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**REPORT**

**TO THE ARMENIAN GOVERNMENT ON THE VISIT  
TO ARMENIA CARRIED OUT BY THE EUROPEAN COMMITTEE  
FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING  
TREATMENT OR PUNISHMENT  
(CPT)**

**FROM 10 TO 21 MAY 2010**

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Adopted on 12 November 2010

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**Copy of the letter transmitting the CPT's report**

Mr Nikolay ARUSTAMYAN  
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Ministry of Justice  
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ARMENIA

Strasbourg, 1 December 2010

Dear Mr Arustamyan,

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 Armenian Government drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) after its visit to Armenia from 10 to 21 May 2010. The report was adopted by the CPT at its 73<sup>rd</sup> meeting, held from 8 to 12 November 2010.

The various recommendations, comments and requests for information formulated by the CPT are listed in Appendix I. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the Armenian 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 Armenian authorities to provide, in the response requested within six months, reactions to the comments formulated in this report as well as replies to the requests for information made.

As regards the information requested in paragraph 110, the CPT asks that it be provided **within one month**.

The CPT would ask, in the event of the responses being forwarded in Armenian, that they be accompanied by an English or French translation. It would be most helpful if the Armenian authorities could provide a copy of the response in a computer-readable form.

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

Yours sincerely,

Mauro PALMA  
President of the European Committee for  
the Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment

## 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 Armenia from 10 to 21 May 2010. The visit formed part of the Committee’s programme of periodic visits for 2010. It was the CPT’s third periodic visit to Armenia.<sup>1</sup>

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

- Mauro PALMA, President of the Committee (Head of delegation)
- Ivan JANKOVIĆ
- Isolde KIEBER
- Marzena KSEL
- George TUGUSHI

who were supported by Johan FRIESTEDT and Stephanie MEGIES of the CPT’s Secretariat.

They were assisted by:

- Paul BUSCHINI, Director of Operations, Garda Síochána Ombudsman Commission, Dublin, Ireland, and former Detective Superintendent in the Lancashire Constabulary, United Kingdom (expert)
- Clive MEUX, consultant forensic psychiatrist, Oxford, United Kingdom (expert)
- Aram BAYANDURYAN (interpreter)
- Anahit BOBIKYAN (interpreter)
- Gevork GEVORKYAN (interpreter)
- Vahe MKRTCHYAN (interpreter)
- Levon SHAHZADEYAN (interpreter).

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<sup>1</sup> The reports on the two previous periodic visits, in 2002 and 2006, as well as the reports on two ad hoc visits carried out by the CPT to Armenia, in 2004 and 2008, have been made public at the request of the Armenian authorities, together with their responses (see CPT/Inf (2004) 25, CPT/Inf (2004) 26, CPT/Inf (2004) 27, CPT/Inf (2006) 38, CPT/Inf (2006) 39, CPT/Inf (2007) 47 and CPT/Inf (2007) 48, CPT/Inf (2010) 7 and CPT/Inf (2010) 8).

**B. Establishments visited**

3. The delegation visited the following places:

Police establishments

- Detention Facility of Yerevan City Police Department
- Kentron District Police Division, Yerevan
- Nor Nork District Police Division, Yerevan
- Shengavit District Police Division, Yerevan
- Abovyan Police Division
- Armavir Police Division
- Charentsavan Police Division
- Echmiatzin Police Division
- Gavar Police Division
- Martuni Police Division
- Sevan Police Division
- Vardenis Police Division

Military establishments

- Isolator of the Military Police Headquarters, Yerevan
- Disciplinary Isolator of Yerevan Military Police Division
- Hrazdan Military Disciplinary Battalion (solitary confinement cells)
- Disciplinary Isolator of Sevan Military Police Division, Martuni

National Security Service establishments

- Detention Facility of the National Security Service Headquarters, Yerevan

Prison Service establishments

- Kosh Prison
- Nubarashen Prison
- Prison Hospital (psychiatric ward)
- Vardashen Prison

The delegation also examined the situation of life-sentenced prisoners at Yerevan-Kentron Prison.

Psychiatric establishments

- Nubarashen Republican Psychiatric Hospital (Secure Unit)
- Yerevan Nork Centre of Mental Health

Social care homes

- Vardenis Nursing Home (“Internat”).

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

4. During the visit, the CPT's delegation held consultations with Gevork DANIELYAN, Minister of Justice, Nikolay ARUSTAMYAN, Deputy Minister of Justice, Hunan POGHOSYAN, First Deputy Head of the Police Service, Artur OSIKYAN, Deputy Head of the Police Service, Aleksandr GHUKASYAN, Deputy Minister of Health, Ara NAZARYAN, Deputy Minister of Defence, as well as with other senior Government officials. It also had a meeting with Aghvan HOVSEPYAN, Prosecutor General, and Andranik MIRZOYAN, Head of the Special Investigation Service. Further, it met Armen HARUTYUNYAN, Human Rights Defender.

Discussions were also held with representatives of international and non-governmental organisations active in areas of concern to the CPT.

A list of the governmental authorities, other authorities and international and non-governmental organisations with which the delegation held consultations is set out in Appendix II to this report.

5. The co-operation provided to the CPT's delegation, both from the national authorities and from staff at the establishments visited, was generally of a very good level. On the whole, the delegation enjoyed rapid access to the places visited (including ones not notified in advance) and was able to speak in private with persons deprived of their liberty, in compliance with the provisions of the Convention. Further, the delegation was generally provided with the necessary documentation and additional requests for information made during the visit were promptly met.

There were, however, several exceptions to the above-mentioned very good co-operation. The delegation was provided with an incomplete list of establishments; in particular, district police divisions in Yerevan were not included in it, although, by law, persons can be held in such establishments for up to three hours (and de facto are occasionally held in them for much longer periods). The CPT trusts that future delegations of the Committee will be provided with 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.

Further, the delegation encountered certain difficulties when it went for a second time to Kentron District Police Division in Yerevan; it gained access to that establishment only after a delay of some 20 minutes and could not obtain all the information and documentation requested. Such a situation is clearly in contradiction with the principle of co-operation laid down in Article 3 and, in particular, with Article 8, paragraph 2 (c) and (d) of the Convention. The CPT urges the Armenian authorities to ensure that difficulties of this type are not encountered in future.



6. As emphasised by the CPT in the report on the visit in 2006, the principle of co-operation set out in Article 3 of the Convention 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 Committee's recommendations. By contrast, persistent failure to take action upon the CPT's recommendations could be considered as raising an issue under Article 10, paragraph 2, of the Convention.<sup>2</sup>

In this respect, the CPT is concerned that a number of positive developments have been overshadowed by little or no progress in several key areas. For instance, the Committee noted that material conditions of detention in police establishments had been further improved; however, the treatment of persons detained by the police had remained a serious problem. Further, whereas there appeared to be a change for the better in the attitude of prison staff towards inmates sentenced to life imprisonment, conditions of detention of the general prison population continued to be a matter of grave concern. As regards psychiatric establishments, the CPT noted that shutters attached to dormitory windows in the Prison Hospital's psychiatric ward and Nubarashen Psychiatric Hospital's Secure Unit had been removed, guard dogs were no longer deployed in the courtyard of Nubarashen Psychiatric Hospital's Secure Unit and new regulations on the use of restraints had been adopted; that said, almost no improvements were observed with respect to the provision of psychiatric care and the implementation of legal safeguards for involuntary hospitalisation of civil psychiatric patients. **The CPT calls upon the Armenian authorities to take effective steps, on the basis of detailed action plans, to improve the situation in the light of the Committee's recommendations, in accordance with the principle of co-operation which lies at the heart of the Convention.**

7. At the end of its visit, the CPT's delegation met representatives of the Armenian authorities in order to acquaint them with the main facts found during the visit. On this occasion, the delegation expressed concern with regard to the situation of two prisoners sentenced to life imprisonment held in cells Nos. 18 and 21 at Yerevan-Kentron Prison. The delegation requested to be provided, within two months, with (i) the results of a detailed independent psychiatric assessment of the prisoners concerned and (ii) a report on steps taken to improve the material conditions of detention and the regime of those prisoners.

