, are registered with the family physician in the circumscription of the Placement Centre, as well as with the Community Mental Health Centre.



In this regard the Council welcomes the establishment of community services for the effective deinstitutionalization of beneficiaries in accordance with the provisions of the UN Convention on the Rights of Persons with Disabilities (Art. 19), including with a view to reducing the risk of ill-treatment and torture.

#### **STAFF POLICY**

The admission schemes for residential institutions vary, resulting in different levels of de facto coverage.

Within the TPCPD Bălți the staff constitutes 243 positions, of which medical staff 158.75 positions (physicians, middle and lower level medical staff) and 17.25 positions, social staff (social workers, psychologists). At the time of the visit in the institution there were 230 employees (188 women and 42 men), one vacant position of physician, 2.75 lower medical staff, 0.5 social assistant, 5 auxiliary staff positions. According to the Centre's activity report for the 1st semester 2023, the ratio of the number of nursing staff to the number of beneficiaries is 1:27, and the ratio of the number of social assistance staff to the number of beneficiaries is 1:59. Around 49% of the staff members are over 55 years of age. Physicians are at work during the day, and during the night, there is a nurse and an orderly on each floor, in each block (in block no. 2 there are 3 orderlies on each floor). In the first half of 2023, the employees of the institution participated in trainings in the areas of social assistance, public procurement, occupational safety, human resources and finance. From the discussions with the management of the institution, one of the basic problems is the insufficiency of the staff involved in the work with the beneficiaries, which negatively influences the quality of the services provided and overburdens the staff currently working. Basically, the 17 employees of the social assistance service are responsible for the achievement of the objectives of the Centre and the quality of the services provided at an individual level.

According to the staffing lists approved in the **TPCPD Cocieri**, the institution has 164.5 units, of which:

- Management positions - 10.5
- Executive positions - 110.5, of which medical specialists - 9, nurses - 19, orderlies 69.
- Ratio no. of beneficiaries/specialist - 1/1.94
- Ratio no. of beneficiaries/employee (orderly) - 1/40

According to the staffing scheme it can be noted that the Centre does not have a jurist, psychologists, and social workers are critically insufficient for fulfilling the purpose of the institution. The Centre provides resources for the continuous training of staff depending on their specialization. As reported by the administration of the institution at the opening meeting of the visit, a significant shortage of nursing staff can be observed compared to the current needs, but also compared to the ratio in the social services created (sheltered housing). Furthermore, a shortage of non-medical staff, specialized in rehabilitation and social inclusion actions according to individualized intervention plans is also noted.



According to the report of the institution, employees have participated in several trainings within the institution facilitated by non-commercial organisations, including in the field of human rights (together with the Office of the High Commissioner for Human Rights and NSAA), infection management (WHO, NSAA), social management (Keystone Moldova, People in Need, Caritas), but also of „Sexual and Reproductive Health and Rights of Girls and Women with Disabilities (Reproductive Health Training Centre).

Due to the uncertainty regarding the further work of the Centre (the activity is to be discontinued), the staff is demotivated and discouraged, which has a direct influence on the quality of services provided to the beneficiaries and the atmosphere in the institution.

The staff at TPCPD Hîncești consists of 186 individuals (out of 206 approved positions), which includes: director and administrative staff - 11, social worker/psychologist - 4, physicians - 5.5, mid-level nurses - 18.5, orderlies/nursemaids - 108, other auxiliary staff - 44. The Centre has 2 positions of psychiatrist, 1 position of paediatrician and 1 position each for dentist, neurologist and gynaecologist. According to the information provided by the administration of the Centre, at the time of the visit the positions of 1 psychiatrist, dentist, psychologist, speech therapist, kinetotherapist/rehabilitation specialist were vacant. Although the number of staff employed as nursemaids is supplemented, the Centre would still need a minimum of 25 more nursemaids, because out of the total number of beneficiaries approximately 90 are bed-ridden, therefore in order to ensure the quality of care and assistance their number needs to be increased. The work schedule of the physicians only includes daytime work, and during the night the serviced by 2 nurses and nursemaids in 24-hour shifts. The staff of the institution benefits from trainings, thus during 2022, the employees undergone 12 thematic trainings, including in the field of „Human Rights and Disability”. Trainings specific to the field of prevention of torture and ill-treatment have not been organised.

### **MATERIAL CONDITIONS**

Material conditions vary from institution to institution, significantly contrasting between the TPCPD Hîncești, where the situation is the best, and the TPCPD Cocieri, where the material conditions are below the required standards, a fact also noted by other control bodies, including the Social Inspectorate and the Court of Accounts. In the TPCPD Bălți, there are blocks where the conditions are good, renovation works are under way, but there are also blocks where the conditions and practices are almost inhuman (the block where beneficiaries with severe disabilities are held). The same situation is noted in block 2 of the TPCPD Bălți. The uneven conditions in different institutions vary also due to the implementation of and access to certain international support projects.

