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Report

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

from 29 March to 8 April 2016

The Azerbaijani Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2018) 36.

Strasbourg, 18 July 2018

Note: In accordance with Article 11, paragraph 3, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, certain names have been deleted.

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Copy of the letter transmitting the CPT's report

Mr Emin Eyyubov
Ambassador Extraordinary and
Plenipotentiary
Permanent Representative of Azerbaijan to the
Council of Europe
2, rue Westercamp
67000 Strasbourg

Strasbourg, 23 November 2016

Dear Ambassador,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I enclose herewith the report to the Azerbaijani Government drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) after its visit to Azerbaijan from 29 March to 8 April 2016. The report was adopted by the CPT at its 91st meeting, held from 7 to 11 November 2016.

The various recommendations, comments and requests for information formulated by the CPT are highlighted in bold in the body of the report. As regards more particularly the CPT's recommendations, having regard to Article 10, paragraph 1, of the Convention, the Committee requests the Azerbaijani authorities to provide **within six months** a response giving a full account of action taken to implement them.

The CPT trusts that it will also be possible for the Azerbaijani authorities to provide, in the above-mentioned response, reactions to the comments formulated in this report as well as replies to the requests for information made.

As regards the information requested in paragraphs 69, 73, 165 and 190, the CPT asks that it be provided **within one month**. As for the information requested in paragraph 86, the Committee asks that it be provided within **three months**.

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

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

Yours sincerely,

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

Copy: Mr Faig Gurbanov, Head of Human Rights and Public Relations Department,
Ministry of Justice of Azerbaijan

EXECUTIVE SUMMARY

The main objective of the CPT's fourth periodic to Azerbaijan was to review the measures taken by the authorities in response to the recommendations made by the Committee after previous visits. In this connection, particular attention was paid to the treatment and conditions of detention of persons in police custody and penitentiary establishments. The delegation also examined the treatment, conditions and legal safeguards offered to psychiatric patients as well as residents of a social care institution.

Police establishments

The delegation received very widespread, consistent and credible allegations of physical ill-treatment by the police; some were supported by medical evidence. Based on the delegation's findings, the CPT can only conclude that persons in police custody in Azerbaijan continue to run a very high risk of being ill-treated or even tortured, at the time of their apprehension but mostly when being questioned by law enforcement officers. There is also a clear link between the phenomenon of torture/ill-treatment and the corruption in law enforcement agencies; furthermore, impunity amongst law enforcement officials remains systemic and endemic.

Unfortunately, as before, superficial medical examinations together with scant and often inaccurate descriptions of injuries did not contribute to combating ill-treatment of detained persons.

As regards the legal safeguards against ill-treatment, while these safeguards are envisaged by the relevant legislation, the Committee's conclusion is that they remain largely a dead letter.

Material conditions in the temporary detention centres visited were generally acceptable or even good for the duration of police custody i.e. 72 hours.

State Security Service establishments

The delegation carried out a follow-up visit to the Investigative Isolator and Temporary Detention Centre of the State Security Service (SSS). From the outset, the Committee reiterates its view that it is necessary to transfer the responsibility for the Isolator to the Ministry of Justice.

The delegation received hardly any allegations of ill-treatment of detained persons by the custodial staff working at the Isolator. That said, the delegation did hear some allegations of recent ill-treatment, including torture (electric shocks, "falaka") and threats with rape, concerning SSS operative officers and investigators. Most of the ill-treatment alleged was said to have occurred in the course of interviews, with the purpose of extracting confessions.

Material conditions at the Isolator continued to be on the whole acceptable. However, the cells were clearly in need of repair and redecoration.

As had been the case in the past, no organised activities were available at the Isolator and detainees and prisoners spent most of their time locked up in the cells with virtually nothing to occupy themselves with.

One of the few positive changes concerned the inmates' contact with the outside world that had become possible from December 2015, when remand prisoners had been permitted to receive visits and make telephone calls.

Penitentiary establishments

The delegation carried out follow-up visits to Gobustan Prison, pre-trial detention facilities in Baku (Zabrat) and Ganja, and the Central Prison Hospital. Further, for the first time, the delegation visited Penitentiary Establishment No. 4 (for women) in Baku.

Unfortunately, the delegation's findings during the 2016 visit confirm that corruption remains a serious and widespread issue in the Azerbaijani prison system. The worst situation was observed at Pre-Trial Detention Facility No. 2 in Ganja where payments were expected and demanded even for the most basic services to which prisoners were entitled by law.

The delegation heard no allegations of ill-treatment of prisoners by staff at Baku Pre-trial Detention Facility (Zabrat), and hardly any recent credible allegations at Gobustan Prison. At Penitentiary Establishment No. 4, the delegation received a number of credible allegations (consistent with recorded medical evidence) of physical ill-treatment (truncheon blows) of female prisoners by the establishment's Director, as unofficial punishment for regime violations.

The worst situation was observed at Pre-Trial Detention Facility No. 2 in Ganja, where the delegation was literally inundated with allegations of systematic and severe physical ill-treatment of inmates by staff, including severe beatings whilst prisoners were handcuffed to bars in a crucifixion position in the prison's underground tunnel, sometimes combined with pouring cold water over the prisoners and placing a cold fan in front of them.

Inter-prisoner violence clearly appeared to be a problem at Gobustan Prison where conflicts between inmates sometimes resulted in severe injuries.

All the prisons visited were overcrowded to varying degrees, with the most dramatic situation observed at Pre-Trial Detention Facility No. 2 in Ganja, where there were 19 prisoners in the cells for eight, 20 inmates in the cell for 12 and 32 inmates in the cell for 17, which resulted in prisoners sleeping, and even sitting around the table, in shifts. This extreme situation was aggravated even more by the advanced state of dilapidation and insalubrity in Penitentiary Establishment No. 4 and Pre-Trial Detention Facility No. 2 in Ganja.

Turning to activities and regime, only Penitentiary Establishment No. 4 offered some work and vocational training to well under half of the women prisoners; none of the other establishments visited had anything even remotely resembling a regime in place.

As regards activities for life-sentenced prisoners, the situation had remained unchanged since the 2011 visit, with lifers being confined to their cells for 23 hours per day. Furthermore, they continued to be kept apart from other inmates despite repeated CPT's recommendations to end such segregation.

Health-care services at the penitentiary establishments visited were (with the exception of Penitentiary Establishment No. 4) adequately staffed as regards doctors but severely understaffed as concerns fieldshers and/or nurses; furthermore, only the two pre-trial detention facilities ensured the 24/7 health-care coverage repeatedly recommended by the CPT.

The health-care facilities were very basic and dilapidated in the prisons visited with the exception of Baku Pre-trial Detention facility where they remained of a good standard.

Upon arrival, a prompt medical screening was carried out for newly-arrived prisoners; however, individual medical files and a variety of other medical records in all the establishments visited were often poorly or inconsistently kept, with information missing or being very succinct.

Medical confidentiality was frequently not respected as the files and other medical documentation were often accessible to non-medical custodial staff. Furthermore, medical consultations and examinations generally continued to take place in the presence of custodial officers.

Custodial staffing levels were grossly insufficient in all the penitentiary establishments visited. This created serious challenges for the staff who had to frequently work overtime and was not always able to ensure effective control.

Formal disciplinary punishments were not applied excessively in the establishments visited, with the exception of Baku Pre-trial Detention Facility. However, the Committee is concerned by the widespread recourse to “special means” as a kind of informal punishment.

The Committee is also very concerned by the fact that, despite its repeated earlier recommendations, self-harm continues to be considered as a disciplinary offence and punished accordingly.

Psychiatric establishments

The CPT’s delegation carried out follow-up visits to the Republican Psychiatric Hospital No.1 in Mashtaga, the Regional Psycho-Neurological Dispensary in Sheki and the Psychiatric Hospital in Ganja.

In all the hospitals visited, only a very small number of patients were formally involuntary. However, numerous patients were in fact not free to leave the hospital and were thus de facto deprived of their liberty.

The delegation received no allegations of ill-treatment of patients by staff at Mashtaga Psychiatric Hospital. However, a few isolated allegations of orderlies slapping patients were heard at Sheki Psychiatric Hospital. Further, at Ganja Psychiatric Hospital, the delegation received a number of allegations that orderlies would slap and also at times punch patients.

Inter-patient violence did not appear to be a significant problem in Mashtaga and Sheki Psychiatric Hospitals; by contrast, the environment at Ganja Psychiatric Hospital was chaotic, with palpable hostility among patients and reports of fights among them.

As regards material conditions, the CPT calls upon the Azerbaijani authorities to attach the highest priority to the speedy completion of new psychiatric hospitals in Sheki and Ganja in order to address the problems of overcrowding at Republican Psychiatric Hospital No.1 in Mashtaga and the poor living conditions at Psychiatric Hospitals in Ganja and Sheki. At the same time, the Committee encourages the Azerbaijani authorities to make every effort to promote de-institutionalisation and to substantially develop psychiatric care in the community.

The delegation noted that there were no isolation rooms and that seclusion was not used at Sheki and Ganja Psychiatric Hospitals (and was not used excessively in Mashtaga). As regards mechanical restraint, there was no evidence of its excessive use at any of the psychiatric establishments visited.

Despite the Committee's repeated recommendations, there seemed to have been very little progress in ensuring the practical operation of the legal safeguards concerning civil involuntary placement provided by the law.

Social care establishments

The CPT's delegation carried out a follow-up visit to Psycho-neurological Social Care Institution No. 3 in Qırıqlı, Göygöl district, previously visited in 2011 and 2013.

The delegation concluded that, apart from some verbal rudeness by staff, residents were at times physically ill-treated by staff, including by a member of the medical team (the Director's husband). As regards inter-resident violence, there were clearly frequent verbal altercations and physical assaults between residents.

The numbers of staff required to adequately care for the needy and highly dependent residents were clearly grossly insufficient. As a consequence, some residents took on the role of attempting to control their co-residents, which is not acceptable.

With regard to therapeutic activities, the low levels of staffing meant that care was based upon containment, with very limited opportunities for any rehabilitative occupational or recreational activities. Furthermore, access to outdoor exercise was limited to summer months only.

Turning to safeguards, the examination of residents' personal files revealed that the initial placement procedure foreseen by the law was not applied in practice, and periodic review of placement was not carried out.

* * *

The CPT's findings during this visit confirmed yet again the Azerbaijani authorities' persistent failure to implement most of the Committee's long-standing recommendations. Given this extremely regrettable state of affairs, the CPT decided to set in motion the procedure provided for in Article 10, paragraph 2, of the Convention.¹

¹ "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT visited Azerbaijan from 29 March to 8 April 2016. The visit formed part of the Committee’s programme of periodic visits for 2016, and was the fourth periodic visit to Azerbaijan to be carried out by the CPT.²

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

- Mykola GNATOVSKYY, President of the CPT and Head of the delegation
- Djordje ALEMPIJEVIĆ
- James McMANUS
- Vytautas RAŠKAUSKAS
- Olivera VULIĆ.

They were supported by Borys WÓDZ, Head of Division, and Dalia ŽUKAUSKIENĖ of the CPT's Secretariat, and assisted by:

- Maïté DE RUE, Deputy to the Prosecutor General, Liège, Belgium (expert)
- Clive MEUX, forensic psychiatrist, Oxford, United Kingdom (expert)
- Fakhri ABBASOV (interpreter)
- Shahla AGHALAROVA (interpreter)
- Mehriban ALIYEVA (interpreter)
- Mahammad GULUZADEH (interpreter)
- Rashad SHIRINOV (interpreter).

² The previous periodic visits took place in November/December 2002, November 2006 and December 2011. In addition, ad hoc visits were carried out in January 2004, May 2005, December 2008, December 2012, November 2013 and June 2015. Only the reports on the 2002 and 2008 visits, together with the responses of the authorities, have been made public (at the request of the Azerbaijani authorities).

B. Establishments visited

3. The delegation visited the following places of detention:

Establishments under the authority of the Ministry of Internal Affairs

- Temporary Detention Centre of the Main Department for Combating Organised Crime, Baku
- Detention Unit for Persons under Administrative Arrest, Baku
- Binagadi District Police Department and Temporary Detention Centre, Baku
- Narimanov District Police Department and Temporary Detention Centre, Baku
- Sabunçu District Police Department and Temporary Detention Centre, Baku
- Surakhani District Police Department and Temporary Detention Centre, Baku
- Police Station No. 11, Garadakh District, Baku
- Police Station No. 38, Garadakh District, Baku
- Police Station No. 36, Khatai District, Baku
- Main City Police Department and Temporary Detention Centre, Ganja
- Göygöl City Police Station and Temporary Detention Centre
- Ujar City Police Station and Temporary Detention Centre.

Establishments under the authority of the Ministry of Justice

- Baku Pre-trial Detention Facility, Zabrat
- Penitentiary Establishment No. 4 (for women), Baku
- Central Prison Hospital, Baku
- Pre-Trial Detention Facility No. 2, Ganja
- Gobustan Prison.

The delegation also paid a brief visit to Penitentiary Establishment No. 2 in Baku, in order to interview a sentenced inmate accommodated there.

Establishments under the authority of the State Security Service

- Investigative Isolator and Temporary Detention Facility, Baku.

Establishments under the authority of the Ministry of Health

- Republican Psychiatric Hospital No.1, Mashtaga
- Psychiatric Hospital, Ganja
- Regional Psycho-Neurological Dispensary, Sheki.

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

- Psycho-Neurological Social Care Institution No. 3, Qırıqlı.

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

4. In the course of the visit, the delegation held consultations with Fikrat MAMMADOV, Minister of Justice, Oktay SHIRALIYEV, Minister of Health, Salim MÜSLÜMOV, Minister of Labour and Social Protection, and Oruj ZALOV, Deputy Minister of Internal Affairs, as well as with other senior officials from these Ministries. It also met Rüstam USUBOV, First Deputy Prosecutor General, Elmira SÜLEYMANOVA, Commissioner for Human Rights (Ombudsperson), and staff of the National Preventive Mechanism Department of her Office.

A list of the governmental and other authorities with which the delegation held consultations is set out in the Appendix to this report.

5. As regards co-operation offered to the CPT's delegation, it was generally of a good level in the establishments visited. The delegation enjoyed rapid access to all premises, was able to have confidential interviews with persons detained and consult all the relevant documentation.

However, many detained persons were reluctant to speak with the delegation and on some occasions (especially at *Pre-Trial Detention Facility No. 2 in Ganja* but also, albeit to a lesser extent, in the other penitentiary establishments visited, at *Ganja Psychiatric Hospital* and at *Psycho-Neurological Social Care Institution No. 3 in Qırıqlı*) the delegation gained the clear impression that inmates, patients and residents had been warned by staff not to make any complaints. **The Committee calls upon the Azerbaijani to remain vigilant and ensure that no person deprived of his or her liberty – whether a person in police custody, a prisoner, a patient or a resident – will be subjected to any form of reprisals because of having spoken with the CPT's delegation, as such a practice would indeed be a gross violation of the principle of co-operation between the Committee and States Parties to the Convention.**

6. Further, staff in various establishments provided some incorrect and misleading information, e.g. on the number of available beds (at *Baku Pre-trial Detention Facility*), the applicable security procedures (e.g. the timing when the routine handcuffing of life-sentenced inmates at *Gobustan Prison* had stopped³) and the extent of overcrowding (at *Pre-Trial Detention Facility No. 2 in Ganja*).⁴ The delegation also noted with regret that some of the information provided in the responses to previous CPT reports turned out to be untrue – for example as regards the procedures for opening cell doors at night at *Gobustan Prison* and the failure to re-open the inquiry into the death of T. Z.⁵ **The CPT must again stress that the principle of co-operation encompasses the obligation to provide accurate information to the Committee and refrain from deceptive action of the kind referred to above.**

Moreover, despite requests made well in advance of the visit, the delegation was not provided with full and up-to-date lists of places of deprivation of liberty (mostly concerning the establishments of the Ministry of Internal Affairs) and with information on the notified establishments.

³ See also paragraph 109 below.

⁴ By providing the delegation with inaccurate lists of prisoners per cell and by keeping some inmates for prolonged periods inside outdoor exercise yards.

⁵ See paragraphs 56 to 61 of CPT/Inf (2018) 29.

Further, promises made by senior officials from the Ministries concerned during official talks at the outset of the visit, according to which the delegation would be swiftly provided with nationwide information on the capacity and current population in places of deprivation of liberty, as well as on the total number of staff (including the number of vacant posts), have not been kept.

The CPT trusts that future delegations of the Committee will be provided with such information including full and up-to-date lists of all places where persons may be deprived of their liberty, even for a short period of time, in accordance with Article 8, paragraph 2 (b) of the Convention.

Furthermore, in spite of the delegation's repeated requests, the Azerbaijani authorities failed to arrange a meeting with prosecutors in charge of several investigations into deaths in custody and alleged ill-treatment, and the delegation was not provided with access to the relevant investigation files and autopsy reports. **This is indeed highly regrettable as it prevented the delegation from obtaining full information about the above-mentioned investigations.**⁶

7. More generally, the CPT wishes to stress once again that the principle of co-operation set out in Article 3 of the Convention establishing the Committee is not limited to steps taken to facilitate the task of visiting delegations. It also requires that decisive measures be taken in response to the CPT's recommendations. In this connection, the Committee must state with regret that most of the CPT's long-standing recommendations remain unimplemented, e.g. those concerning combating torture and impunity, effective implementation of the legal safeguards against ill-treatment, combating prison overcrowding and developing prison regimes, improving health-care services in prison, increasing prison staff levels and improving their training, developing the legal safeguards and regime for inmates subjected to disciplinary sanctions, increasing prisoners' possibilities to maintain contact with the outside world, developing the legal safeguards and treatments for psychiatric patients and persons accommodated in social care institutions, etc.

This persistent non-implementation of the CPT's recommendations is an issue of the gravest concern. It is the Committee's firm view that effective action to address all the above-mentioned concerns is long overdue. Obviously, the Committee stands (as it has always done so far) ready to assist the Azerbaijani authorities in addressing this situation, through advice and – if the authorities so wish – helping to mobilise further support from the relevant stakeholders, including at the European level.

Meanwhile, however, and also in the light of what has already been said in the reports on previous visits,⁷ the CPT has decided, in the course of its 91st plenary meeting in November 2016, to set in motion the procedure provided for in Article 10, paragraph 2, of the Convention.⁸ A separate letter on this subject will be sent to the Azerbaijani authorities shortly.

⁶ See also paragraphs 22, 28 and 87 below.

⁷ See, for example, paragraphs 8 of reports on the 2011 periodic and 2013 ad hoc visits (CPT/Inf (2018) 9 and CPT/Inf (2018) 31).

⁸ "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

8. Finally, it should be recalled that the CPT has so far carried out nine visits to Azerbaijan (see footnote 1 above). However, to date, only the reports on the 2002 and 2008 visits, together with the responses of the authorities, have been made public at the request of the Azerbaijani authorities. As mentioned in its 23rd General Report (see paragraph 32), the CPT hopes that the clear message given by the Committee of Ministers in February 2002, encouraging “all Parties to the Convention to authorise publication, at the earliest opportunity, of all CPT visit reports and of their responses” will be heeded by the Azerbaijani authorities.

Taking into account the information referred to in paragraph 7 above, the CPT can only reiterate its view that publication of the reports on the Committee’s previous visits to Azerbaijan⁹ (as well as the present report) would be a very positive step in this respect, which would be conducive to finally addressing the concerns repeatedly expressed by the CPT. **The Committee strongly encourages the Azerbaijani authorities to authorise the publication of the above-mentioned reports and responses.**

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

9. At the end of the visit, the CPT’s delegation met senior Government officials in order to acquaint them with the main facts found during the visit. On that occasion, the delegation *inter alia* invoked Article 8, paragraph 5, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment and made four immediate observations.

The first immediate observation concerned routine invasive strip searches, including vaginal examinations by insertion of a device, to which female prisoners were subjected whenever they arrived at *Penitentiary Establishment No. 4* in Baku. The above-mentioned searches were performed by custodial staff in the presence of several other female guards. The Azerbaijani authorities were requested to confirm, **within one month**, that this excessive and degrading practice, which poses health-related risks, has been terminated.

The second immediate observation concerned *Pre-Trial Detention Facility No. 2* in Ganja, where the delegation was inundated with allegations of systematic and severe physical ill-treatment of inmates by staff, and where the conditions of detention could easily be considered inhuman and degrading. The Azerbaijani authorities were requested to inform the CPT, **within three months**, of the outcome of a comprehensive independent inquiry into the manner in which the above-mentioned establishment was being operated, as well as of the steps taken following this inquiry.

In the third immediate observation, the Azerbaijani authorities were requested to confirm, **within one month**, that every prisoner in *pre-trial detention facilities in Baku (Zabrat) and Ganja* has his/her own bed.

⁹ At the very least, those concerning visits carried out after 2008.

The fourth immediate observation concerned *Psycho-Neurological Social Care Institution No. 3* in Qırıqlı, where the delegation observed several persistent serious deficiencies.¹⁰ The Azerbaijani authorities were requested to carry out a comprehensive independent inquiry into the manner in which the establishment was operated (including as concerns ill-treatment of residents by staff, inter-resident violence, inadequate care and safety of residents, low staffing numbers, poor living conditions and lack of implementation of legal safeguards regarding the placement in the Institution) and to inform the Committee of the outcome of this inquiry and of the steps taken **within three months**.

10. The above-mentioned immediate observations were subsequently confirmed by the CPT's President in a letter of 21 April 2016. By letters dated 28 May, 8 July and 18 July 2016, the Azerbaijani authorities informed the Committee of measures taken in response to most of the delegation's immediate observations.¹¹ These measures will be assessed later in the report.

E. National Preventive Mechanism

11. From the information gathered during the visit, it transpired that staff of the National Preventive Mechanism Department of the Office of the Commissioner for Human Rights (hereafter referred to as the NPM)¹² carried out regular monitoring visits to places of deprivation of liberty, in particular the penitentiary establishments. That said, visits to police establishments (especially other than temporary detention centres) and to psychiatric and social care institutions appeared less frequent, and the Isolator of the State Security Service had not received an NPM visit for several months.

12. As regards the methodology of the visits, the delegation again received reports according to which NPM staff would generally limit their interaction with detained persons to collective interviews (allegedly, at least sometimes, in the presence of the management and staff) and to speaking in private only with those persons who had expressly requested to meet them (prior to or during the collective interview).

Other issues of the CPT's concern, reported to its delegation by both the persons detained and the management and staff in the establishments visited (and sometimes also established directly by the delegation, in particular through consultation of relevant documentation) included the following:

- it would appear that in many (if not most) cases, NPM visits were sparked by individual complaints and focussed on those, rather than having a general/comprehensive monitoring character;

¹⁰ See paragraphs 186 to 200 below.

¹¹ See paragraph 190 below.

¹² Azerbaijan ratified the Optional Protocol to the UN Convention against Torture (OPCAT) in December 2008 and the Commissioner for Human Rights was designated as NPM in January 2009.

- in this context, there was a clear pattern of replies to detained persons' communications being addressed (in an open form) to the establishments' Directors, rather than being sent in a confidential manner directly to the authors of such communications;¹³ this obviously reduced to nil the confidentiality of contacts between detained persons' and the NPM,¹⁴ and discouraged persons concerned from further contacts with the above-mentioned body;
- while visiting places of deprivation of liberty, staff of the NPM reportedly did not systematically enter the detention/accommodation areas, including the cells and patients'/residents' rooms, and in any event would rarely do so without being accompanied by management and/or staff of the establishment; this was alleged in particular at *Gobustan Prison*.

As already stated by the CPT in the past,¹⁵ such working methods do not offer detained persons sufficient protection against potential pressure and intimidation by the administration and fellow detainees, and do not allow the effective carrying out of monitoring visits.

13. Reference could also be made here to the latest observations on Azerbaijan by the United Nations Committee against Torture (CAT),¹⁶ in which the CAT *inter alia* expressed its continued concern at the fact that, according to numerous reports, the NPM had not been effective in addressing the main problematic issues related to the prevention of torture and human rights violations in places of deprivation of liberty. The CAT urged the Azerbaijani authorities to “establish a national system that independently, effectively and regularly monitors and inspects all places of detention without prior notice, reports publicly on its findings, and raises with the authorities situations of detention conditions or conduct amounting to torture or ill-treatment”.¹⁷

14. The CPT requests that the remarks in paragraphs 12 and 13 above be communicated to the Commissioner for Human Rights and to the National Preventive Mechanism Department of her Office. The Committee would welcome any observations on this subject from the Azerbaijani authorities.

¹³ The delegation encountered such practices at *Baku Pre-trial Detention Facility* and *Gobustan Prison*, among others. At the *Detention Unit for Persons under Administrative Arrest* in Baku, detainees had to first meet the Director and explain the nature of their complaint before a communication was passed on to the NPM/ Office of the Commissioner for Human Rights.

¹⁴ As well as, more generally, the Office of the Commissioner for Human Rights. See also, in this context, paragraph 37 of the Guidelines on the NPMs issued by the UN Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (SPT) on 9 December 2010 (CAT/OP/12/5) which states that “The NPM should ensure that any confidential information acquired in the course of its work is fully protected.”

¹⁵ See paragraph 74 of CPT/Inf (2018) 33.

¹⁶ Concluding observations on the fourth periodic report of Azerbaijan, adopted on 26 November 2015 and published on 27 January 2016, CAT/C/AZE/CO/4.

¹⁷ Paragraph 23 of CAT/C/AZE/CO/4.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Establishments under the authority of the Ministry of Internal Affairs

1. Preliminary remarks

15. The legal framework governing police custody of criminal suspects has remained virtually unchanged since the last time the CPT examined this question i.e. since the 2012 ad hoc visit.¹⁸ It is recalled that pursuant to the Code of Criminal Procedure (CCP), criminal suspects may be held by the police on their own authority for up to 48 hours. Within 12 hours from the time of deprivation of liberty, the competent prosecutor must be notified of the fact of detention.¹⁹ Within 24 hours from the start of detention, an operational officer or an investigator must initiate a criminal case or release the suspect. By the expiry of the 48-hour period, criminal charges must be brought and, if a submission has been made by the prosecutor for the application of remand in custody, the suspect must be presented to a judge. The latter shall decide without delay whether the person concerned is to be remanded in custody, made subject to another preventive measure (e.g. bail, house arrest, etc.) or released.²⁰ Persons remanded in custody may not be held in a police detention facility for longer than 24 hours after the judge's decision and should be transferred to a pre-trial detention facility before the expiry of this period (which does not include the time spent transporting the person to the remand facility).²¹ Consequently, a criminal suspect may spend up to 72 hours in police custody.

16. As previously, persons suspected of administrative offences can be detained by the police for a maximum period of 3 hours.²² However, pursuant to recent amendments to the Code of Administrative Offences (adopted in December 2015), persons suspected of an offence punishable by administrative arrest can now be detained up to 48 hours (instead of up to 24 hours previously). Further, the maximum period of administrative arrest (to be served in temporary detention centres or in centres for administrative detention) has been extended from 15 to 90 days.

The CPT must express its concern about the above-mentioned extension, first of all because conditions of detention in temporary detention centres (and even in the *Detention Unit for Persons under Administrative Arrest* in Baku) are not adapted for such prolonged stays, *inter alia* because of the total lack of activities.²³ More generally, this change goes against the trend (observed by the Committee in several countries) of either shortening the maximum term of administrative arrest or abolishing that type of sanction altogether. **The CPT would welcome observations of the Azerbaijani authorities on this subject.**

¹⁸ See paragraph 10 of CPT/Inf (2018) 29.

¹⁹ Section 153.2.3 of the CCP.

²⁰ Section 148.4, *ibid.*

²¹ Section 157.3, *ibid.*

²² Section 399 of the Code of Administrative Offences.

²³ See paragraphs 54 and 57 below.

17. It is worth recalling here that several aspects of deprivation of liberty of persons held in police detention facilities (and pre-trial detention facilities) are governed by the provisions of the Law on ensuring the rights and freedoms of individuals held in detention facilities on remand (LRFIDF).²⁴

In this context the CPT notes that, despite its long-standing recommendations, there is still a widespread practice of frequent returning of remand prisoners to police custody for investigative purposes,²⁵ for periods of up to 10 days in a month (and on occasion longer).²⁶ This is in obvious contradiction with the legislation in force,²⁷ according to which such returns may only take place in exceptional cases and only if this is considered necessary for the purposes of the investigation or the court proceedings. Further, the requirement set out in the LRFIDF that any transfer of a remand prisoner to a police detention centre necessitates a reasoned court decision (unless the prisoner is to be returned to the pre-trial detention facility on the same day) appeared to be frequently ignored in practice (remand prisoners being held in police facilities based on a decision by a prosecutor or investigator in charge of their case). Likewise, the legal obligation to subject the prisoners concerned to a medical examination both on leaving the pre-trial detention facility and on their return was usually not fulfilled.²⁸

The CPT once again calls upon the Azerbaijani authorities to take resolute action to ensure that the return of prisoners to police detention centres is sought and authorised only very exceptionally (as required by law), for specific reasons and for the shortest possible time. More specifically, the Committee recommends that steps be taken to end completely the practice of returning remand prisoners to police detention centres for further questioning (which should only take place in pre-trial detention facilities run by the Ministry of Justice).

18. Several detained persons interviewed by the delegation referred to an initial period of “informal talks” following a telephone call or a verbal message ordering them to come to the police. Such “talks” reportedly usually lasted several hours (including, at times, overnight) but could on occasion take up to 4 days (in one case, a week). During this period, persons “invited” to the police would be *de facto* subjected to unrecorded detention with an unclear legal status; they would be held in offices or holding cells and interviewed on the subject of a criminal offence, the purpose being to elicit confessions and/or collect evidence before the apprehended person was formally declared a criminal suspect. During the above-mentioned period, detained persons were not informed of their rights and were not able to exercise them.²⁹

²⁴ Adopted on 22 May 2012 and entered into force in July 2012.

²⁵ For example, at *Surakhani Temporary Detention Centre in Baku* the delegation met a remand prisoner who had already been returned from pre-trial detention facility to the police 10 times (each time for 4 – 5 days) since he had been remanded in custody some 5 months earlier.

²⁶ Some remand prisoners interviewed by the delegation alleged that they had been brought by the police from a temporary detention centre to a pre-trial detention facility every 10 or 15 days, registered at the latter establishment and immediately returned to police custody.

²⁷ Section 8 of the LRFIDF and Instructions on the protection and escort of persons held in temporary detention centres.

²⁸ See also paragraph 30 below.

²⁹ See also paragraphs 38 to 50 below.