The above-mentioned requests were subsequently confirmed in a letter of 3 June 2010 from the President of the CPT. By letter of 6 September 2010 and in a communication of 9 September 2010, the Armenian authorities informed the Committee of measures taken in response to those requests and provided other comments in reply to the delegation's preliminary observations. This information will be considered later in the report.

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<sup>2</sup> Pursuant to Article 10, paragraph 2, of the Convention, "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".

**D. Development of a National Preventive Mechanism**

8. The CPT notes that steps have been taken to set up a National Preventive Mechanism (NPM), in order to comply with Armenia's obligations under the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. In 2008, this task was assigned to the Office of the Human Rights Defender. At the time of the 2010 visit, action was being taken to involve representatives of civil society in the work of the NPM, in particular through the establishment of a Council for the Prevention of Torture. **The CPT would like to receive up-to-date information on this matter.**

## II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

### A. Police establishments

#### 1. Preliminary remarks

9. It should be recalled that a criminal suspect may be held in police custody for up to 72 hours following de facto deprivation of liberty,<sup>3</sup> within which time he must be brought before a judge deciding on the application of the measure of remand in custody, other procedural preventive measures or release. The protocol of detention should be drawn up within three hours of the moment the person concerned has been taken to the “body of inquiry”, investigator or prosecutor.<sup>4</sup>

During the 2010 visit, the CPT’s delegation found that the time-limit of 72 hours was generally respected. The usual practice described by police staff interviewed was for an apprehended person to be taken first of all to offices for questioning by operational officers, the protocol of detention being drafted at a later stage.<sup>5</sup> The delegation came across many instances where the period of deprivation of liberty preceding the drawing-up of the protocol of detention considerably exceeded three hours (i.e. up to some 70 hours following apprehension). It became apparent that this period of time was frequently used to elicit confessions and/or collect evidence before the apprehended person was formally declared a criminal suspect and informed of his or her rights. This practice entails a heightened risk of ill-treatment. **The CPT calls upon the Armenian authorities to take steps to ensure that the protocol of detention is drawn up without delay following apprehension. Further, measures should be taken to ensure that protocols of detention refer to the time of apprehension and of admission to a police establishment (in addition to the time of the commencement of drawing up the protocol of detention).**

10. According to Armenian legislation, persons remanded in custody should not be held in police detention facilities for more than three days, except in event of objective transport difficulties.<sup>6</sup> It appeared during the 2010 visit that most persons remanded in custody were transferred to a prison establishment within three days. That said, the delegation spoke to a few persons who had been detained on police premises for up to two weeks. The CPT must emphasise that, in the interests of the prevention of ill-treatment, the sooner a criminal suspect passes into the hands of a custodial authority which is functionally and institutionally separate from the police, the better. **The Committee recommends that the Armenian authorities ensure that persons remanded in custody are promptly transferred to a prison establishment. In the CPT’s view, any further police questioning which may be necessary should as far as possible be carried out in prison** (as regards police questioning, see the recommendations made in paragraph 18).

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<sup>3</sup> See, in particular, Section 11 (3) and Section 138 of the Code of Criminal Procedure.

<sup>4</sup> See Section 131<sup>1</sup> of the Code of Criminal Procedure.

<sup>5</sup> In their letter of 6 September 2010, the Armenian authorities referred to the possibility offered to police officers to take “explanations” from apprehended persons or to subject them to an “operative inquiry” before a protocol of detention is drawn up.

<sup>6</sup> See Section 137 (4) of the Code of Criminal Procedure and Section 6 of the Law on the Treatment of Arrestees and Detainees.

11. In the course of the visit, the delegation received many allegations of police officers asking detained persons (or their relatives) for money in exchange for arranging their release. Further, there was a widespread perception among the detained persons interviewed by the delegation that a number of benefits could be obtained through bribes; this is in itself a matter of concern. **The CPT recommends that the Armenian authorities deliver to all police officers, including through ongoing training, the clear message that those having abused their position in order to obtain money from persons deprived of their liberty or their relatives will be the subject of criminal proceedings. More generally, reference is made in this respect to the recommendations made by the Council of Europe's Group of States against Corruption (GRECO).**<sup>7</sup>

## 2. Torture and other forms of ill-treatment

12. During the 2010 visit, the delegation heard a significant number of credible and consistent allegations of recent physical ill-treatment of detained persons by police operational staff and, occasionally, by senior officers, at the time of initial interviews (i.e. before a protocol of detention was drawn up).<sup>8</sup> The alleged ill-treatment mainly consisted of punches, kicks and blows inflicted with truncheons, bottles filled with water or wooden bats, with a view to securing confessions or obtaining other information. In several instances, the severity of the ill-treatment alleged was such that it could be considered as amounting to torture (e.g. extensive beating; infliction of electric shocks with stun batons; blows to the soles of the feet). Further, many persons, including persons interviewed by the police as witnesses, alleged that they had been subjected to oppressive interviewing methods (e.g. sustained questioning by as many as eight interviewers; threats of being physically ill-treated or executed, or of repercussions for family members) in order to compel them to make statements or to act as police informants. Most of the persons who indicated that they had not been ill-treated during such interviews generally attributed this to the fact that they had been apprehended in the act of committing an offence or had immediately signed the statements expected from them by police officers.

The delegation also received some allegations of excessive use of force at the time of apprehension during a large-scale police operation carried out on 17 April 2010 in the Nor Nork district of Yerevan. The operation, which led to the apprehension of some 50 persons, was carried out by several police forces, including masked police officers who apparently had neither identification numbers nor insignia on their uniforms.<sup>9</sup> In another case, one person interviewed by the delegation had allegedly lost consciousness during apprehension as a result of the application of an electric stun baton.

On a positive note, no allegations of ill-treatment were received as regards custodial staff working in police detention facilities.

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<sup>7</sup> See GRECO Evaluation and Compliance Reports on Armenia ([www.coe.int/t/dghl/monitoring/greco](http://www.coe.int/t/dghl/monitoring/greco)).

<sup>8</sup> Note should be taken that the persons interviewed agreed to share their experiences while at the hands of the police on the condition that their names would not be disclosed.

<sup>9</sup> The operation involved police officers from the Yerevan City Police Department and Nor Nork District Police Division, the Police Patrol and Protection Department (the so-called "Red Berets") and the Anti-Organised Crime Police Department. The delegation learned that officers from the Anti-Organised Crime Police Department may wear masks during such interventions.