In the TPCPD Cocieri, the rooms are between 8 and 20 m<sup>2</sup>, thus in some rooms a beneficiary is allocated 2-3 m<sup>2</sup>, which violates national rules. Unfortunately, the Minimum Quality Standards in the Framework Regulation on the organisation and functioning of the TPCPD do not expressly specify the number of square meters, but the relevant acts cover these standards - in the Sanitary Regulation on Hygiene Conditions for Medical-Sanitary Institutions (6 m<sup>2</sup> per beneficiary) and the Framework Regulation on the organisation and functioning of the „Sheltered Housing” Social Service and the Minimum Quality



Standards (9m2 per beneficiary). The rooms do not have sufficient furniture to store the personal belongings of the beneficiaries, which are sometimes kept in bags under the mattress or under the beneficiary's bed. The furniture available is often worn and in very poor condition.

Hygiene and food are generally good, with some concerns regarding the sanitary facilities in certain institutions.

#### **SAFEGUARDS AGAINST TORTURE AND ILL-TREATMENT**

According to staff statements, also confirmed through confidential interviews with the beneficiaries, in all institutions, incidents of ill-treatment by staff are exceptional.

Cases of altercations between beneficiaries are more frequent, these are recorded in the nurses' registers and then reported to the administration. Reporting of alleged cases of ill-treatment is conducted in accordance with the established form, they are reported to the competent institutions, including the People's Advocate Office (according to Order No. 77 of 31-12-2013 for the approval of the Regulation on the procedure for the identification, registration and reporting of alleged cases of torture, inhuman or degrading treatment).

In 2023, the Reporting Register documented cases of bodily injuries that were detected and reported. Nurses' registers include descriptions of these cases, noting the injuries and the emergency medical assistance provided. When the physician arrives, an unstructured risk assessment is conducted based on the specialist's evaluation. Management tactics typically involve adjusting the psychotropic medication. In more severe cases, an ambulance is called to transport the patient to the hospital based on medical indications.

At the TPCPD Hîncești, three registers of bodily injuries are maintained in blocks A, B, and C. These registers contain separate headings to record beneficiaries with injuries, self-harm, altercations, and incidents. Between 2018 and 2023, the following cases were documented: 69 injuries, 12 instances of self-harm, and 80 altercations among beneficiaries.

The CPT has consistently emphasized that authorities have a duty of care toward residents, which includes a responsibility to protect them from harm caused by other residents. This responsibility requires staff to be aware of residents' behaviors, to manage these behaviors effectively, and to be properly trained to intervene when necessary. Additionally, adequate staff presence should be ensured at all times, including during nighttime and weekends. Appropriate measures should also be taken to protect particularly vulnerable residents, such as ensuring they are not accommodated with or left alone with residents who have been identified as displaying aggressive behavior.

No cases of psychological or sexual abuse by staff have been identified. The administration asserts that it does not use restraint or isolation measures, and interviews with beneficiaries appear to confirm this.



## **SPECIAL PROVISION: SITUATION OF BENEFICIARIES IN BLOCK 2 OF THE TPCPD BĂLȚI**

The Council members identified the same issues outlined in the Report on the CfPT visit of 06.06.2018, particularly regarding the deprivation of liberty of individuals placed in Block 2 of the Placement Centre, intended for "rigorous supervision." At the time of the visit, around 100 individuals were residing in this block. These beneficiaries are housed across two floors, with the doors to the wards locked and supervised to prevent them from leaving. The staff claim that beneficiaries are allowed to go for walks only under staff supervision, but this is contradicted by the beneficiaries' statements, and the registers do not appear to confirm such walks either.

CfPT members have noted the absence of legal regulations or procedures that authorize staff to place beneficiaries in a closed regime. There is no indication of who can order such placement, and the time limit for such placement is unspecified (see the chapter on legal safeguards below). The lack of such regulations creates uncertainty for beneficiaries, and this practice fails to comply with national and international legal safeguards, specifically regarding the right not to be subjected to torture, inhuman or degrading treatment, and the right to freedom of movement. **The CfPT considers it a priority and urgent matter to establish clear Regulations and/or Instructions that would govern the grounds, time limits, and procedures for restricting the right to freedom of movement in compliance with legal provisions.**

Furthermore, CfPT is concerned by reports from beneficiaries in other blocks, who expressed fear of being placed in closed wards. In the absence of a Regulation outlining the grounds and time limits for placement in these wards, CfPT believes the complaints of beneficiaries – suggesting that placement in this sector may serve as a form of punishment – could be justified. According to the institution's employees, beneficiaries have the right to leave the institution (except for those in Block 2, whose doors remain closed) by notifying staff of their departure. It was also mentioned that there have been instances where beneficiaries left the institution without the administration's consent and were subsequently located and returned with the assistance of the police.