The CPT considers this practice unacceptable because it entails an (even) higher risk of torture/ill-treatment.³⁰ **The Committee calls upon the Azerbaijani authorities to take decisive and energetic action to stop it and ensure that whenever a person is taken or summoned to a police establishment, for whatever reason (including for interviews with operational officers), his/her presence is always duly recorded. In particular, the records should specify who was brought in or summoned, by whom, upon whose order, at what time, for what reason, in which capacity (suspect, witness, etc.), to whom the person concerned was handed over and when the person left the police premises.**

2. Torture and other forms of ill-treatment

19. The delegation received very widespread allegations of recent physical ill-treatment of persons detained by law enforcement agencies (or who had recently been in their custody).³¹ The allegations were received from both adults – men and women – and juveniles.

Some allegations referred to excessive use of force at the time of apprehension, after the person concerned had been brought under control. However, most of the ill-treatment alleged was said to have occurred at law enforcement establishments³² during initial interviews by operational officers (in some cases also investigators and senior law enforcement officials) and with the aim to force the persons to sign a confession. Among the persons interviewed who made no allegations of ill-treatment, a number of them said they had immediately confessed to the crime of which they were suspected or provided other information being sought by the law enforcement officials.

The types of alleged ill-treatment included slaps, punches, kicks and truncheon blows, but there were also many allegations of far more severe forms of ill-treatment (amounting to torture) such as truncheon blows on the soles of the feet (the so-called “falaka”) – sometimes while the person concerned was suspended – and also some allegations of electric shocks and suffocation.

³⁰ Indeed, some of the allegations of torture/ill-treatment heard by the delegation referred to this initial period of unrecorded police custody, see also paragraphs 19, 21 and 24 below.

³¹ Reference should also be made here to two cases in which persons had publicly complained of severe ill-treatment/torture during and after the CPT’s visit. In the first case, Mr R. A. alleged having been subjected to electric shock and truncheon blows on the soles of the feet (the so-called “falaka”) inflicted on 22 and 23 March 2016 by several officers (including the Head of Criminal Investigation Unit) at *Sumgait District Police Department*, with the purpose of forcing him to confess to a crime he had apparently not committed (see <http://www.azadliq.info/126766.html> and the video with Mr A.’s declarations, taken at the hospital and showing his injuries, posted on YouTube on 26 March 2016: <https://www.youtube.com/watch?v=BhYGtGjklY>).

In the second case, Messrs B. M. and G. I. publicly complained (through their lawyer) of having been subjected to severe ill-treatment/torture by officers of *Narimanov District Police Department* in Baku following their apprehension on 10 May 2016 (see <https://www.meydan.tv/ru/site/opinion/14506/>). The ill-treatment/torture alleged (which was said to have occurred over a period of several days, first at *Police Station No. 12* in Narimanov District of Baku, then at the *Main City Police Department* and finally at the *Temporary Detention Centre of Narimanov District*) was reportedly inflicted by several plainclothes officers, partly in the presence of senior police officials from the three establishments. It allegedly included truncheon blows on the soles of the feet (“falaka”), kicks, punches, verbal abuse, threats of rape and other forms of psychological pressure. Reportedly, the aim of the ill-treatment/torture was to force both men to publicly apologize for having sprayed graffiti on the monument of late President Heydar Aliyev and to bring flowers to the monument in front of TV cameras (which they had both refused).

³² Mostly the police but also, in a few cases, the State Security Service (see paragraph 63 below).

In many cases, the physical ill-treatment/torture was said to be inflicted while the person concerned was handcuffed and/or attached to an object or a piece of furniture. Further, in a few cases detained persons alleged having been hooded while being subjected to ill-treatment/torture.

The delegation also heard many allegations of threats (including of rectal insertion with a bottle or a truncheon) and verbal abuse, as well as threats of reprisals against the persons' relatives.

20. The above-mentioned allegations, gathered from persons interviewed individually who had had no possibility of contacting each other, were detailed, plausible and consistent. Moreover, some of them were supported by medical evidence, in the form of both lesions directly observed by the delegation's forensic medical experts and entries in medical documentation examined in temporary detention centres and pre-trial detention facilities visited. To sum up, the allegations had a high degree of credibility.

It should also be noted that a number of the persons interviewed by the delegation was clearly reluctant to speak about their experiences whilst in the custody of the police or other law enforcement agencies, and only did so after much hesitation.

21. In a number of instances, the persons who alleged ill-treatment/torture had made complaints to competent investigative and/or prosecutorial authorities and authorised the CPT to mention their names in the context of ongoing dialogue with the Azerbaijani authorities (including in the present report). By way of illustration, the following cases may be cited:

- Mr A. A., interviewed by the delegation at *Baku Pre-trial Detention Facility* on 31 March 2016 alleged that, following his apprehension on 13 February 2016, he had been subjected to severe physical ill-treatment/torture (punches – including on his face, kicks and “falaka” with his feet tied together and while suspended) by a group of 5 – 6 operational officers from *Police Station No. 10* of Baku's Garadakh District (located in the settlement of Lökbatan), as well as the station's Deputy Head. The purpose of the beating, which reportedly lasted (with interruptions) from approximately 1 p.m. to 1.30 a.m. the following morning and took place in the office of the above-mentioned Deputy Head of the Station, was to force Mr A. to confess to having committed additional offences (he did not deny having committed one criminal offence but claimed that he had not been the author of the other offences); the beating reportedly stopped once he had agreed to sign the text of the confession dictated to him by one of the officers. Mr A. complained about the ill-treatment/torture to the doctor who examined him upon his arrival at *Baku Pre-trial Detention Facility* (in Zabrat) on 18 February 2016, and the doctor described his injuries.³³ Mr A. later made an official complaint to the Prosecutor's Office and the prosecutor had ordered that he be examined by a forensic doctor (the examination had taken place shortly before the CPT's visit); however, he was unaware of the follow-up to his complaint and had not received a copy of the forensic medical report.³⁴

³³ In his medical file, mention was made of a haematoma on the right eye, crust wounds on upper sides of both feet and an old scar on the right arm. It is noteworthy that the doctor added that the injuries had been sustained “during arrest” and that Mr A. had “no complaints” – a statement he denied having made. See also paragraph 32 below.

³⁴ His *ex officio* lawyer was reportedly not actively involved in defending him and had not requested to be provided with a copy of the said report. See also paragraph 42 below.

- Mr S. M., interviewed at *Baku Pre-trial Detention Facility* on 31 March 2016, alleged having been severely beaten (punches, kicks, truncheon blows all over his body, one of the results of which was a broken nose) in mid-February 2016 by four plainclothes operational officers at *Police Station No. 20* of Baku's Nasimi District, who took turns in beating him. The ill-treatment reportedly lasted (with interruptions) from approximately 8 a.m. to 2 p.m. and stopped after Mr M. had agreed to sign the confession. When brought to the *Temporary Detention Centre of Nasimi District*, he was reportedly asked by the duty officer about the origin of his injuries; however, as he was accompanied by the very operational officers who had beaten him, he reportedly stated that the injuries had been caused by a fall prior to arrest.³⁵ He did tell the truth to the investigator in charge of his case and to the doctor at the Zabrat pre-trial facility. He was not aware of any follow-up to his complaints.

- Mr B. A., interviewed at *Baku Pre-trial Detention Facility* on 31 March 2016, alleged severe ill-treatment/torture by police officers, first at *Shamakhi District Police Department* and then at *Nasimi District Police Department* in Baku. He claimed to have been beaten (punches, kicks, truncheon blows all over the body including on the back of his head) and subjected to "falaka" at Shamakhi Police Department immediately following his apprehension on 24 March 2016; this first episode reportedly lasted some 4 hours and its purpose was to make him confess to a series of criminal offences. He was then handcuffed behind his back and transferred by car to Nasimi District Police Department in Baku. Once there, he was reportedly again subjected to "falaka" while lying barefoot on the floor, his legs being tied together with a packing tape and held up by two operational officers while the third officer administered several truncheon blows on the soles of his feet. Mr A. complained about his treatment to the investigator in charge of his case and to the doctor who examined him upon his arrival at Zabrat facility on 29 March 2016.³⁶ It is noteworthy that the record of his medical examination was very succinct (he was apparently not even asked to undress, only to take off his T-shirt). Upon examination by the delegation's forensic medical expert, he was found to display: an infraorbital bluish haematoma to the right, measuring 6 x 4 cm; an extensive yellowish haematoma in the left scapular region, measuring 10 x 9 cm; a bluish haematoma in sacral and left lumbar region, measuring 8 x 3 cm; a bluish haematoma in the upper part of left gluteal region, measuring 3.5 x 2 cm; a blurred greenish yellow haematoma on medial aspect of right brachial region, in its lower third, measuring 5.5 x 4 cm; an extensive bluish-yellow haematoma measuring 10 x 13 cm, located on the posterior aspect of the right femoral region; a pale bluish-yellowish haematoma on the lateral aspect of the left femoral region, in middle third, measuring 12 x 9 cm; a pale bluish haematoma on the lateral aspect of the left lower leg, in middle third, measuring 6 x 4 cm; several abrasions on the anterior aspect of the left knee; an abrasion measuring 1 x 1 cm on lateral malleolus of the right leg; and handcuff marks on the left wrist.

³⁵ See paragraph 30 below.

³⁶ Reportedly, he was not screened for injuries upon arrival at the *Temporary Detention Centre of Nasimi District*.

The CPT wishes to be informed about the outcome of any investigations carried out into the above-mentioned complaints. This should include information about the concrete investigative steps taken³⁷ and copies of all procedural decisions and forensic medical reports drawn up in the context of these cases.

22. Based on its delegation's findings from the 2016 periodic visit, the CPT can only conclude that persons in police custody in Azerbaijan³⁸ continue to run a very high risk of being ill-treated, at the time of their apprehension but mostly when being questioned by law enforcement officers. It is clear that the risk of ill-treatment is particularly high vis-à-vis persons who do not immediately confess to an offence of which they are suspected or provide other information sought by the police or officers from other law enforcement agencies, and that the ill-treatment inflicted on such persons could be of such severity as to amount to torture. There is also a clear link between the phenomenon of torture/ill-treatment and the corruption in law enforcement agencies (e.g. demanding payments in exchange for dropping or reducing charges, or even releasing persons from unrecorded custody³⁹); furthermore, the perception of impunity amongst law enforcement officials remains systemic and endemic.⁴⁰

The CPT finds it deeply disturbing that, almost 14 years after the Committee's first visit to Azerbaijan, such findings continue to be made.

23. In the light of the above, **the CPT calls upon the Azerbaijani authorities to ensure that the Ministry of Internal Affairs and other relevant structures (e.g. the State Security Service, the State Border Service and the Prosecutor's Office) adopt detailed instructions from the most senior level reiterating to all staff, in particular operational officers and investigators, of their obligations in relation to the treatment of persons in their custody. These instructions must be guided *inter alia* by the general principles enshrined in the European Code of Police Ethics.⁴¹ In particular, it should be made clear to all law enforcement officials that:**

- i) **they will be held accountable for having inflicted, instigated or tolerated any act of torture or other form of ill-treatment, irrespective of the circumstances and including when the ill-treatment is ordered by a superior. Every law enforcement official should have a clear understanding that deliberate physical ill-treatment of detained persons, whatever its severity, is a criminal offence.**

Where appropriate,⁴² a public declaration should be adopted at the highest political level, namely at the level of the President of the Republic of Azerbaijan;

³⁷ E.g. whether the complainants were interviewed, whether any third parties who could shed light on the veracity of the complaints were questioned, etc.

³⁸ As well as, albeit to a lesser extent, in the custody of the State Security Service, see paragraph 63 below.

³⁹ See paragraphs 18 above and 49 below.

⁴⁰ See paragraph 28 below.

⁴¹ Recommendation [Rec \(2001\) 10](#) of 19 September 2001 of the Committee of Ministers of the Council of Europe.

⁴² For instance, when a particularly serious case of ill-treatment by police or other law enforcement officials comes to light.

- ii) **they should ensure that any person coming under their responsibility is subjected to a forensic medical examination whenever there are grounds (e.g. visible injuries) to believe that ill-treatment may have occurred;**⁴³
- iii) **treating persons in custody in a correct manner and reporting any information indicative of ill-treatment by colleagues to the appropriate authorities is their duty and will be positively recognised.**

In this context, the Committee reiterates its recommendation to adopt “whistle-blower” protective measures. This implies the development of a clear reporting line to a distinct authority outside of the directorate or agency concerned as well as a framework for the legal protection of individuals who disclose information on ill-treatment and other malpractice.

The CPT would also like to be informed of steps taken by the Azerbaijani authorities to eradicate the problem of corruption in the police and other law enforcement agencies. In this context, the Committee reiterates its long-standing recommendation that the Azerbaijani authorities deliver to police staff and other law enforcement officials the clear message that abusing their position in order to obtain money from detained persons will be the subject of severe sanctions.

Regarding investigations into possible/alleged torture/ill-treatment by law enforcement officials, reference is made to the recommendations in paragraph 29 below.

24. The reports on the CPT’s previous visits to Azerbaijan highlighted that the phenomenon of torture and other forms of ill-treatment by police officers and members of other agencies was partly rooted in the long-standing over-reliance on confessional evidence.

From the facts found during the 2016 visit it is clear that confessional evidence remains by far the tool of predilection for solving criminal cases and securing convictions. Moreover, the delegation heard a number of consistent accounts of fabrication of physical evidence (e.g. drugs or other incriminating evidence being introduced into the detained persons’ personal belongings before calling in witnesses for official searches and seizure).

The manner in which initial “voluntary” confessions were obtained remained grossly unchallenged by the various actors of the Azerbaijani criminal justice system (including prosecutors and judges), even when the persons concerned subsequently attempted to retract their confessions on the grounds that they were given under duress and/or that their basic rights were not observed in the context of interviews.

⁴³ See also paragraph 36 below.

Many detained persons with whom the delegation spoke described the same pattern of how self-incriminating statements were obtained from them. They were allegedly subjected to long initial interviews (up to 24 hours without interruption)⁴⁴ with different operational officers (sometimes in the presence of investigators and senior law enforcement officials), often involving physical and other forms of ill-treatment (including refusal to meet their physical needs for lengthy periods), exploitation of their state of health (e.g. interviewees experiencing drug withdrawal symptoms or being under a heavy influence of drugs) and/or threats of fabricating serious criminal charges against them (or their close relatives).⁴⁵

They were then apparently taken to an investigator, only after they were effectively “ready” to make a (false) confession to the crime or additional crimes they were presumed to have committed in the eyes of operational officers interviewing them, i.e. to repeat to an investigator what they have been told to say and/or to sign papers presented to them, generally in the presence of an *ex officio* lawyer called in (exclusively) for this occasion.⁴⁶ It appeared in many instances that the manner in which such “voluntary” confessions were obtained by operational officers was tacitly or expressly approved by investigators.

Obviously, the approach described above is not only illegal but also seriously puts into question the intrinsic reliability of criminal investigations carried out by police officers and members of other law enforcement agencies in Azerbaijan, as well as the soundness of any convictions obtained on the basis of those investigations.

25. In the report on the 2011 visit, the Committee recommended to place more emphasis on a physical evidence-based approach, notably through initial and in-service training of operational officers and investigators. In particular, training in the seizure, retention, packaging, handling and evaluation of forensic exhibits and continuity issues pertaining thereto should be further developed. Investments should also be made to ensure ready access to evidence collection tools, such as DNA technology and automated fingerprint identification systems. In the light of the findings of the 2016 visit, **the CPT can only strongly reiterate this recommendation.**

The Committee also recommends that the Azerbaijani authorities take steps to: i) end the practice of operational officers seeking “voluntary” (self-)incriminating statements prior to questioning by investigators; ii) deliver the clear message that the fabrication of evidence is a serious offence and will be punished accordingly; iii) ensure that interviews are as a rule conducted by no more than two interviewers, in rooms specifically equipped and designed for the purpose, for no more than two hours at a time; iv) ensure an accurate recording of all interviews (including any interviews with potential criminal suspects before a protocol of detention is drawn up), which should be conducted with electronic recording equipment (audio- and video recording);⁴⁷ v) implement a system of ongoing monitoring and systematic review of interviewing standards and procedures.

⁴⁴ The persons were often *de facto* deprived of their liberty during these interviews. See paragraph 18 above.

⁴⁵ It was often in this context that corrupt offers were reportedly made by law enforcement officials, see paragraph 22 above.

⁴⁶ See paragraph 41 below.

⁴⁷ See also paragraph 50 below.

26. Concerning the investigators to whom criminal suspects are brought at the initial stage of the procedure, **the CPT recommends that it be reiterated to them that they have a legal obligation to take relevant action whenever they have reason to believe that a person has been subjected to ill-treatment. Even in the absence of an express allegation of ill-treatment, they should ensure that a forensic medical examination is requested whenever there are other grounds (e.g. visible injuries, a person's general appearance or demeanour) to believe that a criminal suspect brought before them has been ill-treated. Under no circumstances should they authorise the return of a criminal suspect to the custody of law enforcement officials if there is reason to believe that the latter have ill-treated the person in question.**

27. The Committee has recommended many times in the past that judges in Azerbaijan be reminded, by the highest judicial authorities and/or, if necessary, through the adoption of relevant legal provisions, that they should take appropriate action whenever a person brought before them alleges that he or she has been subjected to ill-treatment by law enforcement officials. Even in the absence of an express allegation of ill-treatment, the judge should ensure that a forensic medical examination is promptly carried out whenever there are other grounds (e.g. visible injuries, a person's general appearance or demeanour) to believe that ill-treatment may have occurred.

The delegation's findings during the 2016 visit indicate that, if ever such a reminder was given, it did not have the desired effect. As had been the case in the past, when confronted with allegations of illegal detention and/or ill-treatment, judges reportedly either reacted in an ineffective manner (for instance, they contented themselves with asking for explanations from the responsible law enforcement officials) or simply ignored such allegations. **The CPT calls upon the Azerbaijani authorities to take appropriate steps to ensure that the precepts set out above are systematically applied in practice. The Committee also invites the Azerbaijani authorities to consider introducing specific provisions in the Code of Criminal Procedure on the general duties of judges in the prevention of ill-treatment, in particular at the remand-in-custody stage.**

28. As regards impunity, the CPT is struck by the data provided by the Azerbaijani authorities at the outset of the visit: out of 579 complaints against the police received by the Prosecutor General's Office in the period from 1 January 2014 to 1 April 2016, not a single one resulted in criminal prosecutions for ill-treatment/torture.⁴⁸ Likewise, among 1,883 police officers punished disciplinarily between 1 January 2010 and 1 January 2016, none had been sanctioned for ill-treatment/torture of a person in his/her custody;⁴⁹ this is truly astonishing.

The above statistical information, especially when confronted with the Committee's findings from this visit (see paragraphs 19 to 22 above) and from previous visits,⁵⁰ is a strong indication that prosecutors and investigators do not carry out investigations into allegations of ill-treatment/torture in a prompt, efficient and impartial manner.

⁴⁸ This is all the more striking as the number of complaints split per year (220 in 2014, 244 in 2015, 115 in the first 3 months of 2016) clearly demonstrates an increasing trend.

⁴⁹ There had been 126 disciplinary sanctions for "improper conduct" vis-à-vis citizens, but not related with deprivation of liberty.

⁵⁰ See, in particular, paragraphs 16 to 18 of documents CPT/Inf (2018) 9 and CPT/Inf (2018) 29.

29. The CPT stressed many times in the past that, in order to avoid any perception of impunity, it is crucial that the investigating and prosecuting authorities take effective action when any information indicative of possible ill-treatment comes to light.

The criteria which an investigation into such cases must meet in order to be qualified as “effective” have been established through an abundant case-law of the European Court of Human Rights and are highlighted in the CPT’s 14th General Report.⁵¹ In particular, the investigation should be thorough and comprehensive, it should be conducted in a prompt and expeditious manner, and the persons responsible for carrying out the investigation should be independent of those implicated in the events. Further, there should be a sufficient element of public scrutiny of the investigation or its results, including the involvement of the alleged victims in the procedures and the provision of information to the public on the status of ongoing investigations, to secure accountability in practice as well as in theory.

In this regard, it is well-established through the case-law of the European Court of Human Rights that whenever a person was injured while in the hands of public officials, there is a strong presumption that the person concerned was ill-treated and the authorities’ duty is to provide a satisfactory and convincing explanation of how the injuries were caused.

The Committee calls upon the Azerbaijani authorities to take long overdue effective measures to combat impunity amongst members of law enforcement agencies, taking into account the above criteria. The CPT also invites the Azerbaijani authorities to take steps to establish trust in law enforcement agencies by providing information to the public on the outcome of investigations into complaints of ill-treatment by law enforcement officials.

In this context, **the attention of the Azerbaijani authorities is once again drawn to the importance of enabling the Committee’s delegations to discuss ongoing investigations with prosecutors in charge of those, and granting the CPT full access to investigation files (including forensic medical reports).**⁵²

30. On numerous previous occasions, the Committee has stressed the important contribution which health-care professionals working in temporary detention centres⁵³ and pre-trial detention facilities can and should make to combating ill-treatment of detained persons, notably through a thorough examination of detained persons, methodical recording of injuries and the provision of information to the relevant authorities.

Unfortunately, the information gathered during the 2016 visit shows that there had been no improvement in this area. Medical examinations, if and when performed, continued to be mostly superficial (e.g. persons were merely asked whether they had a health-related problem or were just asked to remove the upper clothes without fully undressing).

⁵¹ See paragraphs 25 to 42 of CPT/Inf (2004) 28, <https://rm.coe.int/16806cd08c>.

⁵² See also paragraph 6 above.

⁵³ Although only a few of the temporary detention centres visited had their on-site health-care staff (e.g. a doctor worked from 8 a.m. to 3 p.m. from Monday to Saturday at the *TDC of the Main Department for Combating Organised Crime* in Baku), in most of them the practice (albeit inconsistently applied) was to call an ambulance to examine newly-arrived detained persons. There was also a full-time feldsher at the *Detention Unit for Persons under Administrative Arrest* in Baku. In other cases, the initial (very superficial) screening was performed by medically untrained duty officers.

In addition, the confidentiality of such examinations was still never observed in temporary detention centres and frequently violated in pre-trial detention facilities (with custodial officers – and on occasion police convoy staff – being present); mention should also be made of the practice (observed in the two pre-trial detention facilities visited) of collective examinations, i.e. several detainees being examined at the same time in the same room.

Given that detained persons were usually questioned about the origin of their injuries under such circumstances (sometimes, in temporary detention centres, in the presence of the very police officers who had allegedly ill-treated them), it was hardly surprising that several persons interviewed by the delegation stated that – despite bearing multiple injuries clearly indicative of ill-treatment – they had declared that they had sustained their injuries before apprehension (as a result of an occupational or a sport accident, in a fight, etc.) because they had been too frightened to tell the truth.⁵⁴

31. The Committee must reiterate its view that a clear distinction must be made between, on the one hand, the administrative procedures followed when detained persons are handed over to the custody of a temporary detention centre or a pre-trial detention facility and, on the other hand, the thorough medical examinations which should follow.

It is essential that, during the above-mentioned administrative procedures, health-care staff are as a rule not directly involved in the initial procedure of handover of custody and that detained persons found to display injuries on admission are not immediately questioned about the origin of those injuries. Nevertheless, any injuries observed during the procedure of handover should be recorded by the receiving officer and the record immediately brought to the attention of the health-care professionals, together with any photographs of injuries taken.

Consequently, **the CPT calls upon the Azerbaijani authorities to take steps to ensure that:**

- **health-care professionals are as a rule⁵⁵ not directly involved in the administrative procedure of handover of custody of detained persons to a temporary detention centre or pre-trial detention facility;**
- **persons found to display injuries on their admission are not questioned by anyone about the origin of those injuries during the above-mentioned handover procedure;**
- **the record made by the receiving officer, and any photographs taken, of injuries during the handover-of-custody procedures are forwarded without delay to health-care professionals;**

⁵⁴ See also paragraph 32 below.

⁵⁵ Naturally, a health-care professional should be consulted immediately whenever a newly-arrived detained person requires urgent medical assistance or if there are doubts as to whether the state of health of the person concerned is compatible with admission to a temporary detention centre or a pre-trial detention facility.

- **all persons admitted to temporary detention centres and pre-trial detention facilities are properly interviewed and thoroughly examined by qualified health-care staff as soon as possible, and no later than 24 hours after their admission;**⁵⁶
- **the same approach is adopted each time a person returns to a temporary detention centre or pre-trial detention facility after having been taken back to the custody of a law enforcement agency for investigative purposes (even for a short period of time);**⁵⁷
- **all medical examinations (whether they are carried out in temporary detention centres or pre-trial detention facilities) are conducted out of the hearing and – unless the health-care professional concerned expressly requests otherwise in a given case – out of the sight of staff not carrying out health-care duties.**

32. Although some efforts were undeniably being made by certain members of health-care staff (especially in pre-trial detention facilities) to document injuries, the medical documentation⁵⁸ seen by the delegation was generally far from being satisfactory; it was most often incomplete and even contradictory.

The description of injuries observed was frequently scant⁵⁹ and on occasion inaccurate. In a few instances, it became evident from the consultation of medical records as well as direct observations from the delegation's doctors that injuries indicative of ill-treatment were minimised or simply went unrecorded. Further, in some cases, it would appear that health-care professionals deliberately omitted to note down statements made by detained persons in relation to their injuries, or even recorded misleading information (e.g. injuries "unrelated to detention" or sustained "upon arrest" which contradicted not only the explanations apparently given to them by the persons concerned but sometimes also records drawn up earlier in a temporary detention centre and referring to injuries sustained "during detention").

As previously, health-care professionals made no attempts to assess the consistency between statements made by detained persons and medical findings. This was the case even when statements made were manifestly inconsistent with the injuries observed (e.g. an affirmation made by the detained persons that injuries were "old" when in fact they were evidently fresh).

33. In short, the medical documentation seen in temporary detention centres and pre-trial detention facilities visited was to a great extent unreliable and insufficient for forensic purposes. It is also noteworthy that copies of medical reports drawn up by health-care professionals (including the administrative "acts" drawn up upon arrival at pre-trial detention facilities) were almost never given to detained persons or their lawyers.

⁵⁶ In the case of temporary detention centres without on-site health-care staff, this requirement could be met by having recourse to medical emergency services.

⁵⁷ As already mentioned in paragraph 17 above, this obligation (concerning pre-trial detention facilities) is already set out in law but frequently ignored in practice.

⁵⁸ Including the journals kept at temporary detention centres, inmates' individual medical records at pre-trial detention facilities and administrative "acts" drawn up upon arrival to the latter, describing any injuries observed by health-care staff.

⁵⁹ Limited to mentioning the type of injury (e.g. "bruise", "haematoma", "scratch", "swelling") but with no further detail as to the precise location, size, colour, etc.

By contrast, sensitive data contained in this documentation (such as statements as to the origin of injuries) was accessible to staff having no health-care duties, including the directors of pre-trial detention facilities and custodial, operational and administrative officers.

It became clear from discussions with health-care staff in the establishments visited (in pre-trial detention facilities in particular) that they were unlikely to contribute to the improvement of the quality of medical documentation, since they expected it to pose an additional difficulty for them. In the CPT's view, the current lack of appropriate action by health-care staff is not helping to reduce the practice of ill-treatment by police and other law enforcement and security agencies.

34. In the light of the above, **the Committee calls upon the Azerbaijani authorities to take further action to ensure that:**

- **the record drawn up following the medical examination of a detained person in a temporary detention centre and pre-trial detention facility contains: (i) an account of statements made by the person in question which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment), (ii) a full account of objective medical findings based on a thorough examination; (iii) the health-care professional's observations in the light of i) and ii), indicating the consistency between any statements made and the objective medical findings; this record should take fully into account any attestation of injuries observed upon admission during the procedure of handover of custody;**
- **the record also contains the results of additional examinations performed, detailed conclusions of specialised consultations and a description of treatment given for injuries and of any further procedures performed;**
- **the recording of the medical examination in cases of traumatic injuries is made on a special form provided for this purpose, with "body charts" for marking traumatic injuries that will be kept in the medical file of the prisoner. If any photographs are made, they should be filed in the medical record of the inmate concerned. This should take place in addition to the recording of injuries in the special trauma register;**
- **the results of every examination, including the above-mentioned statements and the health-care professional's conclusions, are made available to the prisoner and his/her lawyer;**
- **special training is provided to health-care professionals working in pre-trial detention facilities (and, whenever relevant, temporary detention centres). In addition to developing the necessary competence in the documentation and interpretation of injuries as well as ensuring full knowledge of reporting obligations and procedures, that training should cover the technique of interviewing persons who may have been ill-treated;**

- **law enforcement and custodial staff having no health-care duties only have access to medical information strictly on a need-to-know basis, with any information provided being limited to that necessary to prevent a serious risk for the detained person or other persons. There is no justification for giving staff having no health-care duties access to information concerning the diagnoses made or statements concerning the cause of injuries.**

35. As regards reporting procedures, the delegation has noted as a positive development since the previous visit that injuries recorded at pre-trial detention facilities were now systematically reported to competent prosecutorial authorities. But as descriptions of injuries and explanations of circumstances were usually very scant⁶⁰, it appeared that this new procedure had so far yielded no practical results in terms of investigations and possible sanctions.⁶¹ **The CPT would welcome the Azerbaijani authorities' observations on this subject.**

Further, it would appear that, in practice, the reporting obligation set out in Section 22.3 of the LRFIDF was not fulfilled with respect to any complaints of ill-treatment made by persons admitted to temporary detention facilities and to written information about bodily injuries possibly resulting from ill-treatment revealed during medical examination of such persons. **The CPT recommends that this shortcoming be eliminated.**

In addition, **the Committee recommends that health-care professionals be instructed to inform detained persons of the existence of the reporting obligation, explaining that the writing of such a report falls within the framework of a system for preventing ill-treatment and that the forwarding of the report to the relevant authority is not a substitute for the lodging of a complaint in a proper form.**

It would also be advisable for the health-care professionals concerned to receive, at regular intervals, feedback on the measures taken by the prosecutorial authorities following the forwarding of their reports. This could help to sensitise them to specific points in relation to which their documenting and reporting skills can be improved and, more generally, will serve as a reminder of the importance of this particular aspect of their work.

36. In the reports on its previous visits, the CPT emphasised the importance of the role to be played by forensic doctors in the investigation of cases possibly involving ill-treatment by law enforcement officials; it also stressed that no barriers should be placed between persons who allege ill-treatment and doctors who can provide forensic reports having legal force.

Regrettably, it remains the case that the carrying out of forensic examinations is impossible without authorisation from an investigating or judicial authority. The inevitable outcome is that persons alleging ill-treatment will frequently be prevented from obtaining any evidence to support their claims. **The CPT reiterates its recommendation that persons who are, or have been, detained, or their lawyers, be formally entitled to directly obtain an examination by a recognised forensic medical expert and to be issued with a certificate which has legal value in court.**⁶²

⁶⁰ See paragraphs 32 and 33 above.

⁶¹ See paragraph 28 above.

⁶² Naturally, the recommendation in paragraph 31 concerning the need to ensure confidentiality of medical examinations applies *a fortiori* to forensic medical examinations.

37. More generally, as regards the independence of health-care staff, **the CPT reiterates its recommendation that the Azerbaijani authorities consider the option of placing such staff working in temporary detention centres under the authority of the Ministry of Health. Regarding the health-care staff working in penitentiary establishments, reference is made to the comments in paragraph 112 below.**

3. Safeguards against ill-treatment

38. While the legal safeguards against ill-treatment, especially notification of custody, access to a lawyer, access to a doctor and information on rights, are envisaged by the relevant legislation,⁶³ the Committee's conclusion after the 2016 visit is that they remain largely a dead letter and are mostly inoperative in practice.

39. Regarding notification of custody, most of the detained persons interviewed by the delegation stated that they had been offered that possibility upon arrival to a temporary detention centre (TDC)⁶⁴ i.e. several hours (and occasionally up to several days, see paragraphs 18 and 60) after apprehension. On occasion, detained persons were reportedly only enabled to inform their relatives of their whereabouts once they had been remanded in custody and brought to a pre-trial detention facility.

In fact, it would appear that the main practical reason why the police would allow notification prior to a person's transfer to a TDC would be to enable relatives to bring food to the detained person, given the absence of catering arrangements in local police stations.⁶⁵

The CPT calls upon the Azerbaijani authorities to take effective steps to implement its long-standing recommendation that persons deprived of their liberty by the police (and other law enforcement agencies) be accorded the right to inform a close relative or another third party of their situation, as from the very outset of their deprivation of liberty (that is from the moment when they are obliged to remain with the police/another law enforcement agency). The exercise of this right should always be recorded in writing.

40. As on previous visits, several detained persons told the delegation that they did not know whether their relatives had been informed of the fact of their detention. **The Committee reiterates its recommendation that steps be taken to ensure that detained persons are systematically provided with feedback on whether it has been possible to notify a close relative or another person of the fact of their detention.**

⁶³ See paragraphs 37, 38, 40 and 43 of CPT/Inf (2018) 29.

⁶⁴ This was sometimes (though not systematically) confirmed by an entry in the custody record, e.g. at *Narimanov TDC* in Baku.

⁶⁵ Unlike in temporary detention centres, see paragraph 52 below.

41. Criminal suspects' access to a lawyer continued to be systematically delayed. The most frequent practice seemed to be that a lawyer (almost always an *ex officio* lawyer) was called by the investigator at the end of the official interview, when the detained person was "ready" to sign the confession/statement;⁶⁶ in this context, the lawyer's presence amounted to a mere formality aimed at providing legitimacy for the confession. It is also noteworthy that, similar to what had been observed in the past, many detained persons stated that they had only been able to meet their lawyer for the first (and frequently last) time at the court hearing on the issue of remand in custody. This highly regrettable state of affairs, which is clearly contrary to the Azerbaijani law and international standards, becomes even more of concern when seen in the context of the allegations of torture and other forms of ill-treatment referred to in paragraphs 19 to 21 above.

Although the right of access to a lawyer applied theoretically also to persons under administrative arrest, it was clear that such access was hardly ever granted in practice.⁶⁷ Administrative detainees interviewed by the delegation declared almost invariably that they had not been informed of this right, either by the police or by the judge (see also paragraph 45 below).

The CPT calls upon the Azerbaijani authorities to immediately take measures to ensure that the right of access to a lawyer is effectively guaranteed to all persons – including administrative detainees – as from the very outset of their deprivation of liberty.

42. As on previous visits, the delegation was inundated with complaints about the role and attitude of *ex officio* lawyers; apparently, the lawyers mostly remained silent during the proceedings (both at the police and in court) and sometimes would not even speak to the detained persons (or tried to dissuade them from making any complaints). The delegation also received allegations that *ex officio* lawyers had demanded undue payments for any effective assistance to be provided.

As it currently stands, the Azerbaijani system of *ex officio* legal aid to persons deprived of their liberty clearly fails to operate as an effective safeguard against ill-treatment by law enforcement officials. **The Committee strongly reiterates its recommendation that a comprehensive review of the system of *ex officio* legal assistance be carried out, in cooperation with the Bar Association. *Ex officio* lawyers should be reminded, through the appropriate channels, of their duty to represent to the best of their ability the interests of the persons to whom they are assigned and, more specifically, to take appropriate action whenever there are indications that such persons may have been ill-treated by the police.**

43. Many detained persons alleged that, while in the custody of the police, they had not been able to meet their lawyer in private; furthermore, in a few cases such meetings had reportedly taken place in the presence of the very officers who had ill-treated the detained persons concerned. The delegation also noted that rooms set aside for meetings with lawyers in some of the police establishments visited did not guarantee confidentiality of such meetings.⁶⁸

⁶⁶ See also paragraph 24 above.

⁶⁷ For example, from 338 persons held at the *Detention Unit for Persons under Administrative Arrest* in Baku between 1 January and 1 April 2016, only two had had any telephone or personal communications with a lawyer.

⁶⁸ At *Binagadi TDC*, the room for meetings with lawyers was fitted with a one-way mirror window and an intercom system permitting to watch and listen to conversations from the adjoining room. It was also technically possible to video and audio record lawyer-client conversations at the *TDC of the Main Department for Combating Organised Crime* in Baku.

The CPT recommends that the confidentiality of all client-lawyer consultations be ensured in all police establishments in Azerbaijan.

44. As regards access to a doctor in *temporary detention centres* and at the *Detention Unit for Persons under Administrative Arrest* in Baku, reference is made to the comments and recommendations in paragraphs 30 to 34 above.

As for the access to a doctor for persons in police custody during the period prior to placement in a temporary detention centre, despite the Committee's numerous and repeated recommendations in the past, the current practice⁶⁹ continues to be perceived primarily as a means to protect police officers (and other law enforcement officials) against possibly unfounded allegations of ill-treatment, rather than as a fundamental right of the person detained. Consequently, **the CPT reiterates once again its long-standing recommendation that persons deprived of their liberty by the police (and other law enforcement agencies) be expressly guaranteed the right of access to a doctor from the very outset of their deprivation of liberty**. The legal obligation upon law enforcement officials to provide access to medical assistance to detained persons who require it does not remove the need for such a right.

The relevant provisions should make clear that:

- a request by a detained person to see a doctor should **always** be granted; it is not for law enforcement officials, nor for any other authority, to filter such requests;
- a person taken into the custody of a law enforcement agency has the right to be examined, if he/she so wishes, by a **doctor of his/her own choice**, in addition to any medical examination carried out by a doctor called by the law enforcement officials (it being understood that an examination by a doctor of the detained person's own choice may be carried out at his/her own expense);
- the exercise of the right of access to a doctor is to be recorded in the custody records.

45. As had been the case in the past, information on rights was still usually provided only by the investigators at the moment when the protocol of detention was drawn up, which frequently happened hours (or even days, see paragraph 18) after the actual apprehension. Some persons interviewed by the delegation stated that they had not been expressly informed of their rights at any time while in police custody⁷⁰ (as distinct from being told to sign a procedural document which might have referred to some of those rights, but which they had had no time to read). Others had reportedly been informed about their rights only after they had made a statement/confession and/or the information provided was partial and/or incorrect (e.g. information on the right of access to a lawyer omitting the right to *ex officio* legal assistance, or information provided on access to a lawyer but not on the right to notification of custody). Further, virtually all administrative detainees interviewed by the delegation denied having been informed of their rights. Last but not least, whatever information was available (in writing) was so exclusively in the Azeri language (see also paragraph 48 below).

⁶⁹ Described *inter alia* in paragraph 25 of CPT/Inf (2018) 9.

⁷⁰ Or in the custody of another law enforcement agency e.g. the State Security Service (see also paragraph 63).

The Committee once again calls upon the Azerbaijani authorities to ensure that all persons detained by law enforcement officials (including administrative detainees) are fully informed of their rights as from the very outset of their deprivation of liberty. This should be ensured by the provision of clear verbal information at the moment of apprehension, to be supplemented at the earliest opportunity (i.e. immediately upon entry into the premises of a law enforcement agency) by the provision of a written form setting out the detained person's rights in a straightforward manner. This form should be available in an appropriate range of languages. The persons concerned must be asked to sign a statement attesting that they have been informed of their rights and be allowed to keep a copy of the information sheet. If necessary, the absence of a signature should be duly accounted for. Moreover, particular care should be taken to ensure that detained persons are actually able to understand their rights; it is incumbent on law enforcement/security officials to ascertain that this is the case.

As regards persons "invited" to come to the police establishment for "informal talks" (see paragraph 18 above), **the CPT recommends that they be expressly informed that if they so wish, they may be accompanied by a lawyer.**

46. Similar to the situation observed during previous visits to Azerbaijan, the delegation received several allegations from detained juveniles, according to which they had been interviewed and made to sign documents (confessions or other statements) without the presence of a lawyer and/or another trusted person. This was of particular concern given that some of the juveniles had alleged having been subjected to physical ill-treatment in the course of the interviews (see paragraph 19 above).

The Committee calls upon the Azerbaijani authorities to take effective steps to ensure that detained juveniles are not questioned and, in particular, do not make any statements or sign any documents related to the offence of which they are suspected without the benefit of a lawyer and, in principle, of another trusted adult being present and assisting the juvenile. The CPT also once again recommends that a specific information form, setting out the particular position of detained juveniles and including a reference to the presence of a lawyer/another trusted adult, be developed and given to all such persons taken into custody. Special care should be taken to explain the information carefully to ensure comprehension.

47. In some police establishments (e.g. at *Binagadi and Sabunçu TDCs*), the delegation again encountered the practice of holding juveniles in the same cell with adults. As already stressed in the past, such a state of affairs is totally unacceptable. It is generally acknowledged that juveniles in detention should, as a rule, be accommodated separately from adults, and there can never be any justification for juveniles sharing a cell with adults at the stage of police custody. **The Committee calls upon the Azerbaijani authorities to ensure that juveniles placed in police detention facilities are always accommodated separately from adult detained persons.**

48. Several detained foreign nationals interviewed by the delegation claimed that they had been made to sign documents in the Azeri language without knowing their content. As mentioned in paragraph 45 above, no written information on rights was available in languages other than Azeri and some foreign nationals alleged that they had not been provided with any information (even verbal) in a language they understood. Even more of concern were the few allegations according to which detained persons had not been provided with an interpreter before the first court hearing.

The Committee recommends that effective measures be taken to ensure that detained foreign nationals who do not understand Azeri are promptly provided with the services of an interpreter and are not requested to sign any statements or other documents without this assistance. Reference is also made to the recommendation in paragraph 45 above. Further, steps must be taken to systematically inform detained foreign nationals of their right of access to a consular/diplomatic representative (which is reportedly frequently not the case at present).

49. The CPT has stressed in the past that the requirement to properly record the fact of a person's deprivation of liberty is one of the most fundamental legal safeguards against ill-treatment. In addition to facilitating control over the observance of the legal provisions concerning custody by law enforcement agencies, the accurate recording of all aspects of a person's period of detention can protect law enforcement officials by countering false allegations made against them.

In this context, **reference is made to the comments and recommendation in paragraph 18 above, concerning the phenomenon of unrecorded detentions.**

From the moment at which a detained person was formally apprehended/arrested (see paragraphs 15 and 18), the various apprehension, arrest and investigation records tended to be generally well kept in the police establishments visited. Exceptions were nevertheless observed, e.g. at the *Police Stations No. 36 and 38* in Baku, where the custody registers contained some errors and omissions. **The Azerbaijani authorities are invited to remedy these shortcomings.**

50. The Committee has stressed on several occasions that electronic (i.e. audio and/or video) recording of interviews represents an important additional safeguard against the ill-treatment of detainees.⁷¹

In the light of all the allegations and other information gathered on torture and other forms of ill-treatment by law enforcement officials (see paragraphs 19 to 22 above), **the CPT recommends that the Azerbaijani authorities introduce systematic electronic recording of all interviews. Needless to add, audio and video recording devices should be functioning at all times, recorded material preserved for reasonable periods of time and made available to appropriate persons (including those responsible for monitoring and inspecting detention facilities and those charged with investigating allegations of ill-treatment as well as the detained person and/or his/her lawyer).**

⁷¹ Such a facility can provide a complete and authentic record of the interview process, thereby greatly facilitating the investigation of any allegations of ill-treatment. This is in the interest both of persons who have been ill-treated and of law enforcement officials confronted with unfounded allegations that they have engaged in physical ill-treatment or psychological pressure. Electronic recording of interviews also reduces the opportunity for defendants to later falsely deny that they have made certain statements.

4. Conditions of detention

51. At the outset of the visit, senior officials from the Ministry of Internal Affairs informed the delegation about the progress in refurbishment of police detention facilities. In particular, out of the total of 72 temporary detention centres (TDCs),⁷² 43 had recently been either fully reconstructed or newly built, with four more scheduled to be completed before the end of 2016.⁷³

52. Indeed, *material conditions* in the temporary detention centres visited were generally acceptable or even good⁷⁴ for the duration of police custody i.e. 72 hours. Most of the cells were spacious enough for their intended occupancy⁷⁵, well lit, ventilated and heated, adequately equipped (bunk or single beds with full bedding, table, stools/chairs, lockers and shelves), clean and in a good state of repair. Food was offered (including at least one hot meal per day and tea) as well as some basic personal hygiene items (soap, towel, toilet paper). All the TDCs had decent communal showers although many detainees interviewed by the delegation were not aware of their existence.

That said, the CPT is concerned to note that the refurbishment (and construction) programme did not include providing in-cell sanitary annexes (generally comprising a floor-level toilet and a washbasin) with a full partition; further, none of the cells were equipped with a call system. In addition, the envisaged occupancy in some of the TDCs exceeded the national minimum standard of 4 m² per detainee (excluding the surface of the sanitary annexe). For example, the living space in cells designed for four detainees was 12 m² at *Sabunçu District TDC*, 12.5 m² at *Narimanov District TDC*, 13.5 m² at *Binagadi District TDC* and 14 m² at *Göygöl City TDC*. **The Committee reiterates its recommendation that steps be taken to ensure that the minimum standard of 4 m² per detained person (sanitary annexe excluded) is respected in all temporary detention centres (and any other police cells where persons may be held overnight).** In addition, **all sanitary annexes in multi-occupancy cells should be fully screened (up to the ceiling) and the cells equipped with a call system.**

53. All the TDCs visited had exercise yards⁷⁶ and the delegation was told that detainees were in principle entitled to one hour of *outdoor exercise* every day. However, it appeared that exercise was in fact available for much shorter periods, e.g. for no more than 30 minutes at *Sabunçu District TDC*, 15 – 20 minutes at *Surakhani District TDC* and for several 10-minute periods a day (time to smoke a cigarette) at *Binagadi District TDC*. The delegation also noted that the exercise yards in some TDCs (e.g. at the *Main Department for Combating Organised Crime* and in *Narimanov* district) were not equipped with any means of rest.

The CPT reiterates its long-standing recommendation that steps be taken to ensure that all persons held at temporary detention centres for 24 hours or more have the possibility to take at least one hour of outdoor exercise every day. Further, exercise yards in all TDCs should be equipped with a means of rest.

⁷² 69 of them being operational at the time of the visit, the remaining three having been closed pending refurbishment.

⁷³ One of the TDCs visited by the delegation, in *Narimanov* district of Baku, was in the process of being renovated.

⁷⁴ E.g. at the TDC of the *Main Department for Combating Organised Crime* in Baku.

⁷⁵ E.g. two persons in some 12 m², four persons in 18 m², six in 28 m².

⁷⁶ Measuring, for example, some 30 m² at *Narimanov District TDC*, 50 m² at the TDC of the *Main Department for Combating Organised Crime* and 80 m² at *Binagadi District TDC*.

54. As already mentioned,⁷⁷ persons remanded in custody and administrative detainees could be held for prolonged periods in temporary detention centres. In this context, the Committee wishes to stress once again that conditions of detention in the TDCs are not suitable for such prolonged stays, first of all because of the nearly total absence of any *activities* (including access to radio, TV and board games).⁷⁸ It is also noteworthy that (unlike in the *Detention Unit for Persons under Administrative Arrest*)⁷⁹, persons detained in TDCs have no right to receive *visits* and make *telephone calls*, which is an issue of concern in case of detention period exceeding a few days.

Regarding the practice of *returning remand prisoners to police detention facilities*, **reference is made to the recommendation in paragraph 17 above**. As regards *administrative detainees*,⁸⁰ **the CPT recommends that steps be taken throughout Azerbaijan to ensure that they are accommodated in establishments specifically designed for this category of persons deprived of their liberty. The Committee also recommends that measures be taken to ensure, for as long as these two categories of detainees continue to be held in TDCs, that they are offered some activities and enabled to receive visits and make telephone calls.**

55. The CPT has carried out a follow-up visit to the Detention Unit for Persons under Administrative Arrest in Baku.⁸¹ As already mentioned in paragraph 16 above, the maximum period of administrative arrest had recently been extended to 90 days and, in preparation for the implementation of this new provision, the establishment had been refurbished⁸² and enlarged shortly prior to the visit, with its capacity increased from 34 to 58 allocated between 17 cells.⁸³ On the day of the visit, the unit was accommodating 48 detainees (including one woman) whose terms of administrative arrest ranged from a few days to 2 months.⁸⁴

56. *Material conditions* continued to be on the whole acceptable. The cells, measuring from some 13 m² to approximately 36 m² (sanitary annexe excluded) and designed to accommodate two to six detainees each, were well lit, clean and in a good state of repair, and equipped with beds/bunk beds (with full bedding), tables, benches or stools and lockers. The in-cell sanitary annexes, with a floor-level toilet and a washbasin, were only partially screened; in this respect, **reference is made to the recommendation in paragraph 52 above which applies equally here**. The delegation heard no complaints about the food which was delivered three times per day from the central canteen of the Ministry of Internal Affairs. Detainees could take a shower once a week in the winter and twice a week in the summer; **the Committee recommends that the latter entitlement be extended to the entire year.**

⁷⁷ See paragraphs 16 and 17 above.

⁷⁸ Some books and newspapers were available, most of them brought by detainees' families.

⁷⁹ Where detainees could receive visits once per week and make telephone calls twice per week. See, however, paragraph 57 below.

⁸⁰ See paragraph 16 above.

⁸¹ Previously visited in 2011, see paragraph 37 of CPT/Inf (2012) 39.

⁸² Including the replacement of ventilation and heating systems, refurbishing the exercise yard and installing TV sets in (some) cells.

⁸³ As compared to 9 cells in 2011.

⁸⁴ The average stay in 2015 was 18.6 days.

57. The main issue of the CPT's concern is the lack of any out-of-cell organised *activities* at the Unit, especially given that persons may now spend up to 90 days there. Detainees only left their cells for outdoor exercise (taken in a bare yard without any means of rest and without protection against inclement weather), which according to the Director lasted up to 3 hours per day; however, detainees interviewed by the delegation stated that in fact they were taken to the yard to smoke for 15 minutes every second hour. **The Committee recommends that steps be taken to ensure that persons under administrative arrest have access to at least one hour of uninterrupted genuine outdoor exercise every day.** Further, **the CPT reiterates its recommendation from paragraph 37 of the report on the 2011 visit that the exercise yard at the Detention Unit be equipped with a means of rest and a shelter against inclement weather.**

Inside the cells, diversion possibilities were limited to watching TV (not in every cell) or listening to the radio, reading books and newspapers (from the Unit's library or from home), and playing board games. There was no possibility to work, even on a voluntary free-of-charge basis. **The Committee recommends that steps be taken to enlarge the offer of activities for persons held at the Detention Unit for Persons under Administrative Arrest in Baku; this should include some work opportunities and sports.**

Other issues of the Committee's concern include extremely limited (in practice) possibilities of maintaining *contact with the outside world* (visits usually lasting mere 10 – 15 minutes once a week, always with a separation) and the apparent absence of *female custodial staff*, despite the occasional presence of female detainees. **Both above-mentioned deficiencies must urgently be remedied.**

More generally, **reference is made to the comments in paragraph 16 above.**

58. The Unit possessed a so-called "*rubber cell*" measuring some 12 m², which was completely bare except for an unscreened floor-level toilet, and fitted with a small window letting in only a modest amount of natural light. It was supposed to be used for placing agitated detainees upon the feldsher's decision, essentially to prevent self-injury. However, the delegation found that placement in the "rubber cell" (for up to 2 hours) was also on occasion resorted to as a disciplinary measure, by decision of the Director, his deputy or duty officer. Furthermore, in some cases detainees placed in the above-mentioned cell were also handcuffed as a means of punishment, likewise for periods of 2 hours maximum. In the CPT's view, to apply "special means" (including handcuffs) and to use the "rubber cell" as a means of punishment is totally unacceptable. **The Committee recommends that both aforementioned practices be stopped immediately.**

As for placement in the cell for the purpose of preventing self-harm, the CPT wishes to stress that such acts frequently reflect problems and conditions of a psychological nature, and should be approached from a therapeutic rather than a punitive standpoint. Further, the isolation of the detainees concerned (even if it is not considered a disciplinary sanction) is likely to exacerbate their mental health problems; persons placed in the cell should therefore be under continuous supervision.

More generally, the Committee is of the opinion that a detainee showing severe signs of auto-aggressive behaviour should be immediately medically reviewed with a view to transfer to an acute mental health unit. **The CPT recommends that the practice as regards handling agitated and auto-aggressive detainees at the Detention Unit for Persons under Administrative Arrest in Baku be brought into conformity with the aforementioned precepts.**

59. All police establishments visited (including local police stations) possessed one or more holding cells, intended for detention periods of up to 3 hours. Conditions in these cells were generally quite acceptable for their intended purpose: they measured from 3 to 7 m², were equipped with a bench and had adequate artificial lighting and ventilation, though usually no direct access to natural light.⁸⁵

However (see also paragraph 18 above), the delegation heard allegations (and gathered other indications) that the holding cells were sometimes used for longer detention periods, including overnight.⁸⁶ **The Committee again calls upon the Azerbaijani authorities to take effective steps to ensure that the legal provisions in force – according to which persons should not be kept in holding cells in excess of 3 hours – are fully respected in practice.**

By contrast with the above, the delegation was struck by the poor conditions in the two holding cells at *Police Station No. 11* (Garadakh District, Baku) and in the cell at *Police Station No. 36* (Khatai District, Baku), which were all dark, bare, dirty and smelly. Also the communal toilet at Police Station No. 11 was very dirty, dark and dilapidated. Staff at the latter establishment told the delegation that the station would move to new premises within 4 – 5 months and that meanwhile, urgent renovation of the cell area (including the toilet) was imminent. As for Police Station No. 36, the above-mentioned holding cell had reportedly not been used for the past 3 years.⁸⁷ **The CPT would like to receive from the Azerbaijani authorities a confirmation of the information received at both above-mentioned police stations.**

60. As already mentioned,⁸⁸ information gathered by the delegation in the course of the 2016 visit suggests that persons “invited” for “informal talks” continued to be frequently held in police establishments, in offices or in corridors, for periods of hours, including overnight (sleeping on chairs and sometimes handcuffed to objects such as radiators or to the furniture) and occasionally for up to several days, usually without being offered anything to eat⁸⁹ and with only limited access to a toilet. **The Committee calls upon the Azerbaijani authorities to take immediate measures to ensure that offices or corridors are not used as a substitute for proper detention facilities. Urgent steps are also required to ensure that all persons in police custody have ready access to a toilet at all times and are offered food at appropriate times, including at least one full meal (i.e. something more substantial than a sandwich) every day.**

⁸⁵ The two holding cells seen at *Police Station No. 38* (in Garadakh district of Baku) were particularly good: the single-occupancy cell measured some 9 m², the double-occupancy cell some 12 m² and both were well lit and ventilated and equipped with beds, a table, a bench and a locker.

⁸⁶ For example, at *Police Station No. 36* (Khatai District, Baku), there were numerous recorded stays of up to 4 hours, and one case where the person concerned had been held in custody during 19,5 hours.

⁸⁷ That said, the cell was soiled with old torn newspapers, items of clothing and food rests which did not appear 3 years old.

⁸⁸ See paragraph 18 above.

⁸⁹ Unless relatives brought some food, see paragraph 39 above.

B. Establishments under the authority of the State Security Service

61. The delegation carried out a follow-up visit to one detention facility run by the State Security Service (SSS), namely the Investigative Isolator and Temporary Detention Centre (TDC) of the SSS⁹⁰ located at the Service's Headquarters in Baku.⁹¹

The Isolator accommodated persons suspected or accused of offences investigated by the SSS (including crimes against the State, terrorism, participation in illegal armed groups, serious organised and economic crime, violations of the border control regulations, etc.). It could hold both persons in the custody of the SSS Investigation Department (for up to 72 hours) and persons remanded in custody.

At the time of the visit, the Isolator had an official capacity of 109⁹² (compared with 106 in 2002) and was accommodating 49 persons, all of whom⁹³ were male adult remand prisoners.⁹⁴ The average length of stay was said to be between six months and a year; however, a few of the prisoners present on the day of the delegation's visit had been held in the establishment for more than a year (up to 1.5 years).

62. From the outset, the CPT wishes to stress that, due to infrastructural constraints (such as the lack of any space for association and out-of-cell activities, small exercise yards, etc.) and the absence of any organised activities (see paragraph 65 below), the Isolator should never, in the Committee's view, be used for prolonged detention periods (i.e. in excess of a few weeks).

Furthermore, operating the Isolator as a *de facto* remand prison could give rise to doubts about the conformity of this practice with the European Prison Rules (in particular Rule 10.2).⁹⁵ For this reason, as well as because of the current lack of adequate separation between the detention facility and the SSS Investigative Department,⁹⁶ the CPT considers it necessary to transfer the responsibility for the Isolator to the Ministry of Justice. **The Committee recommends that steps be taken accordingly.**

Further, the Azerbaijani authorities must ensure that no one is held in the Isolator for periods exceeding a few weeks. If it is necessary to continue a person's detention on remand in excess of this period, he should be transferred to a proper pre-trial detention facility.

⁹⁰ Hereafter referred to as "the Isolator".

⁹¹ Previous visits to that establishment, back then called the Isolator of the Ministry of National Security, took place in 2002 and 2012, see in particular paragraphs 61 to 69 of CPT/Inf (2004) 36 and paragraph 29 of CPT/Inf (2018) 29.

⁹² Including 95 places in the "Isolator" (cells for remand prisoners) and 14 places in the TDC.

⁹³ Except for two sentenced women who had applied to work in the establishment's kitchen and laundry, and performed other maintenance tasks.

⁹⁴ Two of them had previously been sentenced to life imprisonment but were then remanded into custody in relation with another case and, consequently, treated as remand prisoners.

⁹⁵ "In principle, persons who have been remanded in custody by a judicial authority and persons who are deprived of their liberty following conviction should only be detained in prisons, that is, in institutions reserved for detainees of these two categories."

⁹⁶ Investigators from the SSS Investigative Department worked on the same floor of the SSS Headquarters, the Isolator only being separated from the Department by two doors on its two opposite ends. It appeared that they had easy, almost unrestricted access to detainees and remand prisoners (bypassing the official reception area) – something that (in addition to the geographical layout) was facilitated by the fact that the Isolator and the Investigative Department belonged to the very same agency.

63. The delegation received hardly any allegations of ill-treatment of persons detained by the custodial staff working at the Isolator. On the contrary, the overall atmosphere and staff-inmate relations appeared free of any significant tension.

That said, the delegation did hear some allegations of recent ill-treatment, including torture (electric shocks, “falaka”) and threats with rape, concerning SSS operative officers and investigators.⁹⁷ Most of the ill-treatment alleged was said to have occurred in the course of interviews, with the purpose of extracting confessions. In this context, **reference is made to the comments and recommendations in paragraphs 23 to 26 above, which apply *mutatis mutandis* to staff of the State Security Service.** Clearly, the aforementioned information only reinforces the argument in favour of the Isolator’s transfer to the responsibility of the Ministry of Justice.⁹⁸

64. Material conditions at the Isolator continued to be on the whole acceptable. Inmates were accommodated in cells designed for one, two or four persons. Single and double cells measured some 12 m² each, and those for four persons some 18 m² (sanitary annexe excluded). All the cells were well lit and ventilated, and adequately furnished (beds with full bedding, tables, benches or stools, lockers and shelves). As previously, no complaints were heard about the food and the supply of personal hygiene items.

However, the cells were clearly in need of repair and redecoration (with leaking pipes, damaged and dirty walls and floors, worn out mattresses and bedding, etc.)⁹⁹ Further, despite the CPT’s long-standing recommendation, in-cell sanitary annexes (comprising a toilet and a washbasin) were still only partially screened. **The Committee recommends that measures be taken to refurbish the cells at the Isolator and, in this process, equip them with fully-screened sanitary annexes.**

Regarding access to a shower, it was still only granted once a week, but the Director told the delegation that the SSS leadership had already preliminarily accepted his request to reconstruct the detention facility so as to install individual showers in each cell (as well as his requests to provide the Isolator with new mattresses and other bedding). **The CPT wishes to receive confirmation of this from the Azerbaijani authorities. Pending the reconstruction, steps must be taken to allow inmates to take a shower twice per week.**

65. As already mentioned above (and as had been the case in the past), no organised activities were available at the Isolator. Apart from outdoor exercise (in principle, two hours per day, except on shower days¹⁰⁰), occasional access to a small gym¹⁰¹ and periods of interrogation, detainees and prisoners spent their time locked up in their cells with virtually nothing to occupy themselves.

⁹⁷ It should be stressed that none of these allegations were made by persons held at the Isolator at the time of the visit.

⁹⁸ See also paragraph 68 below.

⁹⁹ Repainting of some of the cells had begun the day before the delegation’s visit.

¹⁰⁰ Some of the interviewed inmates said that the daily outdoor exercise periods were much shorter in reality (30 minutes maximum).

¹⁰¹ Not all of the prisoners interviewed were aware of its existence and those who did said it was available between every 10 days and twice a week.

Although all cells were now fitted with a centralised radio network (with only one channel available), television sets were still in principle not authorised.¹⁰² However, the Director showed to the delegation a copy of his request (sent to the SSS leadership shortly before the visit) to provide all the cells with a TV set. Reportedly, the request had already been approved and television sets would be delivered shortly. **The Committee wishes to receive confirmation that this has indeed happened.**

The only other available distractions consisted of playing board games or reading books and newspapers in the cells. No association between the cells was permitted, which was of particular concern in the case of the inmates held in single cells, under conditions *de facto* resembling solitary confinement.¹⁰³ This extremely impoverished regime was no doubt also linked with low custodial staff levels and presence.¹⁰⁴

Further, the exercise yards, situated on the same floor as the Isolator (i.e. under the roof of the building) continued to be too small for proper physical exertion (measuring between 22 and 25 m²) and of an oppressive design (with high walls topped with wire netting).¹⁰⁵

The CPT reiterates its recommendation that steps be taken at the Isolator to improve out-of-cell activities and association possibilities for inmates, paying particular attention to the situation of prisoners accommodated in single cells. This may well require having more custodial staff present at any time; as a first step, efforts must be made to fill the vacant posts.

The Committee also recommends that steps be taken to ensure that outdoor exercise is available every day for at least an hour and that the exercise yards are sufficiently large to allow proper physical exertion and equipped with a means of rest and a shelter against inclement weather.

66. Regarding health-care services, the situation had somewhat improved since the previous visits, given that the Isolator now had a full-time on-site doctor (a general practitioner) who worked until 6 p.m. on weekdays and on Saturday morning. Outside the doctor's working hours (including at night and on Sundays), recourse continued to be had to the duty doctors from the nearby SSS polyclinic. As for specialist care (including dental¹⁰⁶ and psychiatric care), doctors from the polyclinic could come to the establishment upon the GP's recommendation. For emergencies and severe conditions, a transfer to the Central Prison Hospital could easily be arranged.

The delegation heard no complaints about access to the doctor.¹⁰⁷ However, the post of a nurse had been vacant for a long time. Further, distributing medicines continued to be the task of custodial staff with no medical training. In addition, although every inmate now had his/her own individual medical file, the quality of these files (and other medical documentation) was poor.

¹⁰² Except for the two life-sentenced prisoners and one other prisoner who had reportedly been allowed to have a TV as a reward for his good behaviour.

¹⁰³ One of the interviewed prisoners told the delegation that he had spent over two months in a single cell.

¹⁰⁴ There was a total of 39 posts at the Isolator, but 12 of them were vacant. Seven custodial officers were present on a day shift and four at night.

¹⁰⁵ One of the yards was completely bare while the remaining two were fitted with benches and shelters against inclement weather.

¹⁰⁶ The Isolator had a dental room, as well as some other equipment such as an X-ray, Ultrasound machine and EEG.

¹⁰⁷ Inmates confirmed that the doctor made rounds every morning and prisoners could request to see her on that occasion.

The CPT recommends that the vacant post of a nurse be filled as a matter of priority; the nurse could in particular distribute medication and improve the medical documentation.¹⁰⁸ In this context, reference is also made to the recommendation in paragraph 112 below.

The Director informed the delegation that he had requested his superiors to authorise the recruitment of a psychologist. **The Committee would like to be informed whether this has indeed happened.**

67. The delegation was told that newly-arrived inmates were medically screened within 24 hours from arrival. However, it appeared that the screening continued to be very superficial¹⁰⁹ and performed under conditions not respectful of medical confidentiality (in the presence of custodial staff and often also the SSS investigators who had brought the person). Further, there was no dedicated register for traumatic injuries and the extremely succinct descriptions of lesions continued to be appended to inmates' administrative files. Also the reporting procedures were not in accordance with the CPT's standards because the decision to report to the competent prosecutor was left to the discretion of the Director.

In the light of the above, **reference is made to the comments and recommendations in paragraphs 30 to 35 above, which apply here *mutatis mutandis*.**

68. The delegation was concerned to learn that, as from March 2016, the GP working at the Isolator had been fully subordinated to the establishment's Director (and not to the SSS Medical Department) and required to report to him every day. This would seem to go in the exactly opposite direction from that recommended by the Committee, namely increasing the professional independence of health-care staff working in places of deprivation of liberty. In this context, **reference is made to the comments and recommendations in paragraph 112.**

69. Although the disciplinary sanction of placement in a "kartzler" cell was not applied in practice, the two "kartzler" (punishment) cells severely criticised by the CPT in the past (measuring approximately 4 m² each, bare, run down and devoid of access to natural light) had not been withdrawn from service (contrary to what the Committee had been told)¹¹⁰ but were instead used as "calming down" cells for agitated prisoners. There appeared to be no clear procedure for such placements, which were decided by the Director upon the medical doctor's recommendation, in principle for a maximum of 2 hours.¹¹¹ **The CPT strongly reiterates its long-standing recommendation that the two "kartzler" cells be withdrawn from use; the Committee would like to receive confirmation of this fact within one month. As regards the procedure for dealing with agitated prisoners, reference is made to the comments and recommendation in paragraph 129 below, which apply also to the Isolator.**

¹⁰⁸ See, however, paragraph 67 below.

¹⁰⁹ Inmates were reportedly not systematically asked to undress, and the procedure was generally limited to asking questions about medical history and any health-related complaints, and to checking blood pressure.

¹¹⁰ See paragraph 66 of CPT/Inf (2004) 36.

¹¹¹ An assertion difficult to verify in the absence of a dedicated register.

70. The main positive change observed at the Isolator since the previous visit concerned the possibilities for inmates to maintain contact with the outside world. Since December 2015, remand prisoners had been permitted to receive visits (once a week for 4 hours) and make telephone calls (two 15-minute calls per week). That said, some inmates told the delegation that their entitlement was lower than the aforementioned (e.g. one visit per month and a telephone call once a week or even every 10 days). Further, there were still a few inmates whose contact with the outside world had been prohibited by order of the prosecutor; one prisoner had a ban on visits and telephone calls at the time of the visit and several others told the delegation that their ban had been lifted only very recently. It is also noteworthy that all visits took place under closed conditions (through glass).

The CPT recommends that further steps be taken at the Isolator to improve the possibilities for inmates to have contact with the outside world; reference is made here to the recommendations in paragraphs 150, 151 and 153 below.

71. The delegation was informed that detainees and prisoners could submit complaints to the Director or to other competent bodies (prosecutor, court, Commissioner for Human Rights, etc.). Theoretically it was possible to do it confidentially but in practice all complaints continued to be submitted to the Director in an open form and transmitted after being registered. In other words, there was still no confidential access to an outside authority. **The Committee reiterates its recommendation that such access be guaranteed for detainees and prisoners held at the Isolator.**

As regards inspections, reference is made to paragraphs 12 and 13 above.

C. Establishments under the authority of the Ministry of Justice

1. Preliminary remarks

72. The delegation carried out follow-up visits to Gobustan Prison, pre-trial detention facilities in Baku (Zabrat) and Ganja, and the Central Prison Hospital. Further, for the first time, the delegation visited Penitentiary Establishment No. 4 (for women) in Baku.¹¹²

Gobustan Prison had been visited by the CPT in 2005, 2006, 2008 and 2011.¹¹³ With an official capacity of 700 places, the establishment was accommodating 582 adult sentenced prisoners at the time of the 2016 visit. Of them, 271 were life-sentenced prisoners,¹¹⁴ 197 (including three women) had been transferred from other establishments for repeated regime violations,¹¹⁵ 91 (including two women) were serving long sentences, the initial part of which (usually 50%) under the “prison regime”, and 48 had been assigned to work at the establishment.¹¹⁶

Baku Pre-trial Detention Facility (located in the district of Zabrat) was first visited by the CPT in 2011.¹¹⁷ With an official capacity of 2,500 places, it was accommodating 2,713 prisoners (including 144 women and 27 juveniles);¹¹⁸ it was thus officially overcrowded.¹¹⁹ The overwhelming majority of inmates (2,605) were on remand, including 1,705 under investigation, 450 attending trial, 340 awaiting the outcome of an appeal and 110 sentenced prisoners remanded in custody in connection with another case. In addition, there were over a hundred sentenced prisoners employed in maintenance tasks.

Pre-Trial Detention Facility No. 2 in Ganja had been visited by the CPT in 2002 and 2011.¹²⁰ This old prison (built in the 1890s as army barracks and converted into a penitentiary establishment in the early 20th century) was located in the centre of town and had an official capacity of 700.¹²¹ At the time of the 2016 visit, it was accommodating 735 inmates, most of them male adults on remand.

Penitentiary Establishment No. 4 is Azerbaijan’s only establishment specialised in accommodating sentenced women. Built in 1933, this relatively compact facility is located in downtown Baku (next to the Correctional Establishment for Juveniles,¹²² with which it shares the main entrance and the external perimeter) and is surrounded by new high-rise apartment blocks.

¹¹² As already mentioned in paragraph 3 above, the delegation also paid a brief visit to Penitentiary Establishment No. 2 in Baku, exclusively in order to interview a sentenced inmate accommodated there. Conditions of detention in the above-mentioned establishment were not examined by the delegation.

¹¹³ See, in particular, paragraphs 16 to 31 of CPT/Inf (2017) 11, paragraphs 54 to 66 of CPT/Inf (2017) 12, paragraphs 15 to 24 of CPT/Inf (2009) 28, and paragraphs 62 to 68 of CPT/Inf (2018) 9.

¹¹⁴ As compared with 240 during the 2011 visit.

¹¹⁵ They are referred to hereafter as “regime violators” or “violators”.

¹¹⁶ The total of the above figures was higher than 582 (i.e. 607) because 25 inmates, although officially registered in *Gobustan Prison*, were physically elsewhere (at the *Central Prison Hospital*, the *TB establishment* or in *pre-trial detention facilities*, remanded in custody in connection with another case).

¹¹⁷ See, in particular, paragraphs 48 – 49, 53 and 58 of CPT/Inf (2018) 9.

¹¹⁸ As compared with 1,729 prisoners at the time of the 2011 visit.

¹¹⁹ See paragraph 73 below.

¹²⁰ See, in particular, paragraphs 88 to 102 of CPT/Inf (2004) 36, and paragraphs 54 – 55 of CPT/Inf (2018) 9.

¹²¹ See, however, paragraph 73 below.

¹²² Visited by the CPT in 2015, see in particular paragraphs 25, 32 and 35 of CPT/Inf (2018) 33.

At the time of the visit, the establishment was accommodating 459 adult female sentenced prisoners¹²³ and was operating well above its official capacity of 350 places.

As for the Central Prison Hospital,¹²⁴ reference is made to paragraphs 130 and 131 below.

73. All the prisons visited were overcrowded to varying degrees, with the most dramatic situation observed at *Pre-Trial Detention Facility No. 2 in Ganja* (e.g. 21 prisoners sharing 8 beds, with 0.8 m² of living space per prisoner)¹²⁵; although there were officially only 35 more inmates than places, the CPT finds it difficult to understand how the establishment's official capacity could have been set in compliance with the national norm of 4 m² per prisoner.

Overcrowding was also severe at *Penitentiary Establishment No. 4*¹²⁶ and *Baku Pre-trial Detention Facility (Zabrat)*, where some inmates had to share beds or sleep in shifts or on the floor.¹²⁷ The Director of the last-mentioned establishment stated that, in reality, the level of overcrowding was even higher than that suggested by the overall capacity and population numbers, given that the main detention building was accommodating approximately 400 inmates above its capacity (2,170 places).

As already mentioned in paragraph 9 above, at the end of the visit the delegation invoked Article 8, paragraph 5, of the Convention and requested the Azerbaijani authorities to confirm, within one month, that every prisoner in pre-trial detention facilities in Baku (Zabrat) and Ganja has his/her own bed. In their letter of 28 May 2016, the Azerbaijani authorities merely stated that steps were being taken in order to ensure that every prisoner at *Pre-Trial Detention Facility No. 2 in Ganja* had his/her own bed, without specifying whether this had actually happened. Furthermore, no reference was made to the same issue with respect to *Baku Pre-trial Detention Facility*. Consequently, **the Committee calls upon the Azerbaijani authorities to confirm, within one month, that every prisoner in both above-mentioned establishments now has his/her own bed.**

74. More generally, the CPT has noted with extreme concern the dramatic increase in the prison population e.g. by over 1,000 inmates at *Baku Pre-trial Detention Facility* since the CPT's 2011 visit,¹²⁸ and from some 350 in 2012 to some 460 inmates at the time of the visit to *Penitentiary Establishment No. 4*. Although senior officials from the Ministry of Justice were not in a position to provide the delegation with nation-wide figures,¹²⁹ they did not deny that the prison population was indeed rising, especially for certain categories of inmates (e.g. male and female remand prisoners, female sentenced prisoners, prisoners sentenced to life imprisonment, etc.).

¹²³ It could also accommodate juvenile female sentenced prisoners, but there were none present at the time of the visit.

¹²⁴ Visited by the CPT in 2002 (see paragraphs 123 to 133 of CPT/Inf (2004) 36), 2006 (only to interview life-sentenced prisoners transferred there from *Gobustan Prison*) and 2008 (see paragraphs 37 to 42 of CPT/Inf (2009) 28).

¹²⁵ See also paragraphs 9 and 96 below.

¹²⁶ According to the establishment's Director, at the time of the visit there was 1.8 m² of living space per prisoner.

¹²⁷ See also paragraphs 93 to 95 below.

¹²⁸ The trend was indeed striking: the establishment's population had stood at 2,036 in the beginning of 2013, 2,200 in the beginning of 2014, 2,480 in the beginning of 2015, and 2,713 at the time of the visit.

¹²⁹ Reportedly, the Penitentiary Service was in the process of recalculating official capacities and compiling updated prison population figures, and the process was not finished at the time of the visit.

The Minister of Justice provided the delegation with updates on the authorities' efforts to address this phenomenon, including draft legislation aiming at decriminalising certain offences, increasing the catalogue of measures alternative to imprisonment, facilitating early conditional release, etc.

75. Mention should also be made in this context of the recent amnesty, adopted by the Parliament on the occasion of the Republic Day (28 May), which should result in the release of approximately 3,500 prisoners over a period of 4 years starting from 15 June 2016.¹³⁰

Doubtless, the Amnesty Act (combined with other steps referred to in paragraph 74 above) should indeed have a positive impact on the situation in the Azerbaijani prison system, by achieving a decrease in prison population. Having said that, it is clear that the problems of prison overcrowding and prison population inflation cannot be addressed in a comprehensive and lasting way through the use of such exceptional measures.

76. The Committee wishes to reiterate its view that a strategy for the sustainable reduction of the prison population should include a variety of steps to ensure that imprisonment really is the measure of last resort. This implies, in the first place, an emphasis on non-custodial measures in the period before the imposition of a sentence and the availability to the judiciary, especially in less serious cases, of alternatives to custodial sentences together with an encouragement to use those options. Further, the adoption of measures to facilitate the reintegration into society of persons who have been deprived of their liberty should reduce the rate of re-offending.

The CPT calls upon the Azerbaijani authorities to redouble their efforts to combat prison overcrowding by adopting policies designed to limit or modulate the number of persons sent to prison. In so doing, the Azerbaijani authorities should be guided by Recommendation Rec(99)22 of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation, Recommendation Rec(2000)22 on improving the implementation of the European rules on community sanctions and measures, Recommendation Rec(2003)22 on conditional release (parole), Recommendation Rec(2006)13 on the use of remand in custody and Recommendation Rec(2010)1 on the Council of Europe Probation Rules. In addition, efforts should be made to step up the training provided to judges and prosecutors, with a view to promoting the use of alternatives to imprisonment and greater resort to conditional release.

The Committee also recommends that the Azerbaijani authorities step up their efforts to ensure that the minimum standard of 4 m² of living space per prisoner in multi-occupancy cells (not counting the area taken up by any in-cell toilet facility) is duly respected in all penitentiary establishments.

¹³⁰ See <http://minval.az/news/123586928>.

77. The Minister of Justice also informed the delegation about ongoing progress in the prison construction programme. Unfortunately, it was clear to the delegation (also based on its own on-site observations, e.g. in Umbaki and Ganja) that, due to country's recent economic difficulties, the pace of construction had slowed down considerably. As acknowledged by senior officials from the Penitentiary Service, it was no longer possible to meet originally set deadlines for the completion of new establishments.

Given the extremely poor conditions in most of the establishments visited,¹³¹ the Committee is of the view that the highest priority must be attached to speedy completion of the new prisons, particularly in Ganja, Umbaki and Zabrat (the latter as regards women and juveniles). This would make it possible to finally close down the existing establishments in Ganja, Gobustan and Baku (*Penitentiary Establishment No. 4* and *Correctional Establishment for Juveniles*). **The CPT calls upon the Azerbaijani authorities to take decisive steps to achieve this objective.**

78. Turning to activities and regime, only *Penitentiary Establishment No. 4* offered some work and vocational training to well under half of the women prisoners;¹³² none of the other establishments visited had anything even remotely resembling a regime in place. This was especially of concern as regards the juveniles in both pre-trial detention facilities (who were not offered any education) and the life-sentenced prisoners in Gobustan, who continued to be locked in their cells for 23 hours a day and deprived of any association other than with their cellmates.¹³³

The Committee once again calls upon the Azerbaijani authorities to take decisive steps to develop programmes of activities for both sentenced and remand prisoners. The aim should be to ensure that prisoners are able to spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activities of a varied nature (work, education, sport, etc.) tailored to the needs of each category of prisoner (adult remand or sentenced prisoners, inmates serving life sentences, female prisoners, juveniles, etc.).

79. The CPT notes with concern that penitentiary establishments (either those built relatively recently – e.g. *Baku Pre-trial Detention Facility* – or those still under construction e.g. *Ganja and Umbaki Prisons*) continue to display design and layout features based on the flawed concept of small-group isolation (inmates being supposed to spend almost all of their time inside the cell or in a small yard – in fact more a terrace or balcony – attached to the cell). This design and layout is characterised by a total (as in the case of *Baku Pre-trial Detention Facility*) or almost total (in Umbaki, see also paragraph 108 below) absence of communal space for work, vocational training, education, sports and recreational purposes. As far as the Committee could ascertain, the same problem affects *new establishments for women and juveniles in Zabrat* (the construction of which is reportedly at an advanced stage).

The current delay in the implementation of the prison construction programme could, paradoxically, offer the Azerbaijani authorities a chance to address these design flaws. **The CPT reiterates its recommendation that the opportunity offered by the construction of new prison establishments be seized to definitively do away with the “isolator” philosophy and the cellular confinement regime.**

¹³¹ See paragraphs 93 – 100 and 105 – 106 below.

¹³² See paragraph 102 below.

¹³³ See more details in paragraphs 103 – 104 and 108 below.

80. The Committee regrets to note that, despite its earlier recommendations, the type of regime to be applied to a given prisoner continues to be set by the sentencing court, on the basis of the seriousness of the crime committed and the person's previous convictions.¹³⁴

The CPT has stressed many times in the past that, although it is for the courts to determine the appropriate length of sentence for a given offence, prison authorities should be responsible for determining security and regime requirements, based on professionally agreed criteria and individual assessments of prisoners. This should not, however, exclude the possibility for prisoners to appeal to an authority that is independent of the penitentiary administration (e.g. a judge) against the decision to be placed under a specific type of regime. **The Committee calls upon the Azerbaijani authorities to amend the relevant legislation in the light of the above remarks.**

81. Unfortunately, the delegation's findings during the 2016 visit confirm that corruption remains a serious and widespread issue in the Azerbaijani prison system. The worst situation was observed at *Pre-Trial Detention Facility No. 2 in Ganja* where payments were expected and demanded even for the most basic services (such as granting access to outdoor exercise, a hot shower, visits, telephone calls, receiving food from the prison shop and provision of health care) to which prisoners were entitled by law. Albeit to a lesser extent, corruption was also a problem in the other prisons visited, especially regarding access to health care and transfers to the *Central Prison Hospital*.

The Committee wishes to emphasise yet again that the existence of a widespread belief among prisoners that anything can be bought inevitably undermines attempts to create order within a prison and to develop positive staff-prisoner relations. Moreover, such an endemic level of corruption brings in its wake discrimination, violence, insecurity and, ultimately, a loss of respect for authority.

The CPT calls upon the Azerbaijani authorities to strengthen their efforts to combat corruption in the prison system through prevention, education and the application of appropriate sanctions. In this context, prison staff and officials working with the prison system should receive the clear message that obtaining or demanding advantages from prisoners is illegal and unacceptable and will be duly investigated and punished; this message should be reiterated in an appropriate form, at suitable intervals.

¹³⁴ Section 56 of the Criminal Code.

2. Torture and other forms of ill-treatment

82. The delegation heard no allegations of ill-treatment of prisoners by staff at *Baku Pre-trial Detention Facility (Zabrat)*, and hardly any recent credible allegations at *Gobustan Prison*.¹³⁵

83. At *Penitentiary Establishment No. 4*, the delegation received a number of credible allegations (consistent with recorded medical evidence)¹³⁶ of physical ill-treatment (i.e. truncheon blows on arms and legs, with female prisoners being handcuffed behind their backs) by the establishment's Director (in his office, in the "kartzet" area and in the small adjacent outdoor exercise yard), as unofficial punishment for regime violations (including inter-prisoner violence).¹³⁷ The Director did not deny these allegations.

It is axiomatic that a person who engages in behaviour of this nature should not be employed in any capacity in an establishment holding persons deprived of their liberty, let alone serve as its Director. **The Committee calls upon the Azerbaijani authorities to stop this unacceptable and illegal practice immediately.**¹³⁸

Furthermore, female prisoners at the above-mentioned establishment were subjected to routine invasive strip searches, including vaginal examinations by insertion of a device, whenever they arrived at the establishment from the outside (pre-trial detention facility, court, *Central Prison Hospital*, etc.); the searches were performed by medically untrained custodial staff in the presence of several other female guards. As already mentioned in paragraph 9 above, at the end of the visit the delegation invoked Article 8, paragraph 5, of the Convention and requested the Azerbaijani authorities to confirm within one month that this excessive and degrading practice, which poses health-related risks, has been terminated. In their letter of 28 May 2016, the Azerbaijani authorities provided such confirmation, which is welcome.

84. The worst situation was observed at *Pre-Trial Detention Facility No. 2 in Ganja*, where the delegation was literally inundated with allegations of systematic and severe physical ill-treatment of inmates by staff (severe beatings whilst prisoners were handcuffed to bars in a crucifixion position in the prison's underground tunnel, sometimes combined with pouring cold water over the prisoners and placing a cold fan in front of them). Allegations were also heard, including from juvenile prisoners, of beatings (truncheon blows) performed in the presence of the establishment's Director, in his office.

It should be stressed that these allegations were received from numerous inmates interviewed simultaneously, who could not compare their accounts, and there could be little doubt that severe ill-treatment/torture was in fact occurring. The delegation has gathered some medical evidence (including directly observed) corroborating these allegations. It was also obvious to the delegation while interviewing prisoners that they were truly terrorised.

¹³⁵ A few allegations of physical ill-treatment (punches, kicks, truncheon blows including "welcome beatings" upon arrival) referred to facts dating back to several years ago. There was also a very small number of allegations of threats and using other inmates to intimidate prisoners, including in a so-called "press-khata", but the delegation did not assess these as credible given all the circumstances.

¹³⁶ In at least four recent cases.

¹³⁷ See paragraph 143 below.

¹³⁸ See also paragraphs 89, 90 and 143 below.

85. The above-mentioned situation was compounded by what could clearly be considered inhuman and degrading conditions of detention: very severe overcrowding, obliging inmates to share beds – sometimes three on one bed – or sleep on the floor in totally dilapidated, dirty, dark and poorly ventilated cells, dirty toilets in insufficient number, etc.¹³⁹

86. In the light of the facts described in paragraphs 84 and 85 above, the delegation invoked, at the end of the visit to Azerbaijan, Article 8, paragraph 5, of the Convention and requested that a comprehensive independent inquiry be carried out into the manner in which *Pre-Trial Detention Facility No. 2 in Ganja* was operated. The delegation asked to be informed of the outcome of the inquiry and of the steps taken within three months.

In their letter dated 28 May 2016, the Azerbaijani authorities stated that an internal inquiry by the Ministry of Justice had confirmed that “the legislative requirements regarding detention of inmates were being grossly violated” at the above-mentioned establishment and that “the exercise of their rights was being subjected to bias”. As a result, the Director of *Pre-Trial Detention Facility No. 2 in Ganja* had been dismissed and several staff members (including the Head doctor) punished disciplinarily. That said, in the course of a “survey” conducted during the inquiry, all interviewed prisoners had reportedly denied any ill-treatment and any facts of corruption.

The CPT takes note of all the above-mentioned information. That said, the Committee cannot escape the impression that the steps taken so far have fallen short of what was requested by the Committee in the immediate observation referred to in paragraph 9. In particular, as regards the “survey” mentioned in the authorities’ response, the CPT has serious reservations as to the use of this method and its value as a tool to establish the facts related to possible ill-treatment. It is quite clear that the approach chosen by the Azerbaijani authorities has not been conducive to the generation of a climate of trust amongst the inmates, as witnessed by their apparent refusal to confirm the allegations made to the Committee’s delegation (which, as already stressed above, were at least partially confirmed by objective medical evidence).

The other steps mentioned by the Azerbaijani authorities in their letter of 28 May 2016 (in particular, the internal inquiry and various orders and instructions issued to the management and staff) were no doubt useful and positive, although measures should have been taken to prevent any possible reprisals against prisoners who might make statements that were useful for the inquiry. Moreover, all these steps cannot replace an independent and thorough inquiry into the situation at *Pre-Trial Detention Facility No. 2 in Ganja*. In the context of such an inquiry, which should normally be carried out by the competent prosecution services, particular attention would have to be paid to preventing any risk of intimidation of prisoners by staff and fellow inmates (e.g. systematic direct, confidential and individual interviews; measures to protect sources of information) and to securing any forensic medical evidence (both directly observed on the prisoners and found in the relevant documentation).¹⁴⁰

The CPT calls upon the Azerbaijani authorities to carry out without delay such an independent and thorough inquiry, addressing the Committee’s aforementioned concerns, and to inform the CPT of its outcome, including any decisions regarding the manner in which *Pre-Trial Detention Facility No. 2 in Ganja* is operated, within three months.

¹³⁹ See also paragraphs 96 and 97 below.

¹⁴⁰ Although, as already mentioned in paragraphs 32 and 122, the medical and other relevant documentation at *Pre-Trial Detention Facility No. 2 in Ganja* could not be considered as fully reliable in this respect.

87. More generally, in order to obtain a nationwide view of the situation concerning the treatment of prisoners by prison staff, **the CPT would like to receive the following information for 2015 and 2016 in respect of all prisons in Azerbaijan:**

- **the number of complaints of ill-treatment lodged against prison staff;**
- **an account of disciplinary and/or criminal sanctions imposed.**

Further, **the Committee must once again reiterate its request for detailed and updated information on ongoing investigations into the death of prisoner E. B. at *Prison No. 14* on 22 December 2014, the death of prisoner N. I.¹⁴¹ at *Prison No. 6* on 12 February 2016, as well as alleged physical ill-treatment of I. M. by the Director of *Penitentiary Establishment No. 2* and his deputy on 16 October 2015. The above-mentioned information should also include the elements mentioned in paragraph 21 above, copies of relevant documentation (including forensic medical reports), good-quality colour copies of any photographs taken and reports on the on-scene investigations.**

88. At the outset of the visit, senior officials of the Ministry of Justice informed the delegation that draft new regulations on the use of “special means” (truncheons, handcuffs and teargas) had been prepared, rendering stricter the conditions of their use, prohibiting the resort to teargas in closed spaces and reinforcing the recording and reporting procedures. The CPT welcomes this and **would like to receive the text of these regulations once finally adopted.**

89. In general, truncheons were not carried routinely by custodial staff and were stored in a dedicated and locked room. *Pre-Trial Detention Facility No. 2 in Ganja* was an exception to this rule; **the CPT recommends that the practice of custodial staff routinely carrying truncheons at the above-mentioned establishment be stopped.**

Overall, the resort to “special means” did not seem to be very frequent in the establishments visited, if regard was had to the relevant documentation.¹⁴² However, the delegation was not convinced that all cases of resort to “special means” (especially truncheons) were systematically and duly recorded.¹⁴³ **The Committee recommends that steps be taken to remedy this shortcoming.**

¹⁴¹ Information in the Committee’s possession (received *inter alia* during the meeting with the First Deputy Prosecutor General), including the conflicting reports as to the exact place where Mr I. died (in his cell, in the corridor in front of his cell, in the exercise yard) and the fact that the autopsy reportedly revealed, in addition to injuries likely resulting from the use of “special means” (truncheon and handcuffs), the presence of a large amount of opium in his blood (despite the fact that he had spent 3 days preceding his death in a “kartzler” cell), provides – in the CPT’s view – additional grounds for carrying out a particularly thorough investigation into this death.

¹⁴² E.g. three times between 1 January and 1 April 2016 at *Gobustan Prison*; six times at *Penitentiary Establishment No. 4* in the course of 2015 (handcuffs three times and truncheon also three times), last time in November 2015.

¹⁴³ See paragraphs 83 and 84 above.

Further, when resorted to, truncheons could at times be applied in a disproportionate or even abusive manner e.g. because of an inmate's refusal to leave the cell, verbal insults, etc. The CPT must again stress that it is unacceptable to use a truncheon to secure compliance with an order, unless there is an immediate risk to the safety of the staff, the inmate concerned or other person(s). Properly trained custodial staff should be able to handle such situations without resorting to truncheons, for example by applying control and restraint techniques if it is necessary to move a prisoner to another location. **The Committee reiterates its recommendation that steps be taken to upgrade the skills of custodial staff in handling problematic situations without using unnecessary force, in particular by providing training in ways of averting crises and defusing tension.**

Moreover, the delegation has once again gathered information suggesting the practice of punitive use of truncheons (applied on buttocks), especially at *Penitentiary Establishment No. 4*.¹⁴⁴ In this context, the CPT must stress yet again that there can be no justification for applying truncheons in this manner vis-à-vis inmates who are already brought under control. Truncheons may never be applied as a form of punishment and thus never on the buttocks. The above-mentioned practice of using "special means" to inflict corporal punishment on prisoners could easily be considered as amounting to inhuman and degrading treatment; **the Committee calls upon the Azerbaijani authorities to stop it immediately.**

90. At *Penitentiary Establishment No. 4*, the delegation found – in the relevant documentation – information about two recent cases in which handcuffs had been applied for prolonged continuous periods (up to 16 hours). Similar allegations were heard at *Gobustan Prison*, where some inmates had reportedly been handcuffed to their beds for 10 days following a mass action of self-harm in September 2014.¹⁴⁵ In the CPT's view, application of handcuffs for such a prolonged period amounts to ill-treatment. **The Committee recommends that staff at *Penitentiary Establishment No. 4*, *Gobustan Prison* and all other penitentiary establishments in Azerbaijan be instructed that where it is deemed essential to handcuff a given inmate, the handcuffs should be applied only for as long as is strictly necessary. Further, prisoners should never be handcuffed to fixed objects such as beds.**

91. Regarding inter-prisoner violence, it clearly appeared to be a problem at *Gobustan Prison* (as also acknowledged by the establishment's Director) where conflicts between inmates sometimes resulted in severe injuries such as fractures and burns with hot water.¹⁴⁶ Incidents of inter-prisoner violence did occasionally take place at *Penitentiary Establishment No. 4*¹⁴⁷ but seemed to be less common in the other prisons visited. That said, the delegation was somewhat puzzled by the rather high number of injuries sustained by prisoners inside the detention areas of *Baku Pre-trial Detention Facility*.¹⁴⁸

¹⁴⁴ See paragraphs 83 and 143.

¹⁴⁵ The action was reportedly organised by informal prisoner hierarchy, in order to put pressure on the (then) newly-arrived Director who had apparently made it his top priority to break the informal power structures within the prison.

¹⁴⁶ The delegation heard such allegations and found corresponding injuries in the prison's medical documentation.

¹⁴⁷ And were responded to energetically by the Director albeit in an unacceptable and illegal manner described in paragraph 83 above.

¹⁴⁸ As recorded in the medical documentation: 253 injuries in 2014, 247 in 2015, 57 in the first quarter of 2016.

The CPT calls upon the Azerbaijani authorities to step up their efforts to combat inter-prisoner violence and intimidation, especially at *Gobustan Prison* and – to a lesser extent – at *Penitentiary Establishment No. 4* and *Baku Pre-trial Detention Facility*. Prison staff must be especially alert to signs of trouble, pay particular attention to the treatment of vulnerable inmates by other prisoners, and be both resolved and properly trained to intervene when necessary. Reference is also made to the recommendation in paragraph 21 of the report on the 2015 ad hoc visit (CPT/Inf (2018) 33).¹⁴⁹

92. Naturally, as already stressed many times in the past, tackling the problem of inter-prisoner violence will be impossible unless the staffing levels are sufficient (including at night-time) to enable prison officers to supervise adequately the activities of prisoners and support each other effectively in the exercise of their tasks. On this issue, **reference is made to the comments and recommendations in paragraph 137 below.**

3. Conditions of detention of the general prison population

a. material conditions

93. The material conditions at *Baku Pre-trial Detention Facility (Zabrat)* were described in the report on the 2011 visit.¹⁵⁰ They would have remained adequate in general, were it not for the increasing overcrowding, as a result of which there could now be eight or nine prisoners in the cells for six¹⁵¹, five (exceptionally six) inmates in the cells for four¹⁵² and three in the double-occupancy cells.¹⁵³ Furthermore, there were not enough beds for all prisoners and some had to share a bed, sleep in shifts or on a mattress placed directly on the floor.

As already mentioned in paragraph 9 above, the delegation invoked at the end of the visit Article 8, paragraph 5, of the Convention and requested the Azerbaijani authorities to confirm, within one month, that every prisoner at Baku Pre-trial Detention Facility has his/her own bed. In this respect, **reference is made to the recommendation in paragraph 73 above.**

¹⁴⁹ “The Committee recommends that the management and staff of all the penitentiary establishments in Azerbaijan be instructed to exercise constant vigilance and use all appropriate means at their disposal to prevent and combat inter-prisoner violence and intimidation. This should include ongoing monitoring of prisoner behaviour (including the identification of likely perpetrators and victims), proper recording and reporting of confirmed and suspected cases of inter-prisoner intimidation/violence, and thorough investigation of all incidents.

Steps must also be taken to protect the actual or potential victims against the actual or potential perpetrators (e.g. by transferring them to different establishments or otherwise preventing them from having any contact with each other).”

¹⁵⁰ See, in particular, paragraphs 48 and 49 of CPT/Inf (2018) 9.

¹⁵¹ Measuring approximately 29 m² (including a fully-partitioned sanitary annexe measuring some 3 m², with a shower, a toilet and a washbasin), leaving thus between 2.8 and 3.8 m² per inmate.

¹⁵² Which meant there was now between 3 and 3.6 m² of living space per inmate in those cells.

¹⁵³ Providing 3 m² of living space per prisoner.

94. The situation was further exacerbated by the worsening wear-and-tear (leaking pipes, humidity in the walls, peeling off plaster and paint, damaged ceilings and floors, etc.) which was conspicuous everywhere in the establishment albeit to varying extents. The management did try to maintain the accommodation in a decent and clean condition but it was a difficult task given the ever raising overcrowding and the limited budget for repairs. **The Committee recommends that steps be taken to ensure that all prisoner accommodation areas at Baku Pre-trial Detention Facility are maintained in a satisfactory state of repair.**

95. Unlike in the main detention blocks, sanitary annexes continued to be only partially screened in the “quarantine” cells. Further, despite announcements made during the 2011 visit,¹⁵⁴ none of the cells was equipped with any form of call system. The delegation was also told that hot water (for in-cell showers) was switched on only once a week. **The CPT recommends that the above-mentioned deficiencies be remedied; in particular, inmates should have the possibility to take a hot shower at least twice a week.**

96. As for *Pre-Trial Detention Facility No. 2 in Ganja*, the establishment was seriously overcrowded at the time of the visit. There were 19 prisoners in the cells for eight¹⁵⁵, 19 or 22 prisoners in the cells for ten¹⁵⁶, 20 inmates in the cell for 12¹⁵⁷ and 32 inmates in the cell for 17¹⁵⁸, which resulted in prisoners sleeping, and even sitting around the table, in shifts. Such an extreme overcrowding was aggravated even more by the cells’ advanced state of dilapidation and insalubrity (hygiene items and materials to clean the cells were not provided to inmates). The cells were dark and poorly ventilated, the walls were covered with mould, floors were damaged and ceilings leaking; furthermore, they were infested with cockroaches, bedbugs and other vermin. To sum up, the material conditions alone in this establishment could be considered to amount to inhuman and degrading treatment.¹⁵⁹

As already mentioned in paragraph 9 above, the delegation invoked at the end of the visit Article 8, paragraph 5, of the Convention and requested the Azerbaijani authorities to confirm, within one month, that every prisoner at *Pre-Trial Detention Facility No. 2 in Ganja* has his/her own bed. In this respect, **reference is made to the recommendation in paragraph 73.**

Further, **the CPT calls upon the Azerbaijani authorities to take all the necessary and immediate measures at *Pre-Trial Detention Facility No. 2 in Ganja* to:**

- **reduce cell occupancy rates with a view to guaranteeing at least 4 m² of living space per prisoner in multi-occupancy cells;**
- **improve the ventilation, access to natural light and artificial lighting in the cells;**
- **refurbish the accommodation areas, paying particular attention to the state of the floors, the walls and the ceilings;**

¹⁵⁴ See paragraph 48 of CPT/Inf (2018) 9.

¹⁵⁵ Measuring approximately 18 m² (including a semi-partitioned sanitary annexe), leaving thus about 0.8 m² per inmate.

¹⁵⁶ Providing about 1 m² per prisoner.

¹⁵⁷ Providing about 1.3 m² per inmate.

¹⁵⁸ Providing about 1.2 m² per inmate.

¹⁵⁹ See also paragraph 85 above.

- ensure that the disinfection of the establishment's premises is carried out in an effective manner and at regular intervals;
- ensure that all inmates have access to a range of basic hygiene products and are provided with materials for cleaning their cells.

More generally, reference is made to the recommendation in paragraph 77 above.

97. The delegation received numerous complaints from inmates about the poor quality of food, something that the delegation could also observe itself. In particular, the potatoes brought to prisoners for lunch were rotten with multiple black holes and appeared to be unfit for human consumption.

The CPT calls upon the Azerbaijani authorities to take urgent steps in order to guarantee that the quality and quantity of food distributed to prisoners at *Pre-Trial Detention Facility No. 2 in Ganja* comply with minimum standards on daily food intake as regards quantity and nutritional quality.

98. As already mentioned in paragraph 73 above, *Penitentiary establishment No. 4* (for women) in Baku was severely overcrowded at the time of the visit, with (according to the Director) an average of merely 1.8 m² of living space per prisoner (although every inmate had her own bed).¹⁶⁰ Typical to an old Soviet penal colony design, prisoner accommodation was provided in cramped large-capacity dormitories measuring from approximately 40 to 200 m² and fitted with 20 to 60 beds.¹⁶¹ In general, there was no space in the dormitories for anything but beds/bunk beds (with full bedding) placed very close to each other (sometimes touching) and a few lockers (not enough for all inmates). Access to natural light was generally adequate but artificial lighting and (especially) ventilation left much to be desired. Further, the dormitories (and other accommodation areas) were generally very dilapidated (collapsing walls, floors and ceilings) and not very clean.

The “quarantine” cell (intended for accommodating up to four prisoners) measured some 16 m² and was well lit but cold, humid and poorly ventilated. It contained two bunk beds with bedding, a table, a bench, lockers and a TV set.¹⁶²

99. The communal sanitary facilities i.e. toilets and washrooms – to which inmates had unrestricted access at day and night – were insufficient in quantity (10 toilets for 459 prisoners) and in a very rundown condition, though clean. The central bathroom, which inmates could use three times a week (every day for those who worked), was likewise very rudimentary (no showers, just water taps and plastic buckets) and dilapidated, as was the laundry where prisoners were supposed to wash their clothes.

¹⁶⁰ According to the Director, this was achieved by replacing single by bunk beds in some of the dormitories.

¹⁶¹ The degree of overcrowding varied; it was particularly severe in a few of the dormitories e.g. 36 beds and 33 inmates in a dormitory of approximately 60 m²; 39 beds in a dormitory of some 80 m²; 20 beds in a dormitory measuring some 40 m².

¹⁶² Inmates placed in the “quarantine” also had unlimited access to a bathroom and a small yard (measuring approximately 75 m²).

As regards personal hygiene products, inmates received small quantities of soap, detergent, toilet paper and towels. However, sanitary materials for women's monthly needs were only provided once, upon arrival; subsequently, prisoners who had no possibility to purchase them or receive them from home were obliged to use bandages or strips torn off old clothes, which was perceived by prisoners as humiliating and was reportedly a source of conflicts between inmates.¹⁶³

To deprive female prisoners of the basic items necessary to maintain their dignity amounts, in the CPT's view, to degrading treatment. **The Committee calls upon the Azerbaijani authorities to ensure adequate supply of above-mentioned sanitary materials, at *Penitentiary establishment No. 4* and, as applicable, in all other penitentiary establishments accommodating female prisoners.**¹⁶⁴

100. The delegation did not hear any complaints about the food provided to prisoners. That said, it was clear that most inmates relied to a large extent on the food sent by their families, which they were cooking themselves. The kitchen, the canteen and especially the area where inmates stored their own food were run down and unhygienic.¹⁶⁵ Further, because of the overcrowding prisoners had to hurry when eating (they were taking their meals in 15-minute shifts).

101. The Director informed the delegation that his establishment would close in the near future and move to the new facility in Zabrat (located next to *Baku Pre-trial Detention Facility*, adjoining to the future new juvenile institution). Reportedly the buildings were already completed and the facility was being equipped with appliances and furniture. It was expected that the transfer would happen before the end of 2016.

In the light of this, the CPT will abstain from making detailed recommendations about material conditions at the current facility; instead, **the Committee calls upon the Azerbaijani authorities to complete the above-mentioned transfer within schedule i.e. by the end of 2016** (see also paragraph 77 above). **The CPT also recommends that efforts be made to ensure, in the new facility, a minimum living space of 4 m² per prisoner in all multi-occupancy cells (not counting the area taken up by any in-cell toilet facility).** Reference is also made to the comments and recommendation in paragraph 79 above.

b. activities

102. As already mentioned (see paragraph 78 above), only *Penitentiary Establishment No. 4* offered some work and vocational training to well under half of the women prisoners. At the time of the visit, 132 female inmates had a paid job (in the carpet production workshop, the embroidery workshop and on general cleaning, cooking and maintenance duties) and approximately 100 attended vocational training (carpet weaving, sewing, accountancy).¹⁶⁶ There was no access to general (primary and secondary) education although some prisoners were in need of it and depended on free-of-charge voluntary work by fellow prisoners (who taught some others to read, count, speak English, etc.).

¹⁶³ Indigent prisoners allegedly stole sanitary materials or even items of clothing from fellow inmates.

¹⁶⁴ The delegation received similar allegations *inter alia* at *Baku Pre-trial Detention Facility*.

¹⁶⁵ Reportedly, a rat had bitten an inmate in the storage room in 2015 (and earlier in 2013).

¹⁶⁶ There were some prisoners engaged in both work and vocational training, so the overall number of prisoners

The majority of the inmate population were left to languish in the establishment's crowded internal courtyard¹⁶⁷ and had nothing to do but watch TV in two large rooms,¹⁶⁸ listening to the radio, read books and play board games. This situation of enforced idleness, combined with the high level of overcrowding, only reinforced the potential for tensions and conflicts between inmates, and compromised their prospects for social rehabilitation.

103. The situation was much worse in the *pre-trial detention facilities* visited, with an almost total absence of anything even remotely resembling a programme of activities.

Work continued to be offered only to a small number of sentenced prisoners assigned to perform various housekeeping tasks (e.g. approximately a hundred at *Baku Pre-trial Detention Facility*). Similarly, access to education and vocational training was non-existent, including for juvenile remand prisoners.

As to recreational activities, they were in fact reduced to reading books and newspapers, playing board games and watching TV¹⁶⁹ or listening to the radio inside the overcrowded cells. Remand prisoners had no possibilities to engage in sports and association between cells, and those in *Zabrat* continued to spend the bulk of their time just pacing up and down the adjacent small courtyards.¹⁷⁰ Prisoners were subjected to this tedious mode of life for months, and in some cases for up to two years.

In the light of the above, **reference is made to the recommendations in paragraph 78. As regards juveniles on remand, urgent steps must be taken to ensure that they are offered educational and recreational activities which take into account the specific needs of their age group. Physical education should form a major part of that programme.**

104. The Committee has noted with concern that access to daily outdoor exercise was in fact severely restricted (to much less than the one hour provided by law) at *Pre-Trial Detention Facility No. 2* in Ganja. **The CPT recommends that all prisoners at the above-mentioned establishment be offered the possibility to take at least one hour of outdoor exercise every day.**

Further, as already stressed above (paragraph 79), the so-called exercise yards at *Baku Pre-trial Detention Facility (Zabrat)* were much too small to allow any genuine physical exertion. In this context, the Committee is concerned by the fact that this faulty design has been reproduced in the *future prisons in Ganja and Umbaki* (see paragraph 107 below) and, reportedly, the *new establishments for women and juveniles in Zabrat*. **The CPT recommends that steps be taken at *Baku Pre-trial Detention Facility* to enable remand prisoners to exert themselves physically. The Committee also recommends that all newly-constructed establishments (including those mentioned above) be equipped with appropriate spacious areas for outdoor exercise and sports.**

involved in such organised activities was less than 232.

¹⁶⁷ It was prohibited to stay inside the dormitories during the day, except for the 2-hour rest time after lunch and if authorised by the doctor.

¹⁶⁸ Which were so long that inmates from the last rows could hardly see and hear anything.

¹⁶⁹ Unlike in 2011, there were now TV sets in all cells at *Baku Pre-trial Detention Facility* (except for the "quarantine" and punishment cells).

¹⁷⁰ Which, as already mentioned in paragraph 79 above, were so small that they resembled balconies or terraces. See also paragraph 104 below.

4. Conditions of detention of life-sentenced prisoners

105. At the time of the 2016 visit, the bulk of Azerbaijan's life-sentenced prisoners¹⁷¹ continued to be accommodated at *Gobustan Prison*, and in particular in Units Nos. 4, 5 and 6.

Overall, the description of material conditions made in the report on the 2011 visit¹⁷² remains valid. While most of the cells were well lit and ventilated, and efforts were being made to keep the establishment clean and in an acceptable state of repair (despite the available budget allowing only small current repairs), the deficiencies identified in the report on the 2011 visit (overcrowding/cramped conditions in the cells,¹⁷³ cold concrete floors in some of the cells, partially-screened in-cell toilets) had not been addressed. Inmates also stated that it could get very hot in the summer (which is why most of them had requested permission to have a fan in the cell). The Director explained that given the plans to move the prison to the new establishment under construction in Umbaki (see paragraph 107 below), anything more than current repairs was considered to be economically unjustified.

Furthermore, conditions in the former “kartzet” cells in the units,¹⁷⁴ currently used to accommodate prisoners held in solitary confinement for their own protection (see paragraph 149 below),¹⁷⁵ were quite simply unacceptable: the cells measured some 9 m², were mostly very dilapidated and the floor space taken by in-cell sanitary annexes (approximately 4 m²) was so big – leaving space for hardly anything but a bed, a small locker and a stool – that the impression was one of prisoners living in a toilet. **The CPT recommends that these cells be taken out of use and that prisoners held alone for their own protection be moved to more suitable accommodation.**

The delegation was told that prisoners could take a shower once a week; **the Committee recommends that efforts be made to increase the frequency of showers to twice a week.**

106. As previously, due to a lack of suitable accommodation for the female prisoners,¹⁷⁶ they were being held in a separate room in the establishment's health-care unit, on a kind of isolated “island” amongst the male prisoners, with insufficient access to activities and very few female staff available.¹⁷⁷ **The CPT reiterates its recommendation that solutions be sought to provide adequate accommodation of female inmates. Preferably, this should include setting up a high-security unit within the future new women's establishment in Zabrat.**

¹⁷¹ Except those held in *pre-trial detention facilities* and the *Isolator of the State Security Service* (see paragraphs 72 and 61 above) because their sentences had not yet become final or because they were remanded in custody in connection with another offence; as well as sick inmates hospitalised at the *Central Prison Hospital* and the *TB establishment in Bina*.

¹⁷² See paragraphs 63 and 64 of CPT/Inf (2018) 9.

¹⁷³ Due to the increase in the total number of life-sentenced prisoners (see paragraph 72 above), all the 16 m² cells (including sanitary annexe), originally designed for three inmates, were now accommodating four prisoners each. Further, conditions in the double-occupancy cells (which measured some 9 m² including sanitary annexe) were also rather cramped.

¹⁷⁴ Closed as such a few years ago, after the dedicated punishment block had been opened in the prison, see paragraph 146 below.

¹⁷⁵ Some of them had spent up to 6 years in such conditions.

¹⁷⁶ Life sentence is not applied to women in Azerbaijan, but the establishment did accommodate some female “violators” and inmates subjected to “prison regime” (see paragraph 72 above).

¹⁷⁷ See paragraph 139 below.

107. As already mentioned (see paragraph 77 above), the delegation visited the construction site of the *new high-security prison in the settlement of Umbaki*,¹⁷⁸ which will also accommodate life-sentenced prisoners.¹⁷⁹

The delegation gained the impression that, once completed, the prison would indeed offer much more decent material conditions to lifers (and other categories of inmates), with the cells for four prisoners measuring some 23 m² (including a 4 m² fully screened sanitary annexe comprising a shower) and double-occupancy cells measuring some 16 m² (sanitary annexe included). Given the (somewhat surprisingly) high planned capacity for life-sentenced prisoners (580),¹⁸⁰ it may reasonably be expected that the overcrowding problem, currently affecting *Gobustan Prison*, would be solved after the transfer. That said, the delegation was concerned to note that cells at *Umbaki Prison* were constructed following the faulty design mentioned in paragraph 79 above. In this respect, **reference is made to the comments and recommendations in paragraph 79.**

Despite the above deficiency, it is clear to the Committee that *Umbaki Prison* will represent a marked improvement in the lifers' material conditions of detention; **the CPT calls upon the Azerbaijani authorities to attach the highest priority to the timely completion of the construction of *Umbaki Prison*. As soon as this happens, all prisoners should be transferred there from *Gobustan Prison* and the latter establishment closed down.**

108. As regards out-of-cell activities for life-sentenced prisoners, the situation had remained unchanged since the 2011 visit¹⁸¹, with lifers being confined to their cells for 23 hours per day, without being offered any employment, educational opportunities or sports activities. They could just watch TV (except between 10 p.m. and 6 a.m.),¹⁸² listen to the radio, read and play board games. Further, prisoners were still not allowed to associate with life-sentenced prisoners from other cells (including during outdoor exercise taken in small and bare yards). Such a state of affairs is unacceptable, especially for the five lifers in (voluntary) solitary confinement.

In this respect, the delegation noted with concern that the areas foreseen for work and vocational training at the future *Umbaki Prison* were of a very small capacity as compared with the expected life-sentenced prisoner population (never mind the overall capacity).¹⁸³ It was still planned that all the daily maintenance/service would be performed by voluntary workforce recruited from amongst inmates with lower sentences, and the Azerbaijani authorities did not seem to have a clear idea what type of work and vocational training would be offered to the lifers. Further, despite assurances that life-sentenced prisoners (and other categories of prisoner currently accommodated at *Gobustan Prison*) would have access to spacious exercise areas (where they could engage in sports and other forms of recreation) and to indoor gyms, the delegation found no material evidence that such areas were indeed being constructed on the *Umbaki* site.

¹⁷⁸ Not far from Sangachal, some 50 km from downtown Baku.

¹⁷⁹ The authorities were hoping to complete the construction by mid-2017, though it was obvious that little had been happening on the construction site for the past months (indeed, it was quiet enough for wild birds to nest inside one of the buildings).

¹⁸⁰ The prison's overall capacity would be 1,060.

¹⁸¹ See paragraph 65 of CPT/Inf (2018) 9.

¹⁸² Unlike the lifers, the "violators" were still not allowed to have TV sets in their cells.

¹⁸³ E.g. the future sewing workshop had place for only four machines, and the classroom in vocational centre could accommodate no more than 20 prisoners.

The CPT calls upon the Azerbaijani authorities to take steps without further delay to devise and implement a comprehensive regime of out-of-cell activities, including association and sports, for life-sentenced prisoners (see also paragraph 78 above). The time remaining until the opening of *Umbaki Prison* must be used to prepare such a programme in the new facility, including the provision of necessary infrastructure and staff.¹⁸⁴ In this connection, the Committee must again reiterate its long-standing recommendation that the provision of the Code of Enforcement of Punishments (CEP), according to which life-sentenced prisoners are not entitled to general secondary education, be repealed.

Pending the implementation of the above recommendations, **the CPT recommends that immediate steps be taken to provide the “violators” at Gobustan Prison with television sets.**

109. On a positive note, the CPT welcomes the recent decision by the Director of *Gobustan Prison* (taken approximately two weeks before the visit, originally on the occasion of Novruz but later prolonged) to stop the routine handcuffing of life-sentenced prisoners.¹⁸⁵ **The Committee hopes that this new approach will continue also in the future and recommends that it be extended to all other establishments where lifers may be accommodated** (e.g. to *Baku Pre-trial Detention Facility* where routine handcuffing was still practised albeit only when inmates were taken outside the detention block).

110. The CPT has already expressed in previous visit reports its misgivings about the practice of keeping life-sentenced prisoners apart from other inmates.¹⁸⁶ In this connection, the Committee was concerned to learn that the Azerbaijani authorities intended to continue with this practice in the new prison.

As the CPT has stressed in the past, it can see no justification for systematically segregating life-sentenced prisoners. Indeed, the experience in various European countries has shown that life-sentenced prisoners are not necessarily more dangerous than other prisoners; many of them have a long-term interest in a stable and conflict-free environment. Therefore, the approach to the management of life-sentenced prisoners should proceed from an individual risk and needs assessment to allow decisions concerning security, including the degree of contact with others, to be made on a case-by-case basis. **The Committee calls upon the Azerbaijani authorities to review the legal provisions and practice as regards life-sentenced prisoners, in the light of the above remarks. In so doing, the authorities should be guided, *inter alia*, by Recommendation Rec(2003)23 of the Committee of Ministers of the Council of Europe on the management by prison administrations of life sentence and other long-term prisoners.**

¹⁸⁴ See also paragraph 137 below. It is noteworthy that, according to the authorities, the staff complement at *Umbaki Prison* would be doubled as compared with *Gobustan Prison*.

¹⁸⁵ According to the Director, four or five lifers were still handcuffed in each unit, based on an individual risk assessment which was repeated at regular intervals.

¹⁸⁶ See, for example, paragraph 67 of CPT/Inf (2018) 9 and paragraph 63 of CPT/Inf (2017) 12.

111. More generally, the CPT must recall the basic principle that, in order to reduce the harmful effects of imprisonment and to promote the resettlement of prisoners under conditions that seek to guarantee safety of the outside community, the law should offer a realistic prospect of conditional release to all sentenced prisoners, including life-sentence prisoners.¹⁸⁷ This is still not the case at present.

The issue was increasingly relevant as two lifers had recently become theoretically eligible to conditional release (having served 25 years of their sentence) and approximately 70 were to become so in the near future. It was clear from the delegation's interviews that most lifers did not see any point in applying for conditional release (or even a change of regime) because they did not believe they would succeed. Instead, they placed their hopes in Presidential pardons.¹⁸⁸

The Committee would like to receive the remarks of the Azerbaijani authorities on this matter. Reference is also made here to the CPT's 25th General Report.¹⁸⁹

5. Health-care services

112. At the outset of the visit, the delegation was informed by senior officials of the Ministry of Justice that there were currently no plans to transfer the responsibility for the prison health-care services to the Ministry of Health. In the light of the observations made by the delegation in the course of this visit,¹⁹⁰ the CPT remains of the view that a transfer of the responsibility for prison health-care services to the Ministry of Health would help address a major deficiency of the current system, namely the lack of professional independence of prison health-care staff. Therefore, **the Committee strongly encourages the Azerbaijani authorities to give serious consideration to such a transfer of responsibility.**¹⁹¹

Further, the delegation was informed that a new joint EU/Council of Europe project concerning health care in prisons (with a planned budget of approximately 550,000 EUR) was in the final consultation stage. **The CPT very much hopes that the above-mentioned project will be finally approved and that the Azerbaijani authorities will seize this opportunity to address the current lacunae of the prison health-care system (as regards *inter alia* standards of care, recruitment, training and qualifications of health-care professionals, licensing system and quality control).**¹⁹² The Committee would like to receive information of the progress made in this respect.

¹⁸⁷ See Recommendation Rec (2003) 22 of the Committee of Ministers on conditional release (parole) of 24 September 2003. See, in this connection, the judgement of 9 July 2013 of the Grand Chamber of the European Court of Human Rights in the case of *Vinter and others v. United Kingdom*. See also the judgment in the case of *László Magyar v. Hungary* (application no. 73593/10), issued on 20 May 2014.

¹⁸⁸ Of which there had been a few in recent past (approximately ten in last 10 years), including one following which a lifer had been released (in the remaining cases, their sentences had been reduced).

¹⁸⁹ See paragraphs 67 to 81 of CPT/Inf (2016) 10 (<https://rm.coe.int/16806cc447>), and in particular paragraph 73.

¹⁹⁰ See paragraphs 30 – 37 above and paragraphs 113 – 135 below.

¹⁹¹ See also the “Strasbourg Conclusions on Prisons and Health”, issued at the end of the May 2014 joint World Health Organization (WHO)/Council of Europe international expert meeting “Prison Health in Europe: Missions, Roles and Responsibilities of International Organizations”, <http://www.coe.int/T/DG3/Pompidou/Source/Activities/Prisons/Strasbourg-Conclusions-on-Prisons-and-Health.pdf>.

¹⁹² See also paragraphs 113 to 120 below.

113. Health-care staffing levels at *Gobustan Prison*¹⁹³ had remained roughly the same as during the 2011 visit: in addition to seven full-time doctors,¹⁹⁴ there was still only one full-time feldsher. Further, it remained the case that no health-care staff were present at the establishment at night (after 6 p.m.). Moreover, despite the assurances given by the Azerbaijani authorities in the course of the 2011 visit,¹⁹⁵ an authorisation was still required from the Director¹⁹⁶ to open cell doors at night in case of emergency. It should be added that custodial officers had no medical training and were not allowed to intervene in such cases, even to provide first aid.

At *Baku Pre-trial Detention Facility*,¹⁹⁷ the staff complement had actually been reduced since the 2011 visit (despite the dramatic rise in population),¹⁹⁸ especially as regards feldshers (there were now eight instead of nine).¹⁹⁹ That said, a 24-hour cover by health-care staff was secured, including on holidays and Sundays.

The health-care service of *Pre-Trial Detention Facility No. 2 in Ganja*²⁰⁰ employed five full-time doctors,²⁰¹ three part-time doctors²⁰² and three full-time nurses (including one working at the laboratory). Staff worked from 9 a.m. to 6 p.m. from Monday to Saturday. One member of the health-care team was on duty on Sundays and public holidays, and a doctor or a nurse was always present at night.

At *Penitentiary Establishment No. 4*,²⁰³ the health-care staff consisted of a full-time doctor (paediatrician by training), a part-time dentist,²⁰⁴ a full-time feldsher and a full-time nurse. The Head doctor (specialist in internal diseases) had been absent on maternity leave (for 7 months) and had not been replaced, and there was a vacant post of TB specialist (since 1.5 years). Further, there was also a visiting consultant gynaecologist. No health-care staff were present at night (after 6 p.m.) and on holidays.²⁰⁵

¹⁹³ Capacity 700, population 582.

¹⁹⁴ A Head doctor (dermatovenerologist), a specialist in internal diseases, a surgeon, a pulmonary specialist, a dentist, a psychiatrist/narcologist and a laboratory specialist. There was one vacant doctor's post (of a radiologist).

¹⁹⁵ See paragraph 69 of CPT/Inf (2018) 9.

¹⁹⁶ Or his deputy or duty officer (the latter being only authorised to do so in life-threatening situations e.g. attempted suicide or severe self-harm).

¹⁹⁷ Capacity 2,500.

¹⁹⁸ From 1,729 in 2011 to 2,713 during the 2016 visit.

¹⁹⁹ The medical team comprised four specialists in internal diseases (including the Head doctor), a specialist in infectious diseases, a neurologist, a TB specialist, a psychiatrist/narcologist, a radiologist, a dentist and a pharmacist (all full-time). Further, an ultrasound specialist came twice per week.

²⁰⁰ Capacity 700, population 735.

²⁰¹ The Head doctor (who was not engaged in clinical work), a GP, a TB specialist, a psychiatrist/narcologist and a dentist.

²⁰² Two radiologists (occupying together one full-time post) and a part-time psychiatrist/narcologist.

²⁰³ Capacity 350, population 459.

²⁰⁴ Also working at *Penitentiary Establishment No. 6* and at *Correctional Establishment for Juveniles*.

²⁰⁵ It is noteworthy that prisoners interviewed by the delegation attributed two recent inmate deaths (on 3 and 21 March 2016, both of them apparently due to cardiac problems) to the absence of medically-trained staff at night.

114. To sum up, the penitentiary establishments visited were (with the exception of *Penitentiary Establishment No. 4*) adequately staffed as regards doctors but severely understaffed as concerns feldshers and/or nurses; furthermore, only the two pre-trial detention facilities ensured a 24/7 health-care coverage. The above situation had an unavoidable negative impact on the quality of health-care provided and on the speed of its delivery.

Consequently, **the CPT calls upon the Azerbaijani authorities to substantially increase the number of feldshers and/or nurses in the penitentiary establishments visited. As for *Penitentiary Establishment No. 4*, steps must be taken to replace temporarily the doctor on maternity leave and to fill the other vacant doctor's post. Regarding *Gobustan Prison*, the CPT recommends that the vacant post of radiologist be filled.**

Further, **the Committee reiterates its long-standing recommendation that steps be taken to ensure that someone competent to provide first aid is always present in every penitentiary establishment, including at night and during public holidays; preferably, this person should be a qualified nurse or a feldsher, in particular in establishments which have an in-patient infirmary (which was the case in each of the four establishments visited).**

The CPT also calls upon the Azerbaijani authorities to modify the current procedure at *Gobustan Prison* so as to authorise custodial staff to open cell doors at night in case of emergency, without waiting for the authorisation from the Director or his deputy. In case of need, an authorisation by the duty officer (present in the establishment) should be sufficient. The aim of the aforementioned recommendation is to finally ensure that prisoners in need of urgent medical assistance receive it under all circumstances, including at night.

115. Most of the prisoners interviewed by the delegation at *Gobustan Prison* and *Baku Pre-trial Detention Facility* (and, to a lesser extent at *Penitentiary Establishment No.4*) stated that it was relatively easy and quick to gain access to basic care (i.e. obtain a consultation with one of the resident doctors, feldshers and/or nurses). That said, some prisoners at *Pre-Trial Detention Facility No. 2 in Ganja* alleged that custodial staff would on occasion “punish” prisoners by severely ill-treating them (see paragraph 84 above) if they dared requesting to see a member of the health-care team at night.

There were few complaints about access to dental care,²⁰⁶ and the delegation observed that, as a rule, some conservative dental treatment was available free of charge (in addition to emergency interventions). That said, the dental surgery at *Pre-Trial Detention Facility No. 2 in Ganja* was extremely dilapidated and, at the time of the visit, only extractions were performed.²⁰⁷ **The CPT recommends that urgent steps be taken to remedy this state of affairs.**

²⁰⁶ Access to the dentist appeared relatively easy, e.g. there had been 2,500 dental consultations at *Baku Pre-trial Detention Facility* in the course of 2015. At *Penitentiary establishment No. 4*, there had been 273 dental consultations in 2015 and 57 in the first quarter of 2016.

²⁰⁷ The delegation was told that it was planned to have a modern dental surgery offering the full range of treatments in the future new prison in Ganja.

As regards access to other specialist treatments, although the statistics of outside consultations and transfers to *Central Prison Hospital* would suggest that such access was not limited excessively,²⁰⁸ the delegation noted that the cumbersome procedure criticised in the report on the 2015 ad hoc visit²⁰⁹ had not been amended; it remained the case that any inmate requiring specialised treatment outside the prison had to be first transferred to the *Central Prison Hospital*, and only if appropriate treatment was not available there, a further transfer to a civilian hospital or an external consultation could be arranged. **The Committee reiterates its recommendation that steps be taken by the Azerbaijani authorities to considerably facilitate prisoners' access to outside specialist medical care. One way to achieve this could be to allow penitentiary establishments to sign agreements with civilian hospitals for this purpose.**

116. The health-care facilities at *Baku Pre-trial Detention Facility* had remained of a good standard,²¹⁰ especially as regards the infirmary with the capacity of 70 places, which offered conditions clearly superior to the ordinary prisoner accommodation. The patients' rooms were bright, airy, spacious, well equipped²¹¹ and decorated with carpets, pictures and plants.

As previously, the delegation gained the impression that some prisoners were being kept in the infirmary for reasons other than medical necessity.²¹² **The CPT would welcome the observations of the Azerbaijani authorities on this matter.**

117. The health-care facilities at *Gobustan Prison* were very basic and dilapidated, especially the infirmary²¹³ and the so-called "medical consultation rooms" on the units, many of which were Spartan, cold, humid and dark. By contrast, the dental surgery was adequately equipped, there were modern X-ray, ECG and ultrasound machines and a functioning laboratory.

The situation was even less favourable at *Penitentiary establishment No. 4* where the health-care unit as a whole, including the 14-bed infirmary, was dilapidated and very rudimentarily equipped. The same could be said of the health-care facilities at *Pre-Trial Detention Facility No. 2 in Ganja*, although conditions in the 25-bed infirmary were anyway much better than those in the main accommodation blocks (see paragraph 96 above).

²⁰⁸ For example, there had been 497 external consultations, 34 emergency and 223 non-emergency transfers to *Central Prison Hospital* at *Baku Pre-trial Detention Facility* in the course of 2015. There were also visits to the establishment by some consultant specialists (a surgeon, an endocrinologist and a cardiologist). At *Penitentiary establishment No. 4*, there had been 151 consultations by visiting specialists (including an ophthalmologist, a traumatologist, a gynaecologist and a neurologist) in the course of 2015 (44 in the first quarter of 2016), 116 transfers to the *Central Prison Hospital* and three to the *TB establishment* in Bina.

²⁰⁹ See paragraph 42 of CPT/Inf (2018) 33.

²¹⁰ Including several examination rooms, premises allowing small surgical interventions, a fully-equipped dental surgery, a laboratory, a modern X-ray and other equipment such as ultrasound and ECG. However, some of the equipment appeared little used (it was either kept in original package or covered by dust). More generally, the premises showed signs of wear-and-tear.

²¹¹ With ordinary beds with full bedding, good-quality furniture, TVs, fridges, sometimes air condition, many personal items, etc.

²¹² E.g. inmates staying for up to a month because of hypertension, diabetes, haemorrhoids, etc.

²¹³ There was not even glass in all the windows, sometimes replaced with sheets of acrylic glass.

Given the plans to close down *Gobustan Prison* and *Penitentiary establishment No. 4* in the near future,²¹⁴ the Committee recognises that carrying out full-scale refurbishment of health-care facilities (in particular the infirmaries) would not be economically advisable. Nevertheless, pending the relocation of both prisons, **the CPT recommends that efforts be made to maintain these facilities in a decent and hygienic condition, corresponding with their vocation as premises for in-patient care. Urgent steps are also required to refurbish and (re)equip the in-patient facility at *Pre-Trial Detention Facility No. 2 in Ganja*.**²¹⁵

118. Health-care services at *Gobustan Prison* and *Baku Pre-trial Detention Facility* were equipped with defibrillators but it was clear that the health-care staff had not received any training in the use and maintenance of this equipment.²¹⁶ **The Committee recommends that steps be taken to remedy this shortcoming (in the two above-mentioned establishments and, as applicable, in all other penitentiary establishments in Azerbaijan). Steps should also be taken to provide all prisons with defibrillators.**

119. At *Gobustan Prison*, some of the medical procedures were systematically conducted through metal bars.

In the CPT's view, such an approach could be considered as inhuman and degrading for both prisoners and the health-care staff concerned. Special security measures might be called for in specific cases; however, the systematic placing of prisoners in barred areas during consultations is clearly unjustified and not conducive to a genuine therapeutic relationship.

The Committee calls upon the Azerbaijani authorities to put an end to this practice in all penitentiary establishments.

120. Regarding the supply of medication, pharmacies in the prisons visited were generally adequately stocked.²¹⁷ However, some vital medicines were found to be missing (e.g. adrenaline at *Penitentiary Establishment No. 4*). **The CPT recommends that this deficiency be remedied.**

121. Concerning the role of prison health-care staff in preventing ill-treatment and combating impunity, **reference is made to the comments and recommendations in paragraphs 30 to 35 above.** Suffice it to repeat here that, as things stand at present, the prison health-care services fail to perform this crucial function.

²¹⁴ See paragraph 77 above.

²¹⁵ While the CPT takes note of the plans to build a completely new prison in Ganja, it was clear to the delegation that these plans were still far from being implemented in reality (see also paragraph 77 above).

²¹⁶ The defibrillator at *Baku Pre-trial Detention Facility* was not even plugged in to charge.

²¹⁷ Inmates could also purchase extra medication or have it sent/brought by families, with doctor's permission.

The delegation noted that prompt medical screening was carried out for newly-arrived prisoners at *Baku Pre-trial Detention Facility* and *Pre-Trial Detention Facility No. 2 in Ganja*; upon arrival, there was a quick check by a nurse or a feldsher,²¹⁸ followed within 24 hours by a proper medical examination performed by several doctors. At *Gobustan Prison* and *Penitentiary establishment No. 4*, medical screening was also performed soon after arrival. The screening included testing for TB and other transmissible diseases (see paragraphs 124 and 125 below).²¹⁹

122. There were individual medical files for prisoners and a variety of other medical records in all the establishments visited but they were often poorly or inconsistently kept, with information missing or very succinct.²²⁰ **The Committee recommends that health-care staff in the establishments visited be reminded of the importance of keeping good and detailed medical records, including prisoners' individual medical files.**

At the outset of the visit, the delegation was informed of the existence of plans²²¹ to introduce electronic medical files and a central medical database in all penitentiary establishments (including *Central Prison Hospital*), to be accessible to all prison doctors. **The CPT would like to receive more detailed information on these plans, including the implementation timeline.**

123. Medical confidentiality was frequently not respected in the establishments visited as the files and other medical documentation were often accessible to non-medical custodial staff. Furthermore, medical consultations and examinations generally continued to take place in the presence of custodial officers (especially at *Gobustan Prison* and *Penitentiary Establishment No. 4*, in particular upon arrival and after use of “special means”²²²); this was of special concern as regards the medical screening on arrival and the recording of injuries (see paragraphs 30 and 32 above). **The CPT calls upon the Azerbaijani authorities to take steps to ensure full confidentiality of medical files and other medical documentation in the establishments visited. Concerning medical examinations, reference is made to the recommendation in paragraph 31 above.**

The delegation observed other practices contrary to the principle of medical confidentiality: collective medical examinations and consultations (especially at *Baku Pre-trial Detention Facility*), inmates being obliged to explain to custodial staff the reasons for their request to see a doctor,²²³ and medication (including prescription drugs) being distributed to prisoners by non-medical staff.²²⁴ **All these practices should be abolished.**

²¹⁸ Which was also the time when screening for injuries was performed, in the presence of non-medical staff (see paragraph 30 above).

²¹⁹ HIV testing was also offered on a voluntary basis.

²²⁰ See also paragraph 32 above as regards recording of injuries.

²²¹ Supported financially by the EU.

²²² When inmates at the latter establishment were examined inside the health-care unit, custodial staff were usually absent from the examination room.

²²³ This was the case at *Gobustan Prison* and *Baku Pre-trial Detention Facility* whenever the request for consultation was made outside the regular morning rounds performed by health-care staff.

²²⁴ Especially when health-care staff were absent, see paragraph 113 above.

124. As already mentioned, the procedure for medical screening on arrival to the establishments visited included TB screening,²²⁵ which was performed shortly after arrival and subsequently at regular intervals. Further, the TB treatment provided to prisoners was in accordance with the WHO recommendations (DOTS and DOTS+). If required, inmates were swiftly transferred to the specialised *TB establishment for prisoners* in Bina.²²⁶ The CPT welcomes this.

Newly-arrived prisoners were also tested, on a voluntary basis, for the presence of hepatitis B and C virus but there was no treatment available (other than symptomatic).²²⁷ **The Committee reiterates its request for information on whether there are any plans to introduce treatment (and, if so, which treatment).**

125. Voluntary screening for HIV was also available in the prisons visited, and those found to be seropositive were offered counselling²²⁸ and antiretroviral therapy. For example, there were 36 HIV-positive prisoners at *Baku Pre-trial Detention Facility* (15 of whom received antiretroviral therapy), four HIV-positive prisoners at *Pre-Trial Detention Facility No. 2 in Ganja* (all of them undergoing antiretroviral therapy) and five HIV-positive inmates at *Penitentiary Establishment No. 4*, none of whom was receiving antiretroviral therapy at the time of the delegation's visit.

126. Regarding psychiatric care, as already mentioned in paragraph 113 above, *Gobustan Prison*, *Baku Pre-trial Detention Facility* and *Pre-Trial Detention Facility No. 2 in Ganja* each employed at least one full-time psychiatrist; however, this was not the case at *Penitentiary Establishment No. 4* where visits by outside consultant psychiatrists appeared to be rather infrequent.²²⁹ **The CPT recommends that the Azerbaijani authorities improve the provision of psychiatric care to prisoners at the latter establishment.**

Pharmacy stocks in the prisons visited included some psychiatric medication. In this context, the delegation was concerned to note at *Gobustan Prison* and *Baku Pre-trial Detention Facility* that Clozapine was administered without regular blood tests. Clozapine can have as a side-effect a potentially lethal reduction of white blood cells (granulocytopenia). Therefore, **the Committee recommends that the Azerbaijani authorities take urgent steps to render regular blood tests mandatory in all penitentiary establishments whenever Clozapine is used; staff should be trained to recognise the early signs of the potentially lethal side effects of Clozapine.**

Further, **the CPT recommends that efforts be made to enlarge the range of therapeutic options available to prisoners suffering from psychiatric conditions (i.e. beyond pharmacotherapy). The Committee also recommends that, whenever necessary, prisoners concerned be promptly transferred to an appropriate hospital facility.**

²²⁵ Including filling in the initial questionnaire and, if required, a further sputum smear test and a chest X-ray repeated in regular intervals (e.g. every 6 months at *Gobustan Prison*).

²²⁶ Visited by the CPT in 2002, see paragraphs 119 to 122 of CPT/Inf (2004) 36.

²²⁷ That said, the Head doctor at *Pre-Trial Detention Facility No. 2 in Ganja* told the delegation that prisoners with proven chronic hepatitis C would be sent to the *Central Prison Hospital* where they would receive treatment with non-pegylated interferon.

²²⁸ Provided by an NGO in the framework of a project financed by the Global Fund.

²²⁹ According to the doctor, nine of the prisoners accommodated at *Penitentiary Establishment No. 4* at the time of the delegation's visit suffered from various mental disorders including schizophrenia.

127. As regards psychological assistance, each establishment visited employed a psychologist; that said, none of them was a clinical psychologist, most having another professional background and having completed a short postgraduate course (a few months) in psychology. Moreover, as had been the case in the past, the psychologists' role was essentially limited to carrying out risk assessment of prisoners and assisting in the management of inmates presenting a suicide risk or on hunger strike. Clearly (as also stated by several prisoners interviewed by the delegation), this did not meet the needs of the inmate population; what was particularly striking was the near absence of psychological assistance to juvenile remand prisoners at *Baku Pre-trial Detention Facility* and life-sentenced prisoners isolated at their own request (or for their own protection) at *Gobustan Prison*.²³⁰

The Committee recommends that the Azerbaijani authorities reinforce the provision of psychological care in prison and develop the role of prison psychologists, in particular as regards therapeutic clinical work with various categories of potentially vulnerable inmates. In this context, efforts are needed to recruit, in due course, clinical psychologists.

128. Although all the establishments visited accommodated numerous inmates with a known substance abuse problem,²³¹ the situation in this respect had remained as during previous visits, namely the approach was essentially repression-oriented, with efforts focussed on detecting drugs and other intoxicating substances entering the establishments. It was still prohibited to use methadone inside the prison system (unlike in the outside community) and prisoners who had been on methadone therapy prior to incarceration had this therapy interrupted upon arrival. Further, there were still no harm-reduction measures (e.g. distribution of condoms, syringe and needle exchange programmes, provision of disinfectant and information about how to sterilise needles) and only some specific limited psycho-socio-educational assistance (offered by psychologists employed in the framework of a project financed by the Global Fund) was available.²³²

The CPT must thus stress once again that the management of drug-addicted prisoners must be varied – combining detoxification, psychological support, socio-educational programmes, rehabilitation and substitution programmes – and linked to a real prevention policy. This policy should highlight the risks of HIV or hepatitis B/C infection through drug use and address methods of transmission and means of protection. It goes without saying that health-care staff must play a key role in drawing up, implementing and monitoring the programmes concerned and co-operate closely with the other (psycho-socio-educational) staff involved.²³³ **The Committee reiterates its recommendation that the Azerbaijani authorities take duly into account the above remarks and review their current practice vis-à-vis prisoners with drug-related problems.**

²³⁰ It is noteworthy that, according to the Head doctor, *Gobustan Prison* accommodated at the time of the visit some 50 prisoners (many of them lifers) suffering from mental disorders, including five diagnosed with schizophrenia. As for *Baku Pre-trial Detention Facility*, 63 remand prisoners had been registered as suffering from psychiatric conditions in the course of 2015 (and 35 in the first quarter of 2016).

²³¹ For example, there were approximately 50 of them at *Gobustan Prison*. At *Baku Pre-trial Detention Facility*, 510 prisoners had been registered as drug dependent in the course of 2015.

²³² E.g. a narcologist/psychologist had recently begun talking to small groups (up to ten) of inmates with a history of substance abuse two or three times a week at *Baku Pre-trial Detention Facility*.

²³³ See also “Drug Dependence Treatment: Interventions for Drug Users in Prison”, UN Office on Drugs and Crime, www.unodc.org/docs/treatment/111_PRISON.pdf.

129. At *Baku Pre-trial Detention Facility*, the health-care unit possessed an unfurnished “padded cell” to hold agitated/violent prisoners.²³⁴ On this issue, the CPT has noted the recent amendments to the Rules on providing medical assistance to arrested persons in investigative isolators, according to which “an arrested person who was observed to have dangerous behaviour against himself or others in the period of detention in the isolator is transferred to a cell with special detention conditions for up to 24 hours based on an opinion of medical staff. When medical measures are not effective during this period that person shall be transferred to an institution for specialised psychiatric assistance”.

In the Committee’s view, every placement in a “padded cell” should receive prior authorisation from a doctor or be immediately brought to the attention of the doctor with a view to obtaining his/her approval. Placement should last only until the prisoner concerned has calmed down (i.e. no more than a few hours, save in very exceptional circumstances). Inmates placed in a “padded cell” should be regularly monitored (the frequency determined by the nature of the case) and the observation by prison officers clearly recorded in a dedicated register.

The register should also contain the name of the prisoner concerned, the reasons for the measure, the date and time of the beginning and end of the measure, the deciding authority, the precise location where the prisoner is accommodated and the time of the daily checks by health-care staff.

The CPT recommends that the Rules on providing medical assistance to arrested persons in investigative isolators be further amended and completed, in the light of the above remarks.²³⁵

130. As already mentioned (see paragraph 72 above), the delegation also carried out a follow-up visit to the Central Prison Hospital. The establishment had been visited by the CPT several times in the past - in 2002 (the psychiatric ward), 2006 (to interview a number of life-sentenced prisoners transferred from *Gobustan Prison*) and in 2008.²³⁶

At the time of the visit, the establishment was holding 303 patients (including 14 females). Its official capacity of 550 beds had temporarily been reduced to 350, due to a fire in the narcology ward in 2013.²³⁷ Patients were accommodated on eight wards²³⁸ as well as in a “regime” section (for life-sentenced prisoners and other inmates considered to be dangerous or serving their sentences under a “prison regime”). The newly-opened Intensive Care Unit (with a total of 9 beds) was to start operating shortly after the CPT’s visit.

²³⁴ According to the Director of *Penitentiary Establishment No. 4*, there were also plans to have such a cell in the future new establishment for women in Zabrat.

²³⁵ See also paragraph 69 above.

²³⁶ See paragraphs 123-133 of CPT/Inf (2004) 36, paragraph 42 of CPT/Inf (2017) 12 and paragraphs 25-29 and 37-42 of CPT/Inf (2009) 28.

²³⁷ There were plans to rebuild the ward; meanwhile, prisoners were treated in prisons.

²³⁸ Admission, internal diseases, surgery, infectious diseases, venereology/dermatology, neurology, psychiatry, and a women’s ward.

The delegation focused on the hospital's psychiatry ward which had a capacity of 33 beds, and was accommodating 17 patients at the time of the visit. It also examined the situation of persons held in the isolation unit (used for disciplinary punishment and to accommodate life-sentenced prisoners and prisoners under "special regime").²³⁹

131. Living space per patient in the *rooms on the psychiatry ward* was on the whole adequate. Further, the lighting, ventilation and heating were generally satisfactory, and the rooms were kept relatively clean. That said, the rooms contained nothing but beds and shared cupboards, and the overall environment was impersonal.

The CPT calls upon Azerbaijani authorities to continue efforts to improve living conditions for psychiatric patients at the Central Prison Hospital by offering more congenial and personalised surroundings.

132. As regards *health-care staff*, at the time of the visit, two full-time psychiatrists were assigned to the psychiatric ward. Further, the ward was regularly attended on a contract basis by three outside consultant psychiatrists. The delegation was informed that the Hospital had a psychologist who would regularly visit all the wards. However, as reported by the Chief psychiatrist at the time of the visit, none of the patients in the psychiatric ward was consulted by the psychologist.

As regards nursing staff, it was clearly insufficient as there was only one senior nurse on the ward (reportedly, one more nurse was supposed to start work soon).

The CPT recommends that steps be taken at the *Central Prison Hospital* to reinforce the team of nurses and ensure that a nurse is always present on the ward, including at night and on weekends.

133. The *treatment* provided in the psychiatric ward appeared to consist almost exclusively of pharmacotherapy with very little opportunities for psycho-social rehabilitation; further, there were no individual written treatment plans. There appeared to be no shortage of basic psychiatric medication. The delegation found no evidence of overmedication.

The delegation noted with concern, however, that regular blood tests were not carried out whenever Clozapine was administered to patients. In this respect, **reference is made to the comments and recommendation in paragraph 126 above.**

Patients reportedly had access to an *outdoor exercise* area between 9 a.m. and 4 p.m. every day. They could also watch TV, play board games and read books. Other than that, there were no therapeutic and rehabilitative psychosocial *activities* offered to the patients.

²³⁹ At the time of the visit, there were two lifers, three prisoners under "special regime" and one prisoner on isolation for medical purposes.

The CPT calls upon the Azerbaijani authorities to ensure that in the psychiatric ward of the *Central Prison Hospital*:

- **there is a regular presence of specialists qualified to provide therapeutic and rehabilitative activities, such as psychologists and occupational therapists;**
- **an individual treatment plan is drawn up for each patient (taking into account the special needs of acute and long-term patients), including the diagnosis, the goals of the treatment, the therapeutic means used and the staff members responsible. Patients should be involved in the drafting of their individual treatment plans and be informed of their progress.**

134. The delegation was informed that *mechanical restraints* were not authorised for use at the *Central Prison Hospital*. Instead, resort was had to *chemical restraint* and/or *seclusion* of patients for medical purposes.

The delegation was concerned to note that there were no specific registers for recording the use of seclusion and/or chemical restraint. The Committee wishes to reiterate its view that every instance of the use of means of restraint of a patient must be recorded in a specific register established for that purpose, in addition to the individual's file. The entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the doctor who ordered or approved it, and an account of any injuries sustained by the person or staff. This will greatly facilitate both the management of such incidents and oversight into the extent of their occurrence.

Furthermore, there were still no formal guidelines on the use of seclusion or other means of restraint despite long-standing CPT recommendations on this matter. The Committee recalls that such a policy should specify which means of restraint may be used, under what circumstances they may be applied, the practical means of their application, the supervision required and the action to be taken once the measure is terminated.²⁴⁰

The CPT calls upon the Azerbaijani authorities to ensure that the psychiatric ward of *Central Prison Hospital*:

- **adopts a comprehensive policy on seclusion and restraint (including chemical restraint) which would be accompanied by practical training on approved physical control and restraint techniques for all staff concerned;**
- **introduces specific registers for recording every instance of the use of restraint and seclusion.**

135. The psychiatry ward had a “*rubber room*” recently set up at the entrance to the ward, which allegedly had not yet been used. The room was covered in odoriferous black rubber and looked oppressive. A small window near the ceiling offered an easy ligature point for inmates who could already be at risk of self-harm; **this should be addressed without delay.**

²⁴⁰ See paragraph 34 of CPT/Inf (2018) 31 on the CPT-recommended principles to be included in the policy on restraint.

The Committee wishes to draw the attention of the Azerbaijani authorities to the fact that the “rubber room” should only be used for the shortest time possible and subjected to the same safeguards as other forms of restraint. See also paragraph 129 above.

136. The *isolation unit* of the Hospital was undergoing renovation at the time of the visit and 4 out of the 9 cells were out of service. **The Committee would like to receive confirmation that the renovation of all the cells has now been completed.**

It transpired from the delegation’s interviews in the isolation unit that custodial officers were routinely present during medical examinations of prisoners. Furthermore, it appeared that sometimes a doctor would not enter a cell and instead talk to a prisoner through a hatch of the cell door.

The CPT acknowledges that special security measures may be required during medical examinations in a particular case, when a security threat is perceived by the medical staff. However, there could be no justification for systematically performing such examinations through door hatches. In the CPT’s opinion, such an approach could be considered as degrading for both prisoners and the health-care staff concerned. **The CPT recommends that the Azerbaijani authorities remain vigilant in ensuring that such approach does not become a usual practice.**

Furthermore, it should be ensured that medical examinations of detained persons are always conducted out of the hearing and – unless the health-care staff concerned request otherwise in a particular case – out of the sight of custodial officers.

6. Other issues

a. prison staff

137. Staffing levels were grossly insufficient in all the penitentiary establishments visited. For example, at *Baku Pre-trial Detention Facility*, there were no more than 95 custodial staff on duty for the population of over 2,700 prisoners.²⁴¹ At *Gobustan Prison* (population 582), there were only two or three custodial officers present on each unit (accommodating 50 to 80 inmates each) during the day, and the whole night shift comprised five or six custodial staff.²⁴² This situation put an excessive burden on custodial staff who had to frequently work overtime and displayed symptoms of stress and fatigue (as expressly acknowledged by the Directors of *Baku Pre-trial Detention Facility* and *Gobustan Prison*); obviously, there was also an additional risk to the safety of both the staff and prisoners.

²⁴¹ The total staff complement was 357 posts including 62 officers, 281 junior custodial staff (“controllers”) and 14 civilians, but there were 15 vacancies for officers and 18 for controllers.

²⁴² During the day, there were also heads of units (officers), staff responsible for convoys, admissions, a small reserve team and officers employed in management functions. The total staff complement was 170 posts including 150 for custodial staff, but there were many vacant posts including 16 for officers.

The CPT calls upon the Azerbaijani authorities to take urgent steps to significantly increase custodial staffing levels and presence in accommodation areas of the prisons visited; as a starting point, efforts should be made to fill all the vacant posts. More generally, the Committee must stress once again that the provision of a satisfactory regime of activities for prisoners will require increasing the overall staffing levels in the establishments visited.²⁴³

138. Even more problematic was the situation at *Penitentiary Establishment No. 4* (population 459) where two or three custodial staff were present inside the detention zone during the day (and only one at night).²⁴⁴ It was clear that effective control by staff was impossible under such circumstances; accordingly, staff relied to a great extent on prisoners to assist them in performing certain custodial tasks.²⁴⁵

As already stressed many times in the past, the CPT considers unacceptable such partial relinquishment of the responsibility for order and security, which properly falls within the ambit of custodial staff. It exposes weaker prisoners to the risk of being exploited by their fellow inmates. It is also contrary to the European Prison Rules, according to which no prisoner should be employed, in the service of the institution, in any disciplinary capacity.²⁴⁶ **The Committee calls upon the Azerbaijani authorities to take steps to ensure that no prisoner (in any penitentiary establishment in the country) is put in a position to exercise power over other prisoners.**

139. The delegation noted that the problem of acute shortage of female custodial staff, observed during previous visits to Azerbaijan, had not been solved despite the presence of female prisoners in all establishments visited. For example, there were only eight female custodial officers at *Baku Pre-trial Detention Facility* and two at *Gobustan Prison*.²⁴⁷ **The CPT reiterates its long-standing recommendation that steps be taken to increase substantially the proportion of female custodial staff in the establishments visited.**

More generally, in view of the potential benefits of mixed-sex staffing for the general atmosphere prevailing within prisons, **the Committee reiterates its recommendation that the Azerbaijani authorities adopt measures to favour the deployment of female staff throughout the Azerbaijani prison system (not only in the establishments for women and juveniles).**

140. Some of the staff in most establishments visited (except at *Pre-Trial Detention Facility No. 2 in Ganja*) continued to work on 24-hour shifts.²⁴⁸ As stressed many times in the past, no human being can be reasonably expected to perform his/her professional duties effectively during such a long continuous period. **The CPT calls upon the Azerbaijani to review the 24-hour shift system for custodial staff.**

²⁴³ See paragraphs 78, 103, 104 and 108 above.

²⁴⁴ The total staff complement was 50 posts including 25 for officers, 20 for junior staff and 5 for civilians; however, there were numerous vacancies (12 in total, including 6 for officers).

²⁴⁵ Such prisoners, referred to by other inmates as “commanders” or “brigadiers”, were given the task of maintaining order and reporting relevant information to custodial (and especially operational) staff; they would also make proposals to staff for the imposition of disciplinary sanctions. Although this was not formally acknowledged by the staff, such was the generalised perception and understanding of the system among the prisoners interviewed by the delegation.

²⁴⁶ Rule 62.

²⁴⁷ One of them was a law student employed on a temporary contract. There was one more female custodial officer but she was on maternity leave at the time of the visit.

²⁴⁸ For example, at any given shift at *Baku Pre-trial Detention Facility* there would be 35 custodial staff working on a 24-hour shift basis (out of the maximum total of 95).

b. discipline and segregation

141. At the outset of the visit, senior officials of the Ministry of Justice and the Penitentiary Service informed the delegation about draft legal amendments aimed at shortening the maximum period of placement in a punishment cell (“kartzet”) to 10 days for adults and 5 days for juveniles. Prisoners placed in a “kartzet” would also be granted the right to receive visits and consecutive uninterrupted placements would be expressly prohibited. In general, these amendments go in the right direction; **the Committee would like to be informed once they are adopted and enter into force. The CPT also recommends that the above-mentioned draft provisions be completed so as to grant prisoners placed in a “kartzet” access to a telephone, in accordance with the European Prison Rules.**²⁴⁹

However, the Committee must again emphasise that it has very strong reservations as regards any form of solitary confinement of juveniles. For this age group, the placement in conditions resembling solitary confinement can easily compromise their physical and/or mental integrity. In this regard, the CPT observes an increasing trend at the international level to promote the abolition of solitary confinement as a disciplinary sanction in respect of juveniles.

Particular reference should be made to the United Nations Standard Minimum Rules on the Treatment of Prisoners (*Nelson Mandela Rules*) which have recently been revised by a unanimous resolution of the General Assembly and which explicitly stipulate in Rule 45 (2) that solitary confinement shall not be imposed on juveniles.²⁵⁰ **The Committee fully endorses this approach and recommends that the Azerbaijani authorities take steps to ensure that the above-mentioned precepts are effectively implemented in practice; the relevant legislation should be amended accordingly.**

142. Formal disciplinary punishments (including placements in a “kartzet”) were not applied excessively in the establishments visited,²⁵¹ with the exception of *Baku Pre-trial Detention Facility* where the delegation’s impression was that the “kartzet” was perceived as normal/routine punishment and not a last-resort measure.²⁵² **The CPT recommends that the approach to placements in “kartzet” cells at *Baku Pre-trial Detention Facility* be reviewed, in order to ensure that the sanction imposed is always proportionate to the offence. In this context, the Azerbaijani authorities are invited to consider enlarging the range of disciplinary sanctions available in penitentiary establishments, so as to offer prison Directors other options than just a verbal warning, a reprimand and the placement in a “kartzet”.**

²⁴⁹ See the Commentary to the European Prison Rules, according to which any restrictions on family contact should be imposed only where the disciplinary offence relates to such contact. See also the CPT’s 21st General Report (CPT/Inf (2011) 28, <https://rm.coe.int/16806cccc6>), paragraph 61(b).

²⁵⁰ See also Rule 67 of the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (General Assembly Resolution A/RES/45/113, Annex).

²⁵¹ E.g. at *Gobustan Prison*, there had been 58 placements in a “kartzet” (mostly for 3 to 7 days) between 1 January and 1 April 2016, and the tendency was towards decrease as compared with previous years. At *Penitentiary Establishment No. 4*, there had been 14 placements between 1 January and 1 April 2016, for up to 10 days but often for just 24 hours.

²⁵² The reasons for placement often appeared to be relatively minor violations (making noise, communicating between cells, using foul language, etc.).

143. Further, the Committee is concerned by the widespread recourse to “special means” (including handcuffs, sometimes for uninterrupted periods of up to 16 hours, and truncheons, often applied on the buttocks) as a kind of informal punishment²⁵³ (see also paragraphs 89 and 90 above).

At *Penitentiary Establishment No. 4*, the delegation heard about other types of informal punishments such as transferring inmates to upper bunk beds or removing tables and chairs from the dormitories (as a form of collective punishment).

The CPT calls upon the Azerbaijani authorities to stop all these unacceptable practices.²⁵⁴

144. The formal disciplinary procedure seemed to be generally observed in the establishments visited and prisoners with whom the delegation spoke confirmed having been heard by the Director or deputy prior to the imposition of the disciplinary sanction.

It is noteworthy that, in accordance with the revised Rules of Internal Discipline in Penitentiary Establishments, prison doctors are no longer required to certify, prior to the enforcement of the disciplinary sanction, that the prisoner concerned is fit to undergo disciplinary confinement. Further, the Rules provide for daily visits by health-care staff to those placed in a disciplinary cell. These provisions appeared to be followed in the establishments visited, which is welcome.

However, in none of the establishments were inmates given a copy of the disciplinary decision and informed of the avenues of appeal available and of the right to legal assistance. **The Committee reiterates its recommendation that steps be taken to ensure that prisoners subject to a disciplinary sanction are always given a copy of the decision and provided with the above-mentioned information.**

In addition, **the CPT reiterates its recommendation that the Azerbaijani authorities review the disciplinary procedure in order to ensure that the prisoners concerned (i) are informed in writing of the charges against them, (ii) are given reasonable time to prepare their defence, and (iii) have the right to call witnesses on their own behalf and to cross-examine evidence given against them.**

The above-mentioned recommendations are also applicable, *mutatis mutandis*, to the procedure for transfer of “violators” to Gobustan Prison.²⁵⁵

²⁵³ The delegation found some corroborating medical evidence of this practice in relevant registers e.g. several cases where inmates had sustained haematomas on buttocks after the use of “special means” at *Gobustan Prison*.

²⁵⁴ See also paragraphs 89 and 90 above.

²⁵⁵ The delegation spoke with some of those “violators” (especially the females) at *Gobustan Prison* and examined their files; it appeared that the above-mentioned procedural safeguards had not been respected in their cases.

145. As already mentioned in paragraph 138 above, there were certain inmates at *Penitentiary Establishment No. 4* (referred to by other prisoners as “commanders” or “brigadiers”) whose tasks included *de facto* proposing disciplinary sanctions against fellow inmates to the prison’s management.²⁵⁶ The Committee regrets that this practice, criticised many times in the past,²⁵⁷ has still not been abolished. On this issue, **reference is made to the observations and recommendation in paragraph 138 above.**

146. Material conditions in the disciplinary unit at *Baku Pre-trial Detention Facility* were on the whole adequate. The unit comprised 15 cells, all of which were sufficient in size (e.g. cells for up to two persons measured some 11 m²). The cells had good lighting (including access to natural light) and ventilation, and were suitably equipped; however, in-cell sanitary annexes were only partially screened.

Gobustan Prison had a new “kartzler” unit opened less than two years ago.²⁵⁸ The cells, although adequately lit, ventilated and equipped (including beds/bunk beds with full bedding), were too small for their intended capacity (e.g. double cells measured approximately 8 m², sanitary annexe included) and were humid and already dilapidated; furthermore, in-cell sanitary annexes were not fully screened.

Conditions were also poor in the four “kartzler” cells at *Penitentiary Establishment No. 4*: they were too small (double cells measured some 8 m² including the sanitary annexe), had no direct access to natural light, a weak artificial lighting, and were cold and humid. As with “kartzler” cells in other establishments visited, in-cell sanitary annexes were only partially screened.

The two “kartzler” cells at *Pre-Trial Detention Facility No. 2 in Ganja* were sufficiently spacious. However, they were dim due to the poor natural and artificial lighting, cold and humid; in-cell sanitary annexes were screened only partially.

The Committee recommends that steps be taken to equip all “kartzler” cells with fully screened sanitary annexes (up to the ceiling) and to ensure that there is a minimum of 4 m² of living space per prisoner (sanitary annexe excluded) in multi-occupancy cells (and 6 m², sanitary annexe excluded, in single-occupancy cells). Steps should also be taken to address the deficiencies with regard to access to natural light, artificial lighting and heating at *Penitentiary establishment No. 4* and *Pre-Trial Detention Facility No. 2 in Ganja*, and, more generally, to maintain all “kartzler” cells in an adequate state of repair.

147. As for the regime, the CPT noted that in all establishments visited prisoners placed in “kartzler” cells had access to one hour of outdoor exercise per day (up to two hours at *Baku Pre-trial Detention Facility*) and to reading matter.

²⁵⁶ Or at least such was the understanding of their role among prisoners interviewed by the delegation.

²⁵⁷ See, for example, paragraph 64 of CPT/Inf (2018) 33.

²⁵⁸ Also used to accommodate newly-arrived inmates placed in “quarantine”.

148. The Committee is very concerned by the fact that, despite its repeated earlier recommendations, self-harm continues to be considered as a disciplinary offence and punished accordingly (including with truncheon blows, see paragraph 89). The CPT must stress once again that this is an entirely unacceptable approach; acts of self-harm may frequently reflect problems and conditions of a psychological or psychiatric nature, and should be approached from a therapeutic rather than repression-oriented standpoint. **The Committee calls upon the Azerbaijani authorities to develop a policy on the treatment of persons having committed acts of self-harm, having regard to the above remarks.**

See also paragraph 89 regarding the punitive use of truncheons.

149. In some of the establishments visited (mostly *Penitentiary Establishment No. 4* but also, to a lesser extent, *Gobustan Prison*), the delegation came across cases of what would appear to be improper use of “kartzet” cells: as a medical “isolator” (e.g. up to 10 days for mentally disturbed inmates or prisoners suffering from contagious dermatological conditions)²⁵⁹ or as a so-called “secure place” for inmates’ own protection, for administrative segregation²⁶⁰ or (for up to 20 days) pending the transfer to *Gobustan Prison* for the “violators”.²⁶¹ Directors in the establishments concerned explained that they had no other premises available for such placements.

While the CPT understands these practical considerations, it remains that such use of “kartzet” cells cannot be accepted.

The CPT recommends that the above-mentioned practice be stopped. Isolation/segregation on grounds other than disciplinary should take place in other suitable premises offering, as required, an appropriate regime. Reference is also made here to the CPT’s 21st General Report.²⁶² Further, reference is made to paragraph 58 above as regards the placement of agitated prisoners and to paragraph 129 as regards the placement of mentally disturbed inmates.

²⁵⁹ Upon the Director’s order following a doctor’s request.

²⁶⁰ At *Gobustan Prison*, the Director acknowledged that inmates involved in the mass self-harm action in September 2014 (see paragraph 90 above) had subsequently been placed in “kartzet” cells for two months of administrative segregation, pending the outcome of criminal investigation and to prevent them from “negatively influencing” other prisoners.

²⁶¹ This period was supposed to give the inmate the time to lodge an appeal against the transfer decision. The difference with a normal placement in a “kartzet” was that prisoners were not deprived of visits and access to a telephone.

²⁶² Paragraphs 53 to 64 of CPT/Inf (2011) 28 (<https://rm.coe.int/16806cccc6>).

c. contact with the outside world

150. In the reports on previous visits,²⁶³ the Committee recommended that the relevant regulations be amended so as to ensure that *remand prisoners* are entitled to receive visits as a matter of principle. According to the new Law on ensuring the rights and freedoms of individuals held in detention facilities on remand (LRFIDF), persons on remand have, as a rule, the right to receive visits,²⁶⁴ make telephone calls²⁶⁵ and send/receive an unlimited number of letters unless specifically prohibited by a prosecutor or court.

The new rules had entered into force relatively shortly before the CPT's visit (as from the beginning of 2016) but the delegation did observe that they had already made a big difference in the establishments visited.²⁶⁶ At the time of the visit, only a very small minority of remand prisoners (e.g. ten at *Baku Pre-trial Detention Facility*) had their contacts with the outside world restricted by decision of the prosecutor. While welcoming this positive change, **the CPT wishes to draw the attention of the Azerbaijani authorities to the need to ensure that remand prisoners' possibilities to maintain contact with the outside world are never restricted unduly.**²⁶⁷

151. As regards *sentenced prisoners*, the Committee has noted with regret that the inadequate entitlements for life-sentenced prisoners, sentenced prisoners on special and "prison" regimes and the "violators" had improved only a little, essentially with respect to access to a telephone.²⁶⁸

The CPT wishes to reiterate its view that a system under which the extent of a prisoner's contact with the outside world is determined by the regime under which he/she serves his/her sentence (as imposed by court) is fundamentally flawed. In principle, all prisoners, irrespective of the regime, should have the same possibility for contact with the outside world; inmates should preferably have a visit entitlement equivalent to that currently offered to prisoners serving their sentence under general regime i.e. the equivalent of at least one hour of visit per week.

The Committee calls upon the Azerbaijani authorities to amend the relevant legislation in the light of these remarks.

²⁶³ See, for example, paragraph 87 of CPT/Inf (2018) 9.

²⁶⁴ Four short-term visits (up to 4 hours) per month.

²⁶⁵ One 15-minute call per week.

²⁶⁶ Previously, as could be seen in the relevant documentation and as was confirmed by both inmates and staff, virtually none of the remand prisoners could receive visits and make telephone calls until the end of the investigation.

²⁶⁷ I.e. any such restrictions should be strictly limited to the requirements of a given case and be applied for as short a time as possible and a specified period of time. Under no circumstances should visits between a remand prisoner and his/her family be prohibited for a prolonged period. See also paragraph 81 above.

²⁶⁸ Life-sentenced prisoners are still only entitled to six short-term (of up to 4 hours) and two long-term (of up to 3 days) visits per year (lifers who have served at least ten years and demonstrated good behaviour can be granted additionally two short-term visits and one long-term visit per year) but can now make a 15-minute phone call per week (previously twice per month). Prisoners on the special regime have the same visit entitlement as life-sentenced prisoners. The visit entitlement is even more restrictive for prisoners on the "prison" regime: four short-term and two long-term visits per year – if placed under "general conditions", or one short-term visit per six months – if placed under "strict conditions". Prisoners on both the special and "prison" regimes are entitled to two 15-minute telephone calls per week (previously one per week). The "violators" may have a short-term visit once a month and a long one every 3 months. The entitlement is more generous for women: depending on the regime, from 12 to 48 short-term visits and from two to four long-term visits per year.

152. Being the only women's prison in Azerbaijan, *Penitentiary Establishment No. 4* accommodated inmates from the whole country which implied long and costly travel for some visitors. **The CPT recommends that consideration be given to adopting a flexible approach as regards visits to the above-mentioned establishment and, in particular, to providing the possibility for combining visit entitlements into one or two longer sessions. If necessary, the relevant legal provisions should be amended.²⁶⁹ A similar approach should, in due course, be applied with respect to the future prison in Umbaki.**

153. Further, the Committee has noted with concern that short-term visits continued to routinely take place under closed conditions (through glass or bars, preventing any physical contact between prisoners and their visitors),²⁷⁰ except at *Penitentiary Establishment No. 4* where short-term visits took place in two recently renovated rooms with tables and chairs.

The CPT accepts that, in certain cases, it may be justified, for security-related reasons, to prevent physical contact between prisoners and their visitors. However, open visits (e.g. with prisoners and their visitors sitting around a table) should be the rule and closed visits the exception, for all legal categories of prisoners. **The Committee reiterates its long-standing recommendation that conditions in the visiting facilities of all penitentiary establishments in Azerbaijan be reviewed so as to ensure that, as a rule, short-term visits take place under open conditions.**

154. On a positive note, conditions were very good in the rooms for long-term visits at *Baku Pre-trial Detention Facility*.²⁷¹ The premises for long-term visits at *Gobustan Prison* were undergoing refurbishment at the time of the visit²⁷² and the delegation gained the impression that the conditions would indeed significantly improve once the work was completed. The premises at *Penitentiary Establishment No. 4* also offered accommodation of a reasonably good standard (with the exception of the long but very narrow outdoor yard).

155. The delegation noted that there were not enough telephones at *Penitentiary Establishment No. 4* (six), which meant that there were long queues and inmates could only make very short (5-minute) calls. **The CPT invites the Azerbaijani authorities to look for ways to improve inmates' access to a telephone at the above-mentioned establishment. The Committee hopes that this will not be an issue in the new women's establishment in Zabrat.**

²⁶⁹ Reference is also made to Rule 26 of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), adopted by the UN General Assembly on 6 October 2010 (A/C.3/65/L.5), which states as follows: "Women prisoners' contact with their families, including their children, their children's guardians and legal representatives shall be encouraged and facilitated by all reasonable means. Where possible, measures shall be taken to counterbalance disadvantages faced by women detained in institutions located far from their homes."

²⁷⁰ The short-term visit facility at *Gobustan Prison* was particularly poor (inmates and visitors being kept in two separate areas with a 0,75 m gap between two caged fronts of the areas) and dilapidated.

²⁷¹ These facilities were only available to sentenced (working) prisoners.

²⁷² The work included installing a new kitchen and a shower, replacing the beds and putting in place a playing corner for children.

d. complaints and inspection procedures

156. Prisoners were, in principle, entitled to submit complaints *inter alia* to the prison Director, the Penitentiary Service, the Ministry of Justice, the prosecutor and the Commissioner for Human Rights (Ombudsperson). However, although inmates generally had some knowledge of the avenues of complaint available to them,²⁷³ there was still a widespread lack of trust among prisoners in the existing complaints system, especially concerning the confidentiality of the complaints sent to outside bodies.²⁷⁴ Several prisoners (e.g. at *Gobustan Prison* and *Baku Pre-trial Detention Facility*) expressed the view that any complaints sent to outside bodies would not reach the addressees. There was thus a generalised reluctance to make complaints, which was also in some cases clearly due to fear of reprisals²⁷⁵ and possibly to the influence of informal prisoner hierarchy which was expected to “solve all the problems between the inmates themselves”.²⁷⁶

The CPT calls upon the Azerbaijani authorities to take all necessary steps to ensure that the right of prisoners to lodge confidential complaints is fully respected in practice (this includes the provision of accurate written information to inmates about the complaints procedures), and that complainants are free from any pressure and reprisals. Further, it would be desirable for the body in question to acknowledge in writing directly to the prisoner concerned, and without delay, the receipt of a letter sent to it by a prisoner.

Further, the Committee reiterates its recommendation that an information brochure be supplied to all prisoners upon their arrival, describing in a straightforward manner the main features of the prison’s regime, prisoners’ rights and duties, complaints procedures, basic legal information, etc. This brochure should be translated into an appropriate range of foreign languages.

157. As regards monitoring visits to penitentiary establishments, **reference is made to the comments in paragraphs 12 and 13 above.**²⁷⁷

158. All the penitentiary establishments visited (especially pre-trial detention facilities) accommodated a certain number of foreign prisoners, many of whom did not speak Azeri. Almost all of the foreign inmates interviewed by the delegation complained about the lack of any information (on their rights and obligations, on house rules, on visiting entitlement, procedures regarding access to health care, etc.) in any other language than Azeri. This left them largely unaware of their rights (or dependent on sometimes scant and unreliable verbal information from some staff members and fellow inmates) and therefore unable to invoke them. **The CPT recommends that steps be taken to address this issue. In particular, the brochure referred to in paragraph 156 above should be translated into an appropriate range of foreign languages.**

²⁷³ There were information posters on the walls of corridors and (sometimes) cells in the establishments visited, although no proper information sheets/brochures were provided.

²⁷⁴ See, in this context, paragraph 12.

²⁷⁵ At *Gobustan Prison*, a few allegations were heard that inmates had been punished informally after having sent a complaint to outside bodies, e.g. by placing them in a cell where they were exposed to inter-prisoner violence (so-called “press khata”). It should nevertheless be added that none of these allegations referred to recent facts (less than two years ago).

²⁷⁶ Not surprisingly, there were virtually no complaints about conditions of detention and/or treatment by staff recorded at any of the establishments visited.

²⁷⁷ All the establishments were also visited on a regular basis by representatives of the ICRC.

C. Establishments under the authority of the Ministry of Health

1. Preliminary remarks

159. The CPT's delegation carried out follow-up visits to the Republican Psychiatric Hospital No.1 in Mashtaga ("*Mashtaga Psychiatric Hospital*"), the Regional Psycho-Neurological Dispensary in Sheki ("*Sheki Psychiatric Hospital*") and the Psychiatric Hospital in Ganja ("*Ganja Psychiatric Hospital*").

Republican Psychiatric Hospital No.1 in Mashtaga had previously been visited by the CPT in 2008 and 2011.²⁷⁸ The establishment remains the largest psychiatric hospital in Azerbaijan, with the patient wards spread across a 40-hectare site. With a long-standing official capacity of 1,890, at the time of the visit the hospital was accommodating 2,035 patients (1,395 adult males, 610 adult females and 30 juveniles). The significant overcrowding, according to the Director of the hospital, was caused by the full or partial closure of psychiatric hospitals in some regions.

Patients at *Mashtaga Psychiatric Hospital* were accommodated in 29 closed wards – 7 adult female wards, 12 adult male wards, 2 wards in the Young Persons Unit (children and adolescents), 3 TB wards, 2 forensic wards (strict and general regime), an infectious disease ward, a narcology ward, and a neurosis ward (patients from the former geriatric ward were accommodated in different wards as their new ward was still under construction).

Formally, there were only eight civil involuntary patients.²⁷⁹ As regards the forensic patients, there were 49 under the strict regime (two of them women), 116 under the general regime (including five women) and three out-patients residing in the hospital because they had nowhere else to live.

Regional Psycho-Neurological Dispensary in Sheki had been visited by the CPT in 2006 and 2008.²⁸⁰ With an official capacity of 100, at the time of the visit the establishment was accommodating 68 patients in two wards of a two-storey building – 32 adult females and 36 adult males. Formally, there was only one civil involuntary patient.²⁸¹

Psychiatric Hospital in Ganja had been visited by the CPT in 2011 and 2013.²⁸² At the time of the visit, the establishment, with an official capacity of 100, was accommodating 59 adult male patients in two wards of a two-storey building (the female ward and a third male ward had closed in September 2014²⁸³). Formally, there were no civil involuntary patients.²⁸⁴

²⁷⁸ See paragraph 57 of CPT/Inf (2009) 28 and paragraph 94 of CPT/Inf (2018) 9.

²⁷⁹ See, however, paragraph 181 below.

²⁸⁰ See paragraph 115 of CPT/Inf (2017) 12 and paragraph 58 of CPT/Inf (2009) 28.

²⁸¹ See, however, paragraph 181 below.

²⁸² See paragraph 94 of CPT/Inf (2018) 9 and paragraph 11 of CPT/Inf (2018) 31.

²⁸³ See more in paragraph 167 below.

²⁸⁴ See, however, paragraph 181 below.

160. The patient population in all the three hospitals consisted of a mixture of patients diagnosed with mental illnesses and patients suffering from learning disabilities of various degrees. The delegation observed that mentally-ill patients were accommodated together with learning disabled patients in the same dormitories. **The CPT has serious misgivings about this practice and recommends that steps be taken to ensure a better allocation of patients, so that those suffering from mental illnesses are separated from those suffering from learning disabilities and that both categories benefit from individualised treatment.**

161. As mentioned above, only a very small number of patients were formally involuntary. However, numerous patients were in fact not free to leave the hospital and were thus de facto deprived of their liberty. This issue will be discussed later in the report (see paragraph 181 below).

162. Many patients were hospitalised for relatively short periods, the average length of hospitalisation reportedly being 32 days. However, there were some patients who had spent prolonged periods at the hospitals visited due to the absence of social ties and appropriate structures for care in the community. This problem was especially evident at *Mashtaga Psychiatric Hospital*, where, according to the Director, at least 300 patients could have been released but had nowhere to go; among them some 40 patients did not have identification documents.

During the meeting with the Chief Psychiatrist of the Ministry of Health at the outset of the visit, the delegation was informed of the Azerbaijani authorities' plans for reforming the mental health sector. It was said that the National Strategy for Mental Health included elements on de-institutionalisation and community care; however, due to the current economic crisis the implementation of the said strategy was reportedly slower than planned. **The CPT encourages the Azerbaijani authorities to make every effort to promote de-institutionalisation and to substantially develop psychiatric care in the community as a matter of priority.**²⁸⁵

2. Ill-treatment

163. Unlike during previous CPT's visits, the delegation received no allegations of ill-treatment of patients by staff at *Mashtaga Psychiatric Hospital*. The Committee welcomes this positive development, which no doubt results from effective action taken by the hospital's management.

However, a few isolated allegations of orderlies ("sanitars") slapping patients were heard at *Sheki Psychiatric Hospital*. Further, at *Ganja Psychiatric Hospital*, the delegation received a number of allegations that orderlies would slap and also at times punch patients; the delegation itself witnessed a situation where staff threatened a patient with physical violence (punches and kicks) if he failed to obey. It was also alleged that some staff carried objects in a visible manner in order to intimidate and control the patients; one such object (a length of rubber) was found in a staff office.

²⁸⁵

This should also be seen in the context of the State's obligations stemming from the UN Convention on the Rights of Persons with Disabilities, ratified by Azerbaijan in January 2009.

The CPT recommends that the managements of *Sheki and Ganja Psychiatric Hospitals* exercise continuous vigilance and remind the staff at regular and frequent intervals that any form of ill-treatment of patients, whether verbal or physical, is totally unacceptable and will be punished accordingly.

164. As regards inter-patient violence, this did not appear to be a significant problem in *Mashtaga and Sheki Psychiatric Hospitals*; by contrast, the environment at *Ganja Psychiatric Hospital* was chaotic, with palpable hostility among patients and reports of fights among them.

The Committee wishes to emphasise that the duty of care which is owed by staff to patients in their care includes the responsibility to protect them from other patients who might wish to cause them harm. The staff must act in a proactive manner to prevent inter-patient violence. Addressing this issue requires that staff be alert to signs of trouble and both resolved and properly trained to intervene when necessary.

The CPT recommends that appropriate steps be taken at *Ganja Psychiatric Hospital* to combat the phenomenon of inter-patient violence, in the light of the above remarks.

3. Patients' living conditions

165. Regarding living conditions, the environment at *Mashtaga Psychiatric Hospital* had been positively transformed by the refurbishment of the female wards, the construction of new male wards, an impressive new kitchen and the landscaping of the grounds. However, although living conditions and hygiene in the refurbished wards contributed to satisfactory, albeit rather impersonal, environments (with very limited lockable personal space), the conditions on the small number of remaining old wards and temporary wards were unacceptable, with severe overcrowding and a small number of patients having to share beds. Furthermore, even the new wards were overcrowded, with the hospital operating very significantly above its official capacity.²⁸⁶

The infectious diseases ward was not appropriate for clinical occupation as it was totally dilapidated; that said, the delegation was given assurances that it would soon be taken out of service. **The Committee would like to receive confirmation that this has indeed happened.**

Ward 7a, which was accommodating 66 female patients,²⁸⁷ was described by the hospital's management as "temporary, maybe for two years". The unlocked, severely dilapidated dormitories were very crowded,²⁸⁸ some with beds touching and patients having to climb to their beds over the beds of other patients. The worst conditions were seen in a corridor transformed into a dormitory, where only a narrow passage remained free between the beds and the wall. The delegation subsequently established that there were more patients than beds on the ward and staff confirmed that four patients had to share beds.

²⁸⁶ For example, a number of dormitories in ward 2 for female patients provided less than 3 m² of living space per patient.

²⁸⁷ Reportedly transferred from *Ganja Psychiatric Hospital* due to the closure of the female ward there.

²⁸⁸ E.g. some 28 m² for 11 beds (2.5 m² of living space per patient).

The ward also had an old dilapidated gated seclusion area with a blocked window, two old smelly beds with no bedding, dirty floors and a bucket. The walls had traces of urine and were smeared with faeces. Staff confirmed that patients could be placed therein for 15-20 minutes (that said, no instances of the use of the above-mentioned seclusion area were recorded).²⁸⁹

The communal toilet for patients on the Ward 7a had three stalls and was filthy, smelly, and unhygienic. The communal shower was equally unacceptable. To sum up, the conditions on this ward did not benefit a healthcare institution.

The general-regime forensic ward (located above the strict-regime forensic ward) was temporarily accommodating “civil” patients transferred from other accommodation undergoing refurbishment. In both male and female areas it was crowded, and some beds were touching.

The CPT recommends that steps continue to be taken as a matter of urgency at *Republican Psychiatric Hospital No.1 in Mashtaga* to improve patients’ living conditions. The objective should be to take Ward 7a out of service. As a first step, all patients should be provided with their own beds with full bedding; the Committee would like to receive confirmation of this fact within one month.

Further, **the CPT recommends that efforts be made in the renovated wards to provide more privacy, visual stimulation and personalisation. Moreover, the Committee recommends that the seclusion area on ward 7a be taken out of service immediately.**

As regards measures to address overcrowding at *Republican Psychiatric Hospital No.1 in Mashtaga*, reference is made to the paragraph 168 below.

166. At *Sheki Psychiatric Hospital*, the delegation noted a number of improvements to the living conditions – new windows in the wards, new flooring, beds and mattresses, as well as renovated sanitary facilities in the female ward. The courtyard area had been resurfaced, the kitchen and shower facility renovated and there was a new small block for visits.

However, despite these environmental improvements, the establishment remained generally dilapidated, unfit for its purpose and a relic of the past. The delegation was informed of the plan to build a new 200-bedded psychiatric hospital in Sheki. It is noteworthy that such a plan had already been in place when the CPT last visited *Sheki Psychiatric Hospital* in 2008.

During the 2016 visit, the delegation visited the construction site in town, which was adjacent to the sites of the new prison, the court and the military detention facility. The perimeter wall was completed and deep foundations dug and filled with concrete, but the construction of patient accommodation blocks had not yet begun and there were no signs of any building activity.

²⁸⁹ See also paragraph 175 below.

167. At the time of the visit, *Ganja Psychiatric Hospital* had a single two-storey patient accommodation block (containing two male wards), a small separate kitchen, occupational areas and administration blocks, all surrounded by a perimeter wall with a gate. Wards 1 and 4 (male and female) in the older building of the establishment had reportedly closed in September 2014 and were now empty and derelict. The two operational male wards, wards 2 and 3, were impersonal and lacking privacy, and did not provide an appropriate therapeutic environment.

Following the 2011 visit, the Azerbaijani authorities had informed the CPT that plans for a new psychiatric hospital in Ganja (to replace the existing one) were under consideration; these intentions were again reiterated during the CPT's ad hoc 2013 visit. At the time of the 2016 visit, the director of *Ganja Psychiatric Hospital* informed the delegation that the construction of the 260-bedded psychiatric hospital had started but unfortunately there were delays due to the economic crisis. The delegation visited the construction site (located some 10-minute drive from the current hospital) and saw that it was virtually empty (apart from a shallow ditch and some cleared debris); it was obvious that construction had not in fact started.

168. The Committee wishes to emphasise that the aim in any psychiatric establishment should be to offer living conditions which are conducive to the treatment and welfare of patients; in psychiatric terms, a positive therapeutic environment. Creating a positive therapeutic environment involves, first of all, providing sufficient living space per patient as well as adequate lighting, heating and ventilation, maintaining the establishment in a satisfactory state of repair and meeting hospital hygiene requirements.

Further, in the context of construction of new psychiatric establishments, the CPT wishes to stress that it is generally held that large-capacity dormitories are not compatible with current standards of accommodation for psychiatric in-patients and that smaller patients' rooms should be considered.

As mentioned in the paragraphs above, throughout the years the Committee has been informed by the Azerbaijani authorities about plans to construct new psychiatric facilities in the towns of Sheki and Ganja. Unfortunately, as witnessed by the delegation during the 2016 visit, the construction of both new hospitals remains still at a very early stage.

In order to address the problems of overcrowding at *Republican Psychiatric Hospital No.1 in Mashtaga* and the poor living conditions at *Psychiatric Hospitals in Ganja and Sheki*, **the CPT calls upon the Azerbaijani authorities to attach the highest priority to the speedy completion of new psychiatric hospitals in Sheki and Ganja, in line with the above remarks. That said, reference is made here to the Committee's comments regarding the importance of de-institutionalisation and the development of community care (see paragraph 162 above).**

Further, **the CPT would like to receive details of the construction plans, including the time schedule for their implementation.**

4. Staff and treatment

169. Given the significant overcrowding, there was a serious shortage of psychiatrists at *Mashtaga Psychiatric Hospital*. There had been no increase in staff complement despite the large increase in the number of patients. At the time of the visit, there were 46 psychiatrists occupying 62 posts (8 more posts were vacant). The lack of qualified nurses was even more concerning – only 147 posts of the total complement of 296 were filled.²⁹⁰ On some wards there would be one nurse and one orderly caring for 80-90 patients for the majority of the time. This is grossly inadequate. It appeared that this deficiency could only be addressed by the reconsideration at national level of the complement, pay, terms and conditions under which these staff were employed. Further, as regards multi-disciplinary clinical staff, there were only two teachers (with two more posts vacant), ten psychologists, one social worker and 23 labour instructors.

At *Sheki Psychiatric Hospital* there were broadly sufficient numbers of psychiatrists, nurses and orderlies. The theoretical complement of psychiatrists for in and out-patients was 7.5 and, at the time of the visit, there were three psychiatrists (including the practising Director) actually working at the hospital. There were 23 nurses and 31 orderlies working 12-hour shifts (no vacancies) but no psychologists, occupational therapists or social workers.

As regards *Ganja Psychiatric Hospital*, the staff complement had not changed following the closure of wards 1 and 4. According to the Director (who had no direct patient care responsibilities), the theoretical complement of psychiatrists was 14 and there were currently 5.5 posts occupied by three doctors (each filling 1.5 positions). The number of nurses and orderlies²⁹¹ could be considered as sufficient but there was only one psychologist and three occupational therapists.

170. In the three hospitals visited the treatment was based almost exclusively on pharmacotherapy. There appeared to be no shortage of basic psychiatric medication and the delegation observed no signs of overmedication.

However, the delegation was concerned to learn at *Ganja Psychiatric Hospital* and on some of the wards at *Mashtaga Psychiatric Hospital* that there were no regular blood tests whenever Clozapine was administered to patients. As already stressed earlier in this report,²⁹² Clozapine can have as a side-effect a potentially lethal lack of white blood cells (granulocytopenia); therefore, regular blood tests should be mandatory. In this respect, **reference is made to the recommendation in paragraph 126 above.**

171. The opportunities for outdoor exercise for patients in all the establishments visited were limited to the warmer part of the year. Further, the delegation was informed that patients under the strict regime at the Forensic Psychiatric Unit of *Mashtaga Psychiatric Hospital* were not permitted outdoor exercise at all and those under the general regime did not exercise in the winter (and could only go outside for a few hours three times a week in the summer). This is not acceptable.

²⁹⁰ By contrast, all the 446 posts of the orderlies were filled.

²⁹¹ 31 nurses (two more posts were vacant) and 73 orderlies (no vacancies).

²⁹² See paragraphs 126 and 133 above.

172. There were no individual written treatment plans for patients in any of the hospitals visited; the multi-disciplinary clinical team approach was absent or very limited and, despite some efforts to offer psycho-social rehabilitative activities and recreation, these remained very inadequate.

173. In the light of the above, **the CPT reiterates its recommendations that the Azerbaijani authorities take urgent steps to:**

- **fill the vacant posts of psychiatrists at *Mashtaga and Ganja Psychiatric Hospitals*;**
- **increase the number of qualified nurses at *Mashtaga Psychiatric Hospital*;**
- **ensure that all patients, including forensic patients, at *Mashtaga, Sheki and Ganja Psychiatric Hospitals* (and, as appropriate, in all other psychiatric facilities in Azerbaijan) benefit from unrestricted access to outdoor exercise during the day unless treatment activities require them to be present on the ward. In this respect, patients should be provided with appropriate clothes and shoes;**
- **develop, at the three hospitals, a range of therapeutic options and involve patients in rehabilitative psycho-social activities, in order to prepare them for more independent living and/or return to their families; occupational therapy should be an important part of the long-term treatment programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and improving self-image. It is axiomatic that this will require the recruitment of specialists qualified to provide therapeutic and rehabilitation activities (psychologists, occupational therapists, and social workers);**
- **draw up an individual treatment plan for each patient (taking into account the special needs of acute, long-term and forensic patients), including the diagnosis, the goals of treatment, the therapeutic means used and the staff members responsible. Patients should be involved in the drafting of their individual treatment plans and be informed of their progress.**

174. During the interviews with the staff at *Mashtaga Psychiatric Hospital* the delegation gained the impression that doctors on duty were not systematically and promptly notified whenever PRN medication²⁹³ was administered. Further, there was no dedicated register which would systematically record the use of PRN medication.

In the Committee's opinion, PRN medication may be appropriate for selected patients over limited periods of time. However, its generalised use without systematic control by medical staff would place too much responsibility on nurses and open the door to abuse. As with any drug treatment, its clinical effects should be carefully monitored at sufficiently frequent intervals. PRN medication could also, in certain instances, amount to involuntary treatment; if so, it should be surrounded by appropriate safeguards.

The CPT recommends that steps be taken to ensure that a doctor is systematically and immediately notified whenever PRN medication is administered and that he/she verifies the conditions in which it was administered; further, PRN medication must systematically be recorded both in the patient's file and a dedicated PRN register.

²⁹³ "PRN" stands for *pro re nata*, Latin for "for something that occurred"; in this context: "as needed".

5. Means of restraint

175. The delegation noted that there were no isolation rooms and that seclusion was not used at *Sheki and Ganja Psychiatric Hospitals*. The examination of the relevant registers at *Mashtaga Psychiatric Hospital* revealed that seclusion was not used excessively and it would never last more than 30 minutes; this was also confirmed by patients.²⁹⁴

176. As regards mechanical restraint, there was no evidence of its excessive use at any of the psychiatric establishments visited. The means used varied from non-purpose-made straitjackets at *Mashtaga* to soft ties (made from towels or sheets) at *Sheki and Ganja Psychiatric Hospitals*.²⁹⁵

The fixation usually lasted 20-30 minutes; patients were reportedly restrained in their rooms (or in isolation room in *Mashtaga*), being supervised by a nurse, while other patients were requested to leave the room in the meantime.

177. Regrettably, however, there were still no formal guidelines on the use of seclusion or other means of restraint at any of the hospitals visited despite the CPT's long-standing recommendations on this matter. The Committee wishes to stress once again that the use of restraint measures (whether mechanical or chemical) should be the subject of a comprehensive, carefully developed, policy on restraint. Such a policy should specify which means of restraint may be used, under what circumstances they may be applied, the practical means of their application, the supervision required and the action to be taken once the measure is terminated.²⁹⁶

The CPT calls upon the Azerbaijani authorities to ensure that *Mashtaga, Sheki and Ganja Psychiatric Hospitals* (and, as appropriate, all other psychiatric facilities in Azerbaijan) adopt a comprehensive policy on restraint which would be accompanied by practical training on approved control and restraint techniques of all staff concerned.

Further, steps should be taken to ensure that only properly designed restraint equipment is used for the mechanical restraint of patients.

Moreover, the Committee is of the view that straitjackets should be considered a relic of the past. **The CPT recommends that their use be stopped in the medium term and that ways be sought actively to gradually replace them with other, less degrading means; pending this, the application of the jackets should be the subject of detailed regulations and instructions, with a view to ensuring that they are only used for the shortest period of time in extraordinary situations, based on an individual risk assessment, and not as a routine measure.**

²⁹⁴ E.g., according to a dedicated register on Ward 2 of *Mashtaga Psychiatric Hospital*, there was one case of seclusion in 2016, two in 2015, and two in 2014; each episode reportedly lasting 30 minutes. See, however, paragraph 165 above.

²⁹⁵ E.g., according to a dedicated register on Ward 2 of *Mashtaga Psychiatric Hospital*, there was one case of restraint with a straitjacket in 2016 (duration of 15 minutes), no cases in 2015, and three cases in 2014 (ranging from 25 to 40 minutes). At *Sheki Hospital*, there were five cases of fixation in 2016, 24 in 2015, and 22 in 2014; the episodes reportedly never exceeded 20 minutes.

²⁹⁶ See paragraph 34 of CPT/Inf (2018) 31 on the CPT-recommended principles to be included in the written policy on the use of restraint.

178. The use of chemical restraint had not been recorded in the dedicated restraint register in any of the hospitals visited, making it impossible for the delegation to obtain a clear overview of the frequency and duration of its use, as well as to clarify whether injections had been performed with the consent of the patient.

In the CPT's view, if recourse is had to chemical restraint such as sedatives, antipsychotics, hypnotics and tranquillisers, it should be subject to appropriate safeguards. Most importantly, chemical restraint should never be applied without the prior authorisation by a doctor. The side-effects that such medication may have on a particular patient need to be constantly borne in mind, particularly when medication is used in combination with mechanical restraint. Further, patients subjected to mechanical restraint should never be medicated without consent, except in situations where they may be in danger of suffering serious health consequences if medication is not administered and then only with appropriate safeguards.

The Committee recommends that the Azerbaijani authorities take necessary measures to ensure that the above-mentioned principles are respected when deciding to administer chemical restraint to a patient. Further, a dedicated register on the use of chemical restraint should be created at all psychiatric establishments.

179. In this context, the CPT also wishes to stress that means of restraint should not be applied vis-à-vis formally voluntary patients. If it is deemed necessary to restrain a voluntary patient, the procedure for re-examination of his/her legal status should be initiated immediately. **The Committee recommends that this precept be effectively implemented in practice at *Mashtaga, Sheki and Ganja Psychiatric Hospitals* and, where applicable, in other psychiatric establishments in Azerbaijan.**

6. Safeguards

180. The legal provisions governing civil involuntary placement had not changed since the CPT's visit to Azerbaijan in 2011; they were described in detail the report following that visit.²⁹⁷ Unfortunately, despite the Committee's repeated recommendations, at the time of the 2016 visit there seemed to have been very little progress in ensuring the practical operation of the legal safeguards concerning civil involuntary placement provided by the law.

In particular, patients had usually not been present at the court hearing and had not been assisted by a lawyer, either at the stage of the initial placement decision or in the context of the periodic review of hospitalisation. Instead, patients continued to be represented by a relative or even a doctor from the hospital. They were not provided with a copy of the court decision and were not informed about the legal remedies available to challenge it. At *Ganja Psychiatric Hospital* the delegation again came upon a few cases where applications for placement of legally competent patients and consent forms had been signed by a relative.

Furthermore, it appeared that the periodic review of hospitalisation was still not carried out systematically. The delegation also noted that no independent external medical expert was involved in the involuntary psychiatric hospitalisation procedure.

²⁹⁷ See paragraphs 119 to 123 of CPT/Inf (2018) 9.

181. As already mentioned in paragraph 159 above, only eight of the 1,870 patients at *Mashtaga Psychiatric Hospital*, one of the 68 at *Sheki Psychiatric Hospital* and none of the 59 at *Ganja Psychiatric Hospital* were formally subjected to involuntary psychiatric hospitalisation. However, as became apparent from the interviews with the patients and the staff, a significant number of “voluntary” patients, kept in locked wards in all three establishments, appeared to be *de facto deprived of their liberty*; they stated that, although they had signed that they agreed to voluntary admission, they did not actually wish to remain in the establishments or receive treatment. The Committee must state with regret that the above-mentioned findings only confirm that its concerns raised in the previous reports²⁹⁸ had not been addressed by the authorities.

In the light of the above (and with reference to its reports on the visits to Azerbaijan in 2008, 2011 and 2013), **the CPT reiterates its recommendations and calls upon the Azerbaijani authorities to take urgent and effective steps to ensure that the provisions of the Law on Psychiatric Assistance on civil hospitalisation are fully implemented in practice. The Azerbaijani authorities must also ensure that proper information and training is given, as a matter of priority, to all structures and persons involved (in particular, psychiatrists, hospital management and judges) on the legal provisions pertaining to civil involuntary placement of patients in psychiatric hospitals in Azerbaijan.**

In particular, the following urgent steps should be taken:

- **persons admitted to psychiatric establishments should be provided with full, clear and accurate information, including on their right to consent or not to consent to hospitalisation, and on the possibility to withdraw their consent subsequently;**
- **patients whose admission to a psychiatric hospital on an involuntary basis is sought should always be heard in person by the competent judge before a decision on involuntary placement is taken; this safeguard should also apply when the placement is reviewed;**
- **patients concerned should receive a copy of any court decision on involuntary placement in a psychiatric hospital and be informed in writing about the reasons for the decision and the avenues/deadlines for lodging an appeal;**
- **involuntary psychiatric patients should have effective access to legal assistance (independent of the admitting hospital), if necessary free of charge.**

In addition, **the Committee recommends that the relevant legislation be amended so as to provide for a psychiatric opinion (independent of the hospital in which the patient is placed) in the context of the initiation and review of the measure of civil involuntary hospitalisation.**

Furthermore, **as regards more specifically *Mashtaga, Sheki and Ganja Psychiatric Hospitals*, the CPT recommends that the legal status of all patients currently considered as “voluntary” be urgently reviewed.**

²⁹⁸ See paragraph 77 of CPT/Inf (2009) 28, paragraph 120 of CPT/Inf (2018) 9 and paragraph 36 of CPT/Inf (2018) 31.

182. The legal framework governing compulsory treatment in the context of criminal proceedings has been described in previous visit reports and remains unchanged.²⁹⁹ It should be recalled that a decision on compulsory treatment must be made by a court on the basis of the conclusion of a commission of psychiatrists. The commission is composed of the Chief Psychiatrist of the Ministry of Health, the establishment's two psychiatrists and, if required, another invited external expert. The commission should examine the patient and review his/her case at least once every six months. The first court decision on prolongation of treatment shall intervene after six months of the start of treatment, and subsequent decisions shall be made annually.

As the delegation was informed at *Mashtaga Psychiatric Hospital*, the commission was composed of three psychiatrists (all from the above-mentioned establishment) and the Head of the Forensic Psychiatric Unit was acting as a rapporteur for the commission.

The CPT considers that commissioning, at reasonable intervals, in the context of the review of the measure of compulsory hospitalisation in a psychiatric establishment, a psychiatric expert opinion which is independent of the hospital in which the patient is held would offer an additional, important safeguard. This is of all the more relevance in respect of patients who have already spent lengthy periods of time in that hospital.

183. As regards consent to treatment, the Committee reiterates its concern regarding the legal provision in the Law on Psychiatric Assistance pursuant to which, in the case of involuntary hospitalisation, the treatment of psychiatric patients could be provided without the patient's informed consent.

The CPT calls upon the Azerbaijani authorities to amend the law so as to define clearly the exceptional circumstances in which treatment can be provided without the patient's consent and the safeguards surrounding the implementation of such treatment.

184. Turning to contact with the outside world, patients had adequate possibilities to receive visitors in the three hospitals. However, the delegation received many complaints that access to a telephone was extremely limited. **The CPT reiterates its recommendation that steps be taken to facilitate psychiatric patients' access to a telephone and under conditions allowing privacy, unless there is a lawful and reasoned doctor's order to the contrary.**

185. As regards inspections, the delegation noted that representatives from the Ombudsman's Office and from the NPM had been visiting the three psychiatric establishments. However, considering the CPT's findings in paragraphs 163 to 184 above, **the Committee reiterates its recommendation that psychiatric establishments in Azerbaijan be regularly visited – including on an unannounced basis – by bodies which are independent of the health-care authorities and adequately staffed, with a view to assessing the level of care provided to patients in such establishments.**³⁰⁰

²⁹⁹ See paragraph 124 of CPT/Inf (2018) 9.

³⁰⁰ See also paragraph 11 above.

D. Establishments under the authority of the Ministry of Labour and Social Protection

1. Preliminary remarks

186. The CPT's delegation carried out a follow-up visit to Psycho-neurological Social Care Institution No. 3 in Qırıqlı, Göygöl district (*Qırıqlı Social Care Institution*).³⁰¹

The establishment, previously visited by the CPT in 2011 and 2013,³⁰² had recently undergone yet another change of management.³⁰³ A new Director, a general practitioner by training, had been appointed in June 2015. With the official capacity of 135, at the time of the visit *Qırıqlı Social Care Institution* was accommodating 145 residents (all adult women aged from 18 to 85), most of them diagnosed with learning disabilities of different degrees.³⁰⁴ Residents were not able to freely leave the establishment.

The Director informed the delegation that in November 2014 a home for elderly people in Ganja had been closed for renovation and 32 of its residents with psycho-neurological issues had been temporarily transferred to *Qırıqlı Social Care Institution*.

187. The delegation gained the impression that many residents remained in the establishment due to a lack of appropriate care and support to reside in the community (e.g. small group homes). In Committee's view, this needs to be further strategically addressed by the authorities as a very high priority nationally and regionally, as part of the plan for de-institutionalisation, with the development of sheltered accommodation offering, whenever possible, voluntary residence. If properly implemented, this should improve the quality of life of service users and reduce the potential for institutional ill-treatment.

The CPT reiterates its call for Azerbaijani authorities to pursue their de-institutionalisation policy, reducing institutional capacities while increasing the possibilities for community care.³⁰⁵

³⁰¹ Known as *Psycho-neurological Boarding Home No.8* until February 2015 when a new statute was adopted by the Ministry of Labour and Social Protection.

³⁰² See paragraphs 128 to 155 of CPT/Inf (2018) 9 and paragraphs 43 to 69 of CPT/Inf (2018) 31.

³⁰³ The previous Director had been appointed just before the last CPT's visit, on 6 November 2013.

³⁰⁴ From 161 registered residents nine were on home leave and seven were transferred for treatment to *Mashtaga Psychiatric Hospital* (see paragraphs 159, 165 and 169 – 172 above).

³⁰⁵ This should also be seen in the context of the State's obligations stemming from the UN Convention on the Rights of Persons with Disabilities, ratified by Azerbaijan in January 2009.

2. Ill-treatment

188. Based on all the information gathered during the visit, including allegations heard from interviewed residents, the delegation concluded that, apart from some verbal rudeness by staff, residents at *Qırıqlı Social Care Institution* were at times physically ill-treated by staff, including by a member of the medical team (the Director's husband) and also by a senior member of the maintenance staff. The ill-treatment alleged consisted of slaps, pushing, kicking and blows with objects.³⁰⁶

The CPT recommends that management and staff at *Qırıqlı Social Care Institution* be regularly reminded that any form of ill-treatment of residents, whether verbal or physical, is totally unacceptable and will be punished accordingly. It is first and foremost the duty of the Director to prevent such ill-treatment.

189. As regards inter-resident violence, there were clearly frequent verbal altercations and physical assaults between residents; the delegation witnessed such physical assaults and observed a range of resultant injuries (e.g. scratches and bruises), including on the faces of highly vulnerable and disabled residents. This was particularly problematic on the establishment's fourth floor. There, the completely insufficient numbers of staff, the chaotic locked environment and the paucity of therapeutic approaches for the 52 highly disturbed and vulnerable residents, were resulting in a high risk of inter-resident violence.

The Committee wishes to reiterate that the authorities' obligation to care for residents includes responsibility for protecting them from other residents who might cause them harm. This means in particular that staff must be alert to residents' behaviour and be both resolved and properly trained to intervene when necessary. Likewise, an adequate staff presence should be ensured at all times, including at night and weekends. Further, appropriate arrangements should be made for particularly vulnerable residents, such as those who have motor disabilities or are bedridden, by taking care, for example, not to place them or leave them alone with residents identified as behaving in an aggressive manner.

The CPT calls upon the Azerbaijani authorities to take urgent steps to combat the phenomenon of inter-resident violence at *Qırıqlı Social Care Institution*. This requires not only an adequate staff presence and supervision at all times, but also that staff be properly trained in handling challenging situations/behaviour by residents (see also paragraph 192 below).

190. As already mentioned in paragraph 9 above, during the talks held in Baku with the authorities at the end of the visit in April 2016, the delegation invoked Article 8, paragraph 5, of the Convention and requested the Azerbaijani authorities to carry out a comprehensive independent inquiry into the manner in which *Qırıqlı Social Care Institution* was operated, including as concerns the ill-treatment of residents, the adequacy of care and safety of residents with such low staffing numbers, and the legal safeguards regarding placement in the Institution, and to inform the CPT within three months of the outcome of this inquiry and of the steps taken.

³⁰⁶ For example, a stick from the branch of a pomegranate tree.

Most regrettably, by the time when this report was adopted the authorities had not provided the Committee with above-mentioned information, which represents yet another failure to observe the principle of co-operation set out in the Convention.³⁰⁷ **The CPT calls upon the Azerbaijani authorities to provide this information without further delay, within one month at the very latest.**

3. Residents' living conditions

191. The delegation noted that the accommodation/administration block and the surrounding grounds had undergone some improvement since the last CPT's visit in 2013 (new windows had been fitted, communal rooms had been equipped with TV sets, computer rooms had been set up on each floor, the garden had been upgraded).

Unfortunately, the lift that had been broken for years had still not been repaired, thus significantly limiting access to the grounds for physically disabled residents.

The residents' rooms/dormitories accommodated from two to eight persons each and were not overcrowded (measuring from 10 to 32 m²). They had adequate lighting and ventilation and were, as a minimum, equipped with beds, cupboards and bedside tables. However, there was lack of individualisation in the rooms, which were rather austere and impersonal, and offered no lockable personal space. Furthermore, residents complained that dormitories were infested by mice (as was also witnessed by the delegation).

The central heating was out of order at the time of the visit and the rooms/dormitories (and the sanitary facilities) were rather cold. According to the Director, there had been a technical incident the day before the delegation's visit; residents, however, alleged that the heating system had not functioned for some time and it was very cold during winter. Residents were reportedly provided with heaters but were apparently only allowed to use them for short periods of time during the night.

In the light of the above, **the CPT calls upon the Azerbaijani authorities to take urgent steps at *Qırıqlı Social Care Institution* in order to:**

- **repair the lift so as to ensure that physically disabled residents, health permitting, have as much access as possible to outdoor exercise;**
- **carry out de-infestation of the premises (to be repeated on a regular basis);**
- **repair the central heating system in the accommodation block.**

In addition, **efforts should be made to offer more congenial and personalised surroundings for residents, in particular by providing them with lockable space and allowing a reasonable number of personal belongings.**

³⁰⁷ See paragraph 7 above.

4. Staff and care of residents

192. The clinical staff of the establishment consisted of one GP and one psychiatrist (both working half-time)³⁰⁸, four nursing staff (including a head nurse and a feldsher) and 23 female orderlies (“sanitars”). As regards other staff qualified to provide therapeutic activities, there were only two occupational therapists but no psychologist or social worker.

The delegation noted that the Head nurse and the feldsher were working 8-hour shifts during the day (from 9 a.m. to 5 p.m., weekdays only) and two other nurses were supposed to work 16-hour shifts at night (from 5 p.m. to 9 a.m.); orderlies were working 12-hour shifts (from 8 a.m. to 8 p.m.). At the time of the visit, reportedly, one of the nurses was on annual leave; however, no replacement had been organised. There were only orderlies present at the Institution during the weekends.

According to the Director, ward-based staff consisted of three orderlies on the 4th floor (with 52 highly disturbed and vulnerable residents) and two orderlies each on the 1st and 3rd floors (with 45 and 48 residents accordingly), supplemented by nurses on day and night duties.

The numbers of staff required to adequately care for the needy and highly dependent residents were thus clearly grossly insufficient. As a consequence, some residents took the role of attempting to control their co-residents, which is not acceptable. The very low staffing numbers also contributed to a greater risk of the inter-resident violence, as noted already in paragraph 189 above.

Furthermore, such a low number of qualified health care staff was insufficient to ensure the necessary close professional supervision of the orderlies.

The CPT calls upon the Azerbaijani authorities to take urgent steps to recruit sufficient numbers of qualified staff (i.e. nurses, psychologists, educators, and social workers) at *Qırıqlı Social Care Institution*, to provide appropriate care for the residents’ needs day and night. There should be nursing staff present at night and during the weekends.

Furthermore, steps should be taken to prevent residents from exercising *de facto* control over fellow residents.

193. With regard to therapeutic activities, the low levels of staffing meant that care was based upon containment, with very limited opportunities for any rehabilitative occupational or recreational activities. There were also no apparent educational activities and no individual written care and rehabilitation plans.

The CPT wishes to emphasise that the proper care of residents must include the drawing up of an individual care and rehabilitation plan for each resident, indicating its goals, the therapeutic means used and the social intervention needed, and the staff member responsible. These plans must be regularly reviewed and adapted according to an in-depth assessment of each resident’s physical and mental state. Without such a plan, staff will tend to focus too much on containment and control.

³⁰⁸ The GP had a sliding schedule, visiting the establishment “when needed”; the psychiatrist was coming every day for 2.5 hours.

The CPT reiterates its recommendation that a systematic and regular evaluation of the residents' individual needs be carried out at *Qırıqlı Social Care Institution* with a view to offering them adapted psycho-social rehabilitative activities, improving their quality of life, as well as offering them resocialisation programmes preparing those who have the potential to live in the community for discharge. An individual care and rehabilitation plan should be drawn up in respect of each resident, including its goals, the psychological therapy and the social intervention needed.

194. The delegation noted that, regrettably, residents did not have much opportunity to enjoy the garden of the establishment since access to outdoor exercise was limited to warmer summer months only. A number of residents told the delegation the last time they had been outside was the previous summer.

The CPT calls upon the Azerbaijani authorities to take measures to ensure that all residents benefit from unrestricted access to outdoor exercise during the day unless treatment activities require them to be present inside the building. In this respect, residents should be provided with appropriate clothes and shoes.

195. The examination of relevant documentation revealed that, as a rule, autopsies were not carried out following a death of a resident (this was also confirmed by the Director). In the CPT's view, just as is the case for other institutions in which persons may be deprived of their liberty by a public authority, when a resident at a social care institution dies unexpectedly, an autopsy should follow, unless a medical authority independent of the institution indicates that an autopsy is unnecessary.

The Committee recommends that this approach be adopted and rigorously applied at *Qırıqlı Social Care Institution* (and, as appropriate, in all other social care establishments in Azerbaijan). More generally, the CPT recommends that the authorities institute a practice of carrying out a thorough inquiry into every death of a resident, in particular with a view to ascertaining whether there are lessons to be learned as regards operating procedures.

5. Means of restraint

196. According to the law, seclusion and other means of restraint may not be applied in social care homes in Azerbaijan. In cases when such a measure is deemed necessary, residents must be transferred to a psychiatric facility.

Indeed, the delegation found no evidence of the use of seclusion or mechanical restraint at *Qırıqlı Social Care Institution*. However, the delegation heard some residents allege that they had been threatened by the doctor with injections; further, a few residents spoke of having undergone a 10-day course of chemical restraint.

If chemical restraint were indeed to be used (something that would seem to be contrary to the law), the precepts enumerated in paragraph 178 above would have to apply. Needless to add, to use chemical restraint as a form of punishment would be totally unacceptable.

6. Safeguards

197. The legal framework concerning the placement of a learning disabled person in a social care institution has been described in previous visit reports and remained unchanged.³⁰⁹ To recall, such a placement requires a medical examination by medical experts and the issuance of a certified diagnosis, following which the relevant medico-social assessment centre makes an assessment of the disability status to be granted. The most severe disability status implies a placement of the person concerned in a social care home. Such placement is reviewed on an annual basis by the relevant medico-social expertise centre.

The examination of residents' personal files (which were very poorly kept) revealed that the initial placement procedure was not applied in practice, and the review of placement was not carried out. In short, as already seen in 2011 and 2013,³¹⁰ the law was not implemented. This is most regrettable.

The Committee would like to assert strongly that *ex officio* placement by the public authorities³¹¹ in social care institutions should always be surrounded by appropriate safeguards. In particular, the procedure by which *ex officio* placement is decided should offer guarantees of independence and impartiality as well as being based on objective medical, psycho-social and educational expertise. The CPT considers that persons involuntarily placed in an institution must have the right to bring proceedings by which the lawfulness of their placement is speedily decided by a court. It is also crucial that the need for placement be regularly reviewed and that this review afford the same guarantees as those surrounding the placement procedure.³¹²

The Committee calls upon the Azerbaijani authorities to take urgent steps to ensure that the procedure for placement of persons with learning disabilities in social care institutions complies with the above requirements.

In particular, such persons and/or their guardians should have the effective right to apply to a court for a prompt ruling on the legality of their placement and enjoy appropriate legal safeguards (i.e. access to a lawyer, right to be heard by a judge, etc.).

Further, in addition to an annual review of placement by the relevant medico-social expertise centre, residents and/or their guardians should be able to request at reasonable intervals that the necessity for continued placement be considered by a judicial authority.

198. As regards contact with the outside world, there appeared to be no restrictions on visits. Access to a telephone, however, was extremely limited. Residents were not allowed to keep and use their mobile phones and the delegation received complaints that they could not use the landline in the staff office. **The CPT reiterates its recommendation to facilitate residents' access to a telephone under conditions allowing privacy, unless there is a lawful and reasoned doctor's order to the contrary.**

³⁰⁹ See paragraph 65 of CPT/Inf (2018) 31.

³¹⁰ See paragraphs 148 to 150 of CPT/Inf (2018) 9 and paragraph 65 of CPT/Inf (2018) 31.

³¹¹ Or placement decisions by public authorities following a formal request by a family member or legal representative.

³¹² Reference is also made to Article 5 of the European Convention on Human Rights in this respect.

199. There was still no formal complaints system in place at the establishment. Written information on the routine and residents' rights, as well as complaints bodies and procedures, was also absent. **The Committee reiterates its recommendation that such a formal complaints system be set up at *Qırıqlı Social Care Institution* and, as appropriate, in all other social care establishments in Azerbaijan. Further, the above-mentioned information brochure should be drawn up and systematically provided to residents and their families on admission to all social care establishments in Azerbaijan. Any residents unable to understand this brochure should receive appropriate assistance.**

200. As regards inspections, the delegation noted that representatives from the Ombudsman's Office and from the NPM had been visiting the social care establishment. Inspections were also being carried out by the Ministry of Labour and Social Protection.

Nevertheless, considering the delegation's findings and the above remarks, **the CPT recommends that the Azerbaijani authorities take measures to ensure that *Qırıqlı Social Care Institution* and, as appropriate, other social care homes in Azerbaijan, are regularly visited – including on an unannounced basis – by bodies which are independent of the social care authorities and adequately staffed, with a view to assessing the level of care provided to residents in such establishments.**³¹³

³¹³ As provided for in Article 16 (3) of the UN Convention on the Rights of Persons with Disabilities. See also paragraph 11 above.

APPENDIX

**LIST OF THE NATIONAL AUTHORITIES
WITH WHICH THE CPT'S DELEGATION HELD CONSULTATIONS**

Ministry of Justice

Fikrat MAMMADOV
Faig GURBANOV

Minister
Head of Human Rights and Public Relations
Department

Ministry of Internal Affairs

Oruj ZALOV

Deputy Minister

Ministry of Health

Oktay SHIRALIYEV
Nigar ALIYEVA
Samir ABDULLAYEV

Minister
Deputy Minister
Head of the International Relations
Department
Chief Psychiatrist
Head of Health Services Department

Geray GERAYBEYLI
Gulmirza POLADOV

Ministry of Labour and Social Protection

Salim MÜSLÜMOV

Minister

Prosecutor General's Office

Rüstam USUBOV

First Deputy Prosecutor General

Office of the Human Rights Commissioner

Elmira SÜLEYMANOVA

Human Rights Commissioner