13. The case of Vahan KHALAFYAN, who died in police custody on 13 April 2010, is illustrative of the problem of ill-treatment; it had received extensive media coverage in Armenia. At the time of the visit, the evidence gathered during the preliminary investigation into this case already clearly indicated that Mr Khalafyan had been held at Charentsavan Police Division for some seven hours without a protocol of detention being drawn up, and that he had been subjected to severe beatings during questioning by four police officers, including the Head of the Criminal Investigation Unit. Mr Khalafyan reportedly took a knife from the wardrobe next to where he was sitting and stabbed himself twice in the lower stomach. The post-mortem examination established that he had died from these injuries but also revealed numerous other injuries which were consistent with an assault upon him prior to the fatal stab wounds being inflicted (i.e. bruises on the scalp on the top of the head, with corresponding evidence of bleeding to the brain, as well as inside the mouth, on the lower jaw, behind the right knee, on the right shin and on the front of the right ankle).<sup>10</sup>

14. Police staff interviewed (including operational officers) fully acknowledged that ill-treating persons in their custody is unacceptable from both the legal and professional points of view. That said, senior police officials met by the delegation indicated that police misconduct continued to be a problem and that they were making efforts to overcome it and increase public confidence in the police. In the CPT's view, the primary responsibility for bringing about change on this issue and enhancing public trust rests with the police leadership, who should promote a culture within the Police Service where the right thing to do is to report ill-treatment by colleagues. **The Committee calls upon the Armenian authorities to deliver a firm message of "zero tolerance" of ill-treatment, at regular intervals, to all police officers, through the adoption of a statement from the highest level. As part of this message, it should be made clear that any police officer committing, aiding and abetting or tolerating ill-treatment, in any form, will be severely punished. Further, police staff should be reminded that no more force than is strictly necessary should be used when effecting an apprehension and that, once apprehended persons have been brought under control, there can never be any justification for striking them. At the same time, action to treat persons in custody humanely should be positively recognised.**

15. It appeared that, following the 2008 events,<sup>11</sup> the Police Service had engaged upon a multi-faceted strategy to address the problem of ill-treatment. In particular, legislative amendments were adopted in 2009 in order to improve the reporting mechanism for the use of force and "special means" (including electric stun devices). A police officer who has used force, "special means" or firearms must report this without delay to a higher police authority and any instances of injury or death must be immediately reported to the prosecuting and health-care authorities.<sup>12</sup> Further, the delegation was informed that stringent criteria for the use of force and "special means" were being developed, in the light of international standards. **The CPT would like to receive, in due course, a copy of the relevant legal provisions or instructions.**

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<sup>10</sup> See also paragraph 22. Note should be taken in this regard that, shortly after a preliminary investigation into this case was initiated, the Head of the Police Service indicated to the media that Mr Khalafyan was not ill-treated by the police. He later stated that he had been misled by his staff.

<sup>11</sup> In the aftermath of the 2008 presidential election, a police operation took place on 1 March 2008 with a view to dispersing opposition rallies in Yerevan. Dozens of persons were arrested in the course of and following that operation, hundreds were injured and a number of persons died. For more details, see the CPT's report on the 2008 visit and the Government's response (documents CPT/Inf (2010) 7 and CPT/Inf (2010) 8).

<sup>12</sup> See Section 29 of the Police Act, as amended in April 2009.

16. The “special means” at the disposal of police officers in the establishments visited included electric stun batons. In this context, the CPT is concerned by the wide range of situations in which the use of these weapons is authorised. For instance, recourse to such weapons for the sole purpose of securing compliance with an order is unacceptable.<sup>13</sup> Further, the delegation’s findings from the visit suggest that appropriate supervision of their use was seriously lacking. The Committee must stress that electric stun devices can cause acute pain and lend themselves to misuse. Recourse to such weapons should be limited to situations where there is a real and immediate threat to life or risk of serious injury. Police officers to whom stun devices are to be issued should be specifically selected and suitably trained,<sup>14</sup> and they should receive detailed instructions concerning the use of these weapons. It is also essential that the legal reporting obligations contained in the Police Act do not amount simply to a formality but lead instead to close monitoring of the use of stun devices by the competent police, prosecuting and health-care authorities. **The CPT recommends that the use of electric stun devices be reviewed, in the light of the above remarks.<sup>15</sup> The relevant laws and regulations should be amended accordingly.**

Further, **the Committee would like to receive, for the years 2009 and 2010, the following information:**

**(i) the number of recorded instances of recourse to “special means”, in particular electric stun devices, by police officers;**

**(ii) the number of injuries and deaths reported to the competent authorities following recourse to such means.**

17. In the report on the 2008 visit, the CPT expressed the view that only exceptional circumstances can justify measures to conceal the identity of police officials while carrying out their duties. Where such measures are applied, appropriate safeguards must be in place in order to ensure that the officials concerned can subsequently be held accountable for their actions (e.g. by means of a clearly visible number on the uniform). In the course of the 2010 visit, the delegation was informed that, in order to increase supervision of police activities during high-risk operations and ensure better identification of individual police officers wearing masks, new uniforms for members of special police forces, with identification numbers, were being designed at the time of the visit. **The Committee would like to receive detailed information on this subject, including on the special police forces to which these uniforms will be issued.**

18. According to information provided to the delegation, a police reform programme for the years 2010-2011 has been drawn up. It includes steps aimed at developing more advanced crime investigation methods and reviewing initial and in-service training. Indeed, the delegation’s findings from the 2010 visit indicate that enhanced training of police operational officers and investigators and a review of procedures and arrangements for police interviews of suspects are called for.

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<sup>13</sup> Pursuant to Section 31 of the Police Act, electric stun devices may be used “to overcome disobedience or to prevent resistance to police officers or persons assisting the police in maintaining public order and combating crime while performing their public or official duties”.

<sup>14</sup> Training should include information on the circumstances under which it is inappropriate to use them for medical reasons as well as on emergency care.

<sup>15</sup> See also paragraphs 65-84 of the 20<sup>th</sup> General Report on the CPT’s activities.

In the CPT's view, professional training for police operational officers and investigators should place particular emphasis on a physical evidence-based approach, thereby reducing reliance on information and confessions obtained through questioning for the purpose of securing convictions. In particular, improved initial and in-service training should be given on the seizure, retention, packaging, handling and evaluation of forensic exhibits and continuity issues pertaining thereto. Further, investment should be made to ensure ready access to up-to-date scientific tools, such as DNA technology and automated fingerprint identification systems. **The Committee recommends that these considerations be fully taken into account when implementing future police reform projects.**

In parallel, specific training in advanced, recognised and acceptable interviewing techniques should be regularly provided to the police officers concerned. The facility to research the background of a person (including previous contact with the police and relevant history) should be made available to the police officers prior to questioning. Further, as a rule, police interviews should be conducted by one or two interviewers, in rooms specifically equipped and designed for the purpose. A system of ongoing monitoring of police interviewing standards and procedures should also be implemented; this would require an accurate recording of police interviews which, if possible, should be conducted with electronic (i.e. audio and/or preferably video) recording equipment. It should also be required that a record be systematically kept of the time at which interviews start and end, of any request made by a detainee during an interview, and of the persons present during each interview. **The CPT recommends that measures be taken to review training, procedures and arrangements for police interviews, in the light of the preceding remarks.**

19. It appeared during the 2010 visit that action was being taken to establish more effective internal and external complaints mechanisms aimed at fostering police ethics and discipline. According to senior police officials met by the delegation, the setting-up of a Police Public Council and phone hotlines aimed at facilitating prompt reporting of cases of police misconduct resulted in an increase in the number of complaints of police ill-treatment received by the Police Service (from 131 in 2008 to 245 in 2009) and in the number of officers subjected to disciplinary sanctions (from 16 in 2008 to 51 in 2009). However, it is noteworthy that, following these complaints/sanctions, only two police officers had been sentenced to imprisonment in 2008 and one police officer in 2009.<sup>16</sup>

Further, the Armenian authorities were taking steps to establish an external complaints commission empowered to examine cases of abuse by public officials<sup>17</sup> and to make recommendations for disciplinary action to the competent authorities. A Council of Europe expert opinion on the draft regulation was submitted to the Armenian authorities in April 2010. **The CPT trusts that the Council of Europe expert opinion will be taken into account when setting up this new mechanism and that determined action, including through appropriate funding, will be taken to ensure that it is, and is seen to be, independent and impartial. Given that police misconduct may entail elements of both disciplinary and criminal offences, close co-operation with bodies in charge of criminal investigations should be encouraged.**

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<sup>16</sup> See, in this connection, Section II.A.3 as regards criminal investigations.

<sup>17</sup> Including police, National Security Service and prison staff.

### 3. Investigations into cases possibly involving ill-treatment by the police

20. If police ill-treatment remains unchallenged by the criminal justice system, such conduct can easily become an accepted feature of police practice. It is therefore crucial that the authorities responsible for the carrying out of preliminary investigations and criminal proceedings take effective action when any information indicative of possible ill-treatment comes to light.

The criteria which an investigation into cases of alleged ill-treatment 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 were already highlighted in the report on the visit in 2008.<sup>18</sup> In particular, the investigation should be *thorough*, it should be conducted in a *prompt* and *expeditious* manner, and the bodies responsible for carrying out the investigation should be *independent* of those implicated in the events. Genuine endeavours by the competent authorities to meet these requirements and uphold the rule of law will have an important dissuasive effect on those minded to ill-treat persons deprived of their liberty.

21. In late 2007, a separate agency specialised in the investigation of cases possibly involving abuses by public officials, the Special Investigation Service (SIS), was established.<sup>19</sup> At the time of the 2010 visit, the SIS seemed to be reasonably staffed and could access personnel from other agencies to work under its direction.<sup>20</sup> The visit provided an opportunity to examine the manner in which certain investigations into cases involving allegations of ill-treatment of persons in police custody were carried out by the SIS. In the following paragraphs, two cases will be described.

22. Reference has already been made to the alleged ill-treatment and death in custody of Vahan Khalafyan (see paragraph 13). Shortly after his death, a post-mortem examination of the body was carried out, in the presence of a relative, and SIS staff had examined the relevant custody records and documentation of Charentsavan Police Division. Further, potential witnesses (e.g. other persons apprehended on 13 April, police officers on duty during that day) as well as possible suspects (e.g. operational officers who had apprehended and/or questioned him) were promptly interviewed. It is noteworthy that those witnesses and suspects with whom the delegation spoke made a positive assessment of the behaviour of SIS staff in the conduct of the interviews. It appeared that particular attention was paid during the preliminary investigation to possible ill-treatment of other persons deprived of their liberty who had been at Charentsavan Police Division on that day. Moreover, the SIS took action to collect forensic evidence.

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<sup>18</sup> See paragraph 21 of CPT/Inf (2010) 7. See also paragraphs 25-42 of the 14<sup>th</sup> General Report on the CPT’s activities.

<sup>19</sup> The Law instituting the SIS entered into force on 1 December 2007. The Head of the SIS is appointed by the President of the Republic, upon recommendation of the Prosecutor General. Together with a deputy appointed by him, he manages a team of 25 special investigators.

<sup>20</sup> All special investigators’ posts were filled at the time of the visit. Further, the SIS can be supported by the internal security services of the various law enforcement agencies (in such cases, the usual practice as described to the delegation is to ask support from the internal security service of one particular law enforcement agency to investigate into alleged offences committed by members of another agency).



All these steps permitted the SIS to gather evidence that Vahan Khalafyan had been assaulted by police staff during questioning. At this stage of the investigation, it was also established that he subsequently committed suicide (or at least intended to inflict serious injuries on himself) with a knife found in the office where he was questioned. Within two weeks following the death of Mr Khalafyan, four criminal suspects had been identified among police staff and two of them had been remanded in custody, including the then Head of the Criminal Investigation Unit at Charentsavan Police Division. The latter was charged under Section 309 (1), (2) and (3) of the Criminal Code for having exceeded his official powers with recourse to violence leading to serious consequences.<sup>21</sup>

The emphasis on transparency during the preliminary investigation process should also be placed on record; the SIS made regular statements to the press to inform the public of the status of the ongoing investigation.

Consequently, the delegation reached the conclusion that the action taken by the SIS at that stage of its preliminary investigation was prompt, expeditious and thorough given the resource limitations and the difficulties typically encountered in investigations of this type. The SIS senior investigator responsible for this case had been methodical, and had a clear and unequivocal stance on the accountability of his role. It also appeared that all realistic lines of inquiry had been explored. The manner in which this preliminary investigation was carried out should serve as a good example for other cases of alleged police ill-treatment regardless of whether they attract media attention. **The Committee would like to receive detailed information on the outcome of this case.**

23. As regards investigations into allegations of ill-treatment in the context of the March 2008 events, the delegation's assessment of the action taken by the SIS is less positive. The case of Kristapor ELAZYAN, who was allegedly beaten by law enforcement officials on 5 and 6 March 2008, deserves specific mention in this respect. In the report on the 2008 visit, the CPT made a specific recommendation to the Armenian authorities to carry out an effective investigation into this case.<sup>22</sup>

It should be recalled that Mr Elazyan was summoned to Marash District Police Division in Yerevan on 4 March 2008 for having reportedly hit a police officer in the course of the events of 1 March. It appeared from the examination of the case-file that a forensic medical examination of Mr Elazyan was carried out on 26 March 2008, at the specific request of his lawyer. On examination, the forensic doctor concluded that the one-centimetre-long scar on the right eyebrow observed on Mr Elazyan possibly resulted from a blow inflicted by a blunt, hard object on 5-6 March 2008. Reference should also be made to a medical certificate drawn up on his admission to Vardashen Prison on 10 March 2008, which indicated that the injury in question had possibly been sustained four days previously (i.e. on 6 March 2008).

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<sup>21</sup> Such offences are punishable by imprisonment of up to 10 years, one of the most severe punishments in cases of police ill-treatment. The other three officers were charged under Section 308 (1) of the Criminal Code (abuse of official authority). It should also be noted that, within the framework of a Police Service internal inquiry, six police officers, including the four staff members charged with criminal offences and the Head of Charentsavan Police Division, received disciplinary sanctions.

<sup>22</sup> See paragraphs 13 and 14 of document CPT (2010) 37.

Despite this medical evidence, the SIS considered that the injury in question had been sustained in the course of the events of 1 March 2008 and that there was no reason to initiate criminal proceedings. To reach that conclusion, it relied heavily on police reports, in particular a statement dated 6 March 2008 according to which Mr Elazyan indicated during examination by health-care staff at the Detention Facility of Yerevan City Police Department that the injury observed on the right eyebrow had been sustained before his arrival at the police station; this statement was signed by two police officers, the police feldsher who carried out the examination and Mr Elazyan himself. Such a statement clearly suggests that police officers were present during the medical examination of Mr Elazyan, which calls into question the reliability of the statement made by the person concerned.<sup>23</sup>

It also emerged from the examination of the case-file that, according to Mr Elazyan, the alleged ill-treatment had taken place on the premises of the SIS, in the presence and even with the involvement of SIS staff. Since the investigation into the alleged ill-treatment was conducted by the SIS, the person responsible for the investigation cannot be seen as independent from those possibly implicated in the events.

In short, the delegation's examination of this case revealed shortcomings in the manner in which the preliminary investigation was conducted, in particular: failure to give due weight to forensic medical findings consistent with allegations of ill-treatment and failure to observe the basic requirement of independence. **The CPT recommends that this investigation be re-opened.**

24. In the report on its 2008 visit, the CPT recommended that the investigations into the events of 1 March 2008 be conducted in accordance with the criteria of an effective investigation.<sup>24</sup> However, according to senior police officials met at the outset of the 2010 visit, the SIS investigations had relied on the results obtained by the police internal security service. Two junior-rank and two middle-rank police officers were sentenced to imprisonment (on account of abuse of official authority), but none of them served prison sentences as a result of a general amnesty (which concerned first-time offenders over a period of 10 months in 2008).<sup>25</sup> **The Committee would like to receive the remarks of the Armenian authorities on this subject.**

25. More generally, the CPT's delegation gained the impression that the SIS had faced and was still facing a lack of confidence in its oversight of the activities of law enforcement agencies. More specifically, the detained persons interviewed during the 2010 visit who alleged police ill-treatment indicated that they did not wish to make an official complaint for fear of serious repercussions on the ongoing criminal investigations against them.

26. In the light of the above, **the CPT recommends that increased emphasis be placed on the structural independence of the SIS and the existence of transparent procedures in order to enhance public confidence. Further, direct, confidential, access to the SIS for persons alleging ill-treatment should be ensured.**

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<sup>23</sup> See also paragraph 35 as regards police feldshers.

<sup>24</sup> See paragraph 21 of CPT/Inf (2010) 7.

<sup>25</sup> See, in this connection, footnote 11 of the present report and the CPT's findings described in paragraphs 12 and 13 of CPT/Inf (2010) 7.

In order for the Committee to obtain a full and up-to-date picture of the situation, **it would like to receive the following information in respect of 2009 and 2010:**

- **the number of complaints of ill-treatment by police officers;**
- **the number of SIS investigations instituted as a result of these complaints;**
- **an account of any criminal sanctions imposed.**

Further, **the CPT would like to receive up-to-date information on progress towards the development of a centralised statistical database of complaints of ill-treatment of persons detained by law enforcement agencies.**<sup>26</sup>

27. The CPT must stress once again the important role of judges before whom persons are brought in view of the application of procedural preventive measures; they are ideally placed to ensure that investigations into cases of possible ill-treatment are promptly initiated. As on previous visits, the delegation received allegations from detained persons that judges had ignored the injuries displayed by them and/or their complaints about recent ill-treatment by the police. **The CPT reiterates its recommendation that judges be reminded, by the highest judicial authorities and/or, if necessary, through the adoption of relevant legal provisions, that they should take action whenever a person brought before them alleges that he or she has been subjected to violence by the police. Even in the absence of an express allegation of ill-treatment, the judge 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 ill-treatment may have occurred.**

#### **4. Procedural safeguards against police ill-treatment**

28. The observations made in the report on the 2006 visit as regards the three fundamental safeguards against ill-treatment advocated by the CPT, namely the rights of detained persons to inform a close relative or another third party of their choice of their situation and to have access to a lawyer and a doctor, remain largely valid. The delegation's findings suggest that hardly any improvement has been made to the legal framework in relation to these safeguards; moreover, there continues to be a gap between the practice and the legal provisions currently in force.

29. As concerns notification of custody, Section 5 of the Police Act<sup>27</sup> places an obligation on police officers to inform the detained person's relatives of his or her situation within three hours of arrival on police premises. At the same time, Section 63-2 (9) of the Code of Criminal Procedure (CCP)<sup>28</sup> continues to refer to a maximum period of twelve hours during which close relatives should be notified. **The CPT would like to receive clarification as to the applicable legal provisions in this respect.**

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<sup>26</sup> See, in this connection, paragraph 16 of CPT/Inf (2008) 7.

<sup>27</sup> As amended on 1 June 2006.

<sup>28</sup> As amended on 23 May 2006.

A number of detained persons interviewed in the course of the 2010 visit indicated that they had not been informed of the right of notification of custody. Further, several persons alleged that no explanations had been given to them of the refusal to notify a relative of their situation. As a result, many detained persons with whom the delegation spoke had not been put in a position to exercise this right until a protocol of detention was drawn up (which, in practice, could happen up to three days following apprehension) or until such time as they were admitted to a police detention facility or brought before a judge.

**The CPT reiterates the recommendation made in the report on the 2008 visit that all detained persons should effectively benefit from the right of notification of custody as from the very outset of de facto deprivation of liberty. Further, any possibility to delay the exercise of the right of notification of custody should be clearly circumscribed in law and made subject to appropriate safeguards (e.g. any delay to be recorded in writing with the reasons therefor, and to require the approval of a senior police officer unconnected with the case at hand or a prosecutor) and strictly limited in time.**

30. It should be recalled that, according to Section 63-2 (4) of the CCP, a criminal suspect has the right to have access to a lawyer as from the moment of drawing up of a protocol of detention. During the 2010 visit, a number of detainees indicated that they had been informed of this right only when the protocol of detention was drawn up and, as a result, had had no possibility of consulting a lawyer prior to and during initial police interviews. Moreover, some persons claimed that they had been refused access to a lawyer until the first court hearing; in this context, it is noteworthy that the lawyer's name and signature was found to be missing in several of the protocols of detention examined by the delegation.

After the visit, by letter of 6 September 2010, the Armenian authorities indicated that special police instructions had been adopted on 29 April 2010 to ensure that apprehended persons were offered an opportunity to have a lawyer present during any police interviews conducted in the period preceding the drawing-up of a protocol of detention.

**The CPT calls upon the Armenian authorities to ensure that the right of access to a lawyer for persons deprived of their liberty applies effectively as from the very outset of their de facto deprivation of liberty by the police. If necessary, the relevant legal provisions should be amended.**

31. In previous visit reports, the CPT had recommended that steps be taken to make the system of legal aid truly effective and to ensure that *ex officio* lawyers were independent of the police and the prosecution service. In response, the Armenian authorities indicated that the Ministry of Justice and the Bar Association had established a working group to improve the implementation of the Law on Advocacy and discuss possible amendments. **The CPT would like to receive up-to-date information on this matter.**

32. The delegation was informed that witnesses were now entitled to be accompanied by a lawyer when they went to a police station for an interview. This is a positive development. However, it emerged during the 2010 visit that this possibility had generally not been explained to the persons concerned. **The Committee recommends that witnesses summoned to a police establishment are systematically made aware of the possibility to be assisted by a lawyer of their choice during any police interviews.**

33. With respect to the right of access to a doctor (including of the detained person's choice), no changes have been made to the legislation to ensure that this right applies as from the outset of de facto deprivation of liberty. During the visit, the delegation heard allegations that access to a doctor had been significantly delayed (i.e. for up to several days), despite repeated requests. Such situations not only deprive detained persons of a safeguard which can play a significant role in the prevention of ill-treatment, but may also have serious repercussions for the health of persons in police custody. Clearly, access to a doctor should not be left to the discretion of police officers.

Moreover, it emerged during the visit that medical examinations were frequently carried out in the presence of police staff and that medical certificates were accessible to non-medical staff.

A few detained persons interviewed by the delegation indicated that they had been examined by a forensic medical doctor. However, such examinations apparently had in practice to be authorised by a police investigator, despite the provisions of Section 15 of the Law on the Treatment of Arrestees and Detainees.<sup>29</sup>

34. In the light of the above, the CPT refers to the recommendations made in the reports on the 2006 and 2008 visits, and **calls upon the Armenian authorities to take measures, including of a legislative nature, to make it clear that:**

- **the right of access to a doctor applies as from the moment of de facto deprivation of liberty;**
- **medical examinations of detained persons should be conducted out of the hearing and – unless the doctor concerned expressly requests otherwise in a given case – out of the sight of police officers;**
- **the results of every examination, as well as any relevant statements by the detained person and the doctor's conclusions, should be formally recorded by the doctor and made available to the detainee and, upon request, his or her lawyer;**
- **whenever injuries are recorded by a doctor which are consistent with possible ill-treatment, the record should be systematically brought to the attention of the relevant prosecutor.**

**Further, whenever a detained person presents injuries and makes allegations of ill-treatment, he or she should be promptly seen by an independent doctor with recognised forensic training who should draw conclusions as to the degree of consistency between the allegations made and the objective medical findings. The detained person should be entitled to such an examination without prior authorisation from an investigator, prosecutor or judge.**

**Measures should also be taken to ensure that the confidentiality of medical documentation is strictly observed. Naturally, health-care staff examining persons detained by the police may inform police officers on a need-to-know basis about the state of health of a detained person, including medication being taken and particular health risks.**

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<sup>29</sup> Pursuant to Section 15 of the Law, a detained person, or his lawyer (with the consent of his or her client), has the right to request a forensic medical examination.

35. Many persons detained by the police in Yerevan indicated that they had been examined in the first instance by health-care staff at the Detention Facility of the Yerevan City Police Department. The presence of feldshers in this establishment on a 24-hour basis is a positive element. However, the CPT has misgivings about the formal position of these feldshers, who are members of the police force. In order to guarantee their independence, **the Committee considers it important that health-care staff working in police detention facilities be aligned as closely as possible with the mainstream of health-care provision in the community at large.**

36. It clearly appeared during the visit that information on rights was still not provided as from the very outset of deprivation of liberty. Many persons interviewed indicated that they had not had their rights explained to them before the drawing-up of a protocol of detention, being admitted to a police detention facility or brought before a judge. Forms on rights were generally available in Armenian at the police divisions visited, but virtually none of the persons with whom the delegation spoke had received a copy. As to the protocols of detention, they limited themselves to references to certain legal provisions (in particular, Section 63-2 (4) of the CCP on access to a lawyer); in this regard, the signature of the detained persons was often found to be missing under the heading on rights in the protocols consulted. Further, foreign nationals generally did not receive written information on rights in a language they understood.

**The CPT reiterates the recommendation made in the report on the 2008 visit that verbal information on rights be given systematically to all persons apprehended by the police, at the very outset of their de facto deprivation of liberty. As regards the information form on rights, it should be given systematically to all detained persons as soon as they are brought into a police establishment, and should be available in an appropriate range of languages.**

37. As regards custody registers, the delegation observed various deficiencies (e.g. missing time of apprehension and/or transfer/release, inaccurate or misleading information<sup>30</sup>).

The requirement that the fact of a person's deprivation of liberty be properly recorded is one of the most fundamental safeguards against ill-treatment. In addition to facilitating control over the observance of the legal provisions concerning police custody, the accurate recording of all aspects of a person's period of detention can protect police officers by countering false allegations made against them. **The CPT calls upon the Armenian authorities to ensure that custody registers are properly maintained, accurately record the times of actual apprehension, admission, placement in a cell, release or transfer, and reflect all other aspects of custody (precise location where a detained person is being held; visits by a lawyer, relative, doctor or consular officer; taking out of cell for questioning; any incidents related to a detained person, etc.).**

Further, **the CPT recommends that the competent prosecutors and senior police officials exercise effective supervision of the accuracy of custody registers in police establishments.**

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<sup>30</sup> For instance, at Kentron District Police Division in Yerevan, certain persons who were reportedly held in that establishment for up to 48 hours appeared in the registers as having been detained for three hours on each day.

38. The CPT is pleased to note that, in addition to supervising prosecutors and staff of the Office of the Human Rights Defender (see paragraph 8), a Public Monitoring Group has been carrying out frequent and unannounced visits to police establishments since 2006. However, the Group is not entitled to visit premises other than officially designated detention facilities. **The Committee recommends that the mandate of the Police Public Monitoring Group be extended so as to include any police premises where persons may be deprived of their liberty, even for a short period.**

## 5. Conditions of detention

39. The CPT notes with satisfaction that the refurbishment of police detention facilities has been pursued over the last few years. The detention facilities visited, including at Sevan Police Division,<sup>31</sup> had been renovated and generally offered good material conditions of detention. Cells were of an adequate size (e.g. single cells measured at least 6 m<sup>2</sup> and double-occupancy cells measured from 9 to 13.5 m<sup>2</sup>) and properly equipped (e.g. beds, table, stools, sink). Detainees were provided with proper bedding for overnight stays, had ready access to a toilet, could take a shower at regular intervals and were provided with basic personal hygiene items. As regards food, arrangements had been made to provide detained persons with three meals a day, including one warm meal. Further, all police detention facilities had outdoor exercise yards (measuring from 32 to 80 m<sup>2</sup> and including a sheltered area) and detained persons interviewed confirmed that they were allowed access to them every day. In several establishments visited, reading material and radio receivers were also made available to detainees.

However, the delegation observed that access to natural light was somewhat limited in the cells of many detention facilities visited (e.g. in Yerevan, Charentsavan, Martuni, Sevan and Vardenis), due to the small size of the windows, which were sometimes covered by several layers of metal netting. Further, in Gavar police detention facilities, the cells were poorly ventilated and the communal toilets were dirty. **The CPT recommends that these shortcomings be remedied.**

In addition, detainees held at the Detention Facility of Yerevan City Police Department were still not allowed to take outdoor exercise for more than 30 minutes a day. **The Committee reiterates its recommendation that all persons held in this facility for more than 24 hours be given the possibility to take at least one hour of outdoor exercise every day.**

40. Most police divisions visited, including district police divisions in Yerevan, were equipped with one or more holding cells, measuring only some 2 - 3 m<sup>2</sup> and intended for detention periods of up to three hours. Such cells were in a good state of repair, adequately lit and ventilated, and usually equipped with a means of rest. However, many detained persons interviewed alleged that they had been held overnight, for up to a few days, in these cells (sometimes together with another inmate). Further, some of the persons interviewed claimed that they had not been provided with food and/or that access to a toilet had been delayed.

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<sup>31</sup> In the previous visit reports, the CPT found that the Sevan Police Division's detention facility offered poor conditions of detention (see paragraph 44 of CPT/Inf (2004) 25 and paragraph 31 of CPT/Inf (2007) 47).

In the CPT's view, cells of such a size should only be used for very short periods of time and never for overnight stays. **The CPT calls upon the Armenian authorities to take urgent steps to ensure that the period of detention in holding cells does not exceed three hours.**

Further, it was apparently not uncommon for criminal suspects to be held in police offices and corridors for up to 24 hours (and, on occasion, even longer). **The CPT recommends that immediate measures be taken to ensure that corridors or offices are not used as a substitute for proper detention facilities.**



## **B. Military establishments**

### **1. Preliminary remarks**

41. The delegation visited four military establishments, which could accommodate servicemen held under criminal law and/or held under military disciplinary regulations. As was the case during the 2002 visit, the Isolator of the Military Police Headquarters in Yerevan was primarily used for the detention of military personnel under criminal law whereas the Disciplinary Isolator of Yerevan Military Police Division was exclusively holding servicemen under military disciplinary regulations.<sup>32</sup> The Disciplinary Isolator of Sevan Military Police Division in Martuni, which was visited by the CPT for the first time, was accommodating both categories of detainee. The delegation also went to the Disciplinary Battalion in Hrazdan, where the delegation focused its attention on the solitary confinement cells.

42. As regards servicemen held under criminal law, it should be recalled that criminal suspects may be held in military police custody for up to 72 hours,<sup>33</sup> after which they must be brought before a civilian judge deciding on the measure of remand in custody and subsequently be transferred to a penitentiary establishment. In this context, the delegation observed during the visit that servicemen remanded in custody could, on occasion, spend up to two months in military police detention facilities. **Reference is made in this context to the recommendation in paragraph 10.**

Servicemen awaiting the outcome of the appeal of their sentences or serving sentences of up to three months of deprivation of liberty (“arrest”) may also be detained in military police detention facilities.<sup>34</sup> Further, the judge may order the placement of conscripts and other military staff found guilty of criminal offences in a military disciplinary battalion for a period ranging from three months to three years. A breach of the disciplinary battalion’s internal regulations is punishable with up to 15 days of solitary confinement.<sup>35</sup>

43. Servicemen in disciplinary confinement could be held for a period of up to 10 days, to which an additional term of 10 days could be added in the event of breach of the house rules or negligence in the carrying out of their tasks whilst in disciplinary confinement.<sup>36</sup> At the outset of the visit, the delegation was informed by senior military officials that the Armenian Government was working on a new Military Disciplinary Code. One key aspect of the Code would be the replacement of the sanction of disciplinary confinement by transfer to a disciplinary company where the servicemen concerned would continue performing their military duties under a stricter regime. This would reportedly lead to a reduction in the number of military police detention facilities as they would be used to hold servicemen under criminal law only.

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<sup>32</sup> In the report on the 2002 visit, these facilities were referred to as the “Central Detention Centre in Yerevan” and the “Detention House of Yerevan Garrison”.

<sup>33</sup> See footnote 3.

<sup>34</sup> See Section 57 (3) of the Criminal Code.

<sup>35</sup> See Section 58 of the Criminal Code and Section 52 of the Penitentiary Code.

<sup>36</sup> See Sections 54 and 74 of the Disciplinary Statute of the Armed Forces of 12 August 1996. See also paragraph 4 of Appendix 14 of the Law on Approving the By-Laws of the Garrison Services and Patrol Services of the Armed Forces.

The CPT would like to receive up-to-date information on the planned changes and in particular on the measure of transfer to a disciplinary company. More specifically, the Committee wishes to know whether servicemen subjected to such a transfer would be locked up in the accommodation areas at specific times.

## 2. Ill-treatment

44. The delegation received no allegations of ill-treatment of servicemen who were, or had recently been, held in military police establishments.

In order for the CPT to obtain a full and up-to-date picture of the situation, the Committee would like to receive the following information in respect of 2009 and 2010:

- the number of complaints of ill-treatment made against military police staff;
- the number of criminal and disciplinary proceedings instituted as a result of such complaints;
- an account of any criminal and disciplinary sanctions imposed.

## 3. Safeguards

45. Servicemen suspected of having committed criminal offences should benefit from the same procedural rights as any other criminal suspects.<sup>37</sup> Most servicemen interviewed by the delegation were informed of their rights and had an opportunity to exercise them shortly after apprehension. However, a few persons with whom the delegation spoke complained that their right to inform a family member of their situation and their right of access to a lawyer had been delayed for up to 10 days. **Reference is made to the recommendations made in paragraphs 29-30.**

46. It appeared during the 2010 visit that safeguards in the context of disciplinary proceedings against military staff needed to be reinforced, in particular as regards the provision of information on the charges against them and possibilities of appeal to higher or outside authorities. The delegation's official interlocutors stressed that the adoption of the new Military Disciplinary Code should strengthen detainees' rights: for instance, servicemen would have the right of access to the case-file in the course of the disciplinary investigation and would have the right to appeal against the disciplinary sanctions imposed on them to a higher authority or a court.<sup>38</sup> Nevertheless, a number of safeguards appeared to be unclear or lacking (e.g. the rights to receive prompt information on the charges against them in writing, to be heard in person, to be given reasonable time to prepare for their defence, to have access to a lawyer and to receive a copy of the decision on the imposition of the measure, which should include straightforward information about the appeal procedures).

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<sup>37</sup> See paragraph 28 of the present report and paragraph 24 of the Recommendation CM/Rec(2010)4 of the Council of Europe's Committee of Ministers on human rights of members of the armed forces.

<sup>38</sup> Sections 11 and 16 of the draft Military Disciplinary Code.

**The CPT trusts that the Armenian authorities will take legal and practical steps to ensure that servicemen facing disciplinary proceedings benefit from all appropriate safeguards, in the light of the preceding remarks and taking into consideration Recommendation CM/Rec(2010)4 of the Council of Europe's Committee of Ministers on human rights of members of the armed forces.**

47. As regards inspections by outside bodies, military prosecutors and staff of the Human Rights Defender's Office are entitled to visit military detention facilities. The CPT also notes that representatives of civil society had been granted access to these facilities under a specific monitoring programme; however, the military police was given advance notice of their visits. The CPT must stress that, to be fully effective, visits by monitoring groups should be both frequent and unannounced.

**The Committee invites the Armenian authorities to further develop the system of visits to military establishments by independent monitoring bodies.** Reference is made in this context to paragraph 8.

#### **4. Conditions of detention**

48. As regards material conditions in the military establishments visited, the CPT is pleased to note that the 14 cells of the Isolator of the Military Police Headquarters in Yerevan had been completely refurbished. They were of a reasonable size for their intended occupancy,<sup>39</sup> well-lit, adequately ventilated and clean.

The two single cells of the Military Disciplinary Battalion in Hrazdan measured about 6 m<sup>2</sup>. They were in an excellent state of repair and in-cell lighting (including access to natural light) and ventilation were good.

49. In contrast, the 12 cells of the Disciplinary Isolator of Yerevan Military Police Division were generally in a poor state of repair. Further, official occupancy rates were too high in the smaller cells (e.g. a cell of 8 m<sup>2</sup> was intended for three detainees)<sup>40</sup> and the windows of all cells had been fitted with frosted glass, which limited access to natural light. In response to the preliminary observations presented by the delegation at the end of the visit, the Armenian authorities informed the CPT by letter of 6 September 2010 that these cells had been renovated and that the cell windows had been replaced to improve access to natural light. This is a welcome development.

At the Disciplinary Isolator of Sevan Military Police Division in Martuni, the cells had good access to natural light and were clean. However, some of the cells were very small, measuring a mere 4 m<sup>2</sup>; this is all the more of concern given that they were being used to accommodate for prolonged periods servicemen held under criminal law. As for the larger cells, used to accommodate servicemen in disciplinary confinement, they were far too small for their intended occupancy (e.g. cells of some 8.5 m<sup>2</sup> could accommodate up to four servicemen).

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<sup>39</sup> Ranging from 18 m<sup>2</sup> intended for four detainees to up to some 50 m<sup>2</sup> for eight persons.

<sup>40</sup> Occupancy rates were just about adequate in larger cells (e.g. a cell of 40 m<sup>2</sup> could accommodate up to nine servicemen).

50. The delegation observed that no action had been taken after the 2002 visit to ensure that all detainees undergoing disciplinary confinement (i.e. not only officers and sub-officers) are provided with mattresses and blankets at night. In their letter of 6 September 2010, the Armenian authorities indicated that this problem – as would be the issue related to the size of the cells – should be solved with the future abolition of disciplinary confinement, as provided in the draft Military Disciplinary Code (see paragraph 43). In the CPT's view, this should not prevent the Armenian authorities from immediately remedying these shortcomings pending the adoption of the Code.

51. Sanitary arrangements appeared to be, on the whole, adequate: the common toilet and shower facilities in the establishments visited were generally in an acceptable state of repair and cleanliness. The sanitary facilities at the Isolator of Yerevan Military Police Division constituted an exception; they were dilapidated and dirty.

52. Detained servicemen interviewed generally had access to at least one hour of outdoor exercise in well-equipped yards (including a shelter against inclement weather).

53. As was the case in 2002, servicemen held under military disciplinary regulations were involved in some out-of-cell activities (e.g. work). However, military staff on remand or serving sentences were confined to their cells for some 23 hours a day, with virtually no occupation.

In addition, the regime imposed on servicemen held in disciplinary cells appeared to be, in some respects, unnecessarily strict (for instance, the servicemen concerned were prohibited from using their bed between 6 a.m. and 10 p.m. and allegedly were not allowed to sit or to lie down on the floor). In the CPT's view, **there is no justification for attaching the beds in disciplinary cells to the wall during the day. Further, it should be possible for servicemen held in disciplinary confinement to lie down on the bed during the day, if this is required by their medical condition.**

54. The delegation observed during the visit that servicemen remanded in custody and those serving sentences for criminal offences had access to a telephone and were allowed to receive regular family visits.<sup>41</sup> However, military staff held for breaches of military disciplinary regulations or for a violation of the disciplinary battalion's internal regulations were not entitled to make phone calls or receive visitors.<sup>42</sup> **The CPT refers to the recommendation in the third sub-paragraph of paragraph 123.**

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<sup>41</sup> See paragraphs 124 and 125.

<sup>42</sup> See Section 20 of Appendix 14 of the Law on Approving the By-Laws of the Garrison Services and Patrol Services of the Armed Forces as well as Section 52 (3) of the Penitentiary Code.

55. In the light of the above, **the Committee recommends that:**

- **the official occupancy levels of cells be reduced at the disciplinary isolators of Yerevan Military Police Division and Sevan Military Police Division in Martuni, the objective being to offer at least 4 m<sup>2</sup> of living space per detainee in multi-occupancy cells;**
- **the cells measuring 4 m<sup>2</sup> at Sevan Military Police Division in Martuni be either enlarged or taken out of service;**
- **all detainees undergoing disciplinary confinement be provided with mattresses, blankets and pillows at night;**
- **the state of repair and cleanliness of the sanitary facilities at the Disciplinary Isolator of Yerevan Military Police Division be improved;**
- **military staff remanded in custody or serving sentences be provided with some form of out-of-cell activity (e.g. work, sport).**

## C. National Security Service establishments

### 1. Ill-treatment

56. The CPT's delegation received some allegations of recent physical ill-treatment of criminal suspects during questioning by National Security Service officials. The ill-treatment alleged referred to the five months preceding the visit and consisted of punches, kicks and blows with wooden sticks whilst the person concerned was handcuffed, and was apparently aimed at securing confessions. Further, a few persons interviewed complained that they had been threatened with violence.

**The CPT recommends that all National Security Service officials be given the clear message that the ill-treatment of detained persons is not acceptable and will be the subject of severe sanctions.**

57. The Committee would like to stress that rigorous recruitment procedures and improved training are essential to tackle any problem of ill-treatment at its roots. In the course of training, it must be made clear that the precise aim of questioning criminal suspects, whatever the seriousness of the offences they are suspected of having committed, should be to obtain accurate and reliable information in order to discover the truth about matters under investigation, and not to secure a confession from someone already presumed, in the eyes of National Security Service officials, to be guilty. **The CPT recommends that the Armenian authorities take measures to improve the professional training of National Security Service officials, in the light of the above remarks.**

**It should be noted that the recommendations made in Section II.A.4 (procedural safeguards against police ill-treatment) apply equally to persons deprived of their liberty by the National Security Service.**

### 2. Conditions of detention

58. Material conditions of detention in the Detention Facility of the National Security Service Headquarters in Yerevan, which comprised two cells, were generally of a good standard (see paragraph 27 of CPT/Inf (2010) 7). That said, the smaller cell measuring 6 m<sup>2</sup> could accommodate up to two detainees; in view of its limited size, this cell should not accommodate more than one inmate. Further, access to natural light was limited (the cell window was facing a wall). By letter of 6 September 2010, the Armenian authorities informed the CPT that steps were being taken to improve access to natural light in this cell and that staff had been instructed not to accommodate more than one person there. The Committee welcomes these measures.

59. All persons interviewed who were or who had been detained in this facility indicated that outdoor exercise was allowed for at least one hour per day. However, the exercise yard was too small and had no shelter against inclement weather. **The CPT recommends that these shortcomings be remedied.**

## D. Prison Service establishments

### 1. Preliminary remarks

60. For the first time, the delegation visited Kosh Prison. It also paid follow-up visits to Nubarashen Prison and the Prison Hospital's psychiatric ward, and carried out a full visit to Vardashen Prison, which had been visited briefly by the CPT in 2008. Further, the delegation examined the situation of life-sentenced prisoners at Yerevan-Kentron Prison.

The delegation's observations during the visit shed light on several key areas of concern, which will be examined in detail in the present section of the report, in particular: (i) prison overcrowding; (ii) impoverished programmes of activities for prisoners; (iii) corrupt practices by prison staff and public officials associated with the prison system; (iv) the reliance on an informal prison hierarchy to maintain good order in penitentiary establishments. Further, the situation of life-sentenced prisoners continues to give cause for concern.

61. The prison population of Armenia has followed an upward trend over the last four years: it stood at 4,928 in September 2010 (for an overall capacity of 4,346 places) as compared with 2,997 prisoners in April 2006 (i.e. a 40% increase). Prison overcrowding was a common feature of all the penitentiary establishments visited, Nubarashen Prison being the most striking example. The delegation witnessed the negative impact of overcrowding on many aspects of life in prison: the inmates taking turns to sleep on the available beds; cramped and unhygienic accommodation; the virtual absence of structured activities and restrictions on the provision of outdoor exercise; increased tension between prisoners and, on occasion, between prisoners and staff.<sup>43</sup> By letter of 6 September 2010, the Armenian authorities informed the CPT that, in order to reduce prison overcrowding, there were plans to build four new penitentiary establishments, including one in Yerevan.

The CPT must stress the need for a strategy covering both admission to and release from prison, to ensure that imprisonment really is the measure of last resort; building more prisons is not the sole solution. This implies, in the first place, an emphasis on non-custodial measures in the period before the imposition of a sentence and, in the