### **LEGAL SAFEGUARDS**

Despite the fact that many beneficiaries of psychiatric hospitals and Temporary Placement Centres suffer from severe mental disorders (either permanently or temporarily during acute phases of hospitalization), which impair their ability to understand the nature of the legal act of informed consent for hospitalization or placement, these institutions do not provide judicial or extrajudicial protective measures as required by Section 4 of the Civil Code of the Republic of Moldova. As a result, all signatures on informed consent agreements from these beneficiaries are legally invalid, rendering their placement or hospitalization illegitimate. The administration of these institutions cites a legislative gap due to the absence of a clear procedure for appointing guardianship or other forms of judicial protection following the 2019 amendment to the Civil Code.



**The CfPT emphasizes the importance of adhering to safeguards regarding the exercise of the right to express one's will. While the institutionalization procedure is in place, there are notable shortcomings in how the consent of individuals with disabilities is obtained during their placement in the Centre, transfer, or termination of services. In cases of involuntary placement, safeguards should ensure that individuals are given the opportunity to be heard personally, notified of decisions regarding institutionalization, provided with access to legal redress, and allowed to request reassessments of their case at reasonable intervals. The CfPT stresses the necessity of ensuring that individuals can make their own decisions and that efforts are made to promote the integration of individuals with intellectual and psychosocial disabilities into family, social, and community life.**

Furthermore, when the institution is required to act in the best interests of individuals with psychosocial or intellectual disabilities, it cannot adequately represent their interests due to the lack of a mechanism for authorizing the institution as a legal guardian. This limitation hampers the institution's ability to ensure beneficiaries have access to all their social and civil rights.

The CfPT is concerned that the Government has not developed or approved a mechanism for authorizing and regulating the activities of legal guardians, which is necessary to protect the interests of individuals placed in residential institutions. Establishing such a framework would clarify the institution's role in safeguarding the rights of those in its care and ensure the implementation of Articles 67 and 109 of the Civil Code.

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## RECOMMENDATIONS

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The CfPT reiterates the same recommendations made in previous years to the medical and social authorities responsible for mental health, in accordance with both international and national standards in this field.

TO THE MINISTRY OF LABOUR AND SOCIAL PROTECTION

1. Ensure the effective implementation of the National Program for Deinstitutionalization.
2. Develop effective policies and establish community-based services for individual placement, particularly in light of the changes in the management of the social assistance system under the Ministry (RESTART).
3. Develop the system and procedures for authorised guardians in accordance with the provisions of Article 67 of the Civil Code of the Republic of Moldova.
4. Create clear regulations and/or instructions to govern the grounds, time limits, and procedures for restricting the right to freedom of movement, in compliance with legal provisions.



#### TO THE AGENCY FOR THE MANAGEMENT OF HIGHLY SPECIALISED SOCIAL SERVICES:

1. Ensure an effective process to prevent institutionalization by collaborating with the Ministry of Labour and Social Protection and local authorities to establish community placement services.
2. Develop staffing standards and norms related to the number of beneficiaries and the services provided, particularly in social welfare and medical services, and ensure the recruitment of staff according to these standards.
3. Develop methodological procedures to ensure uniform practices and standards for equal placement across all Placement Centres managed by the Agency.
4. Verify the legality of the de facto placement and detention of beneficiaries in Block No. 2 of the TPCPD Bălți by ensuring the cessation of the infringement of their right to freedom of movement.

#### TO THE TEMPORARY PLACEMENT CENTRES FOR (ADULT) PERSONS WITH DISABILITIES:

1. Implement concrete measures to improve placement conditions, ensuring the right to privacy and providing decent sanitary, hygienic, and housing conditions in accordance with national standards. To achieve this, it is essential to accredit institutions in line with the provisions of Law No. 129 of 08.06.2012 on the accreditation of social service providers.
2. Develop and approve occupational therapy programs tailored to the real needs of persons with disabilities, focusing on independent living in the community, and aimed at developing independent living skills and supporting the goal of deinstitutionalization.
3. Accredite health and social services and ensure the use and referral to all available health and social services in society, as outlined in Article 19, letter c) of the UN Convention on the Rights of Persons with Disabilities.
4. Ensure the absolute exclusion of the practice of transferring and placing beneficiaries in closed wards against their will, especially as a form of punishment.
5. Adapt the institution's premises, staircases, and infrastructure to meet the needs of persons with locomotor disabilities.





PEOPLE'S ADVOCATE OFFICE :  
11/3 Calea Iesilor street, Chisinau, Republic of Moldova, MD 2069  
+373 (022) 23-48-00, fax: (022) 23-48-00  
[www.ombudsman.md](http://www.ombudsman.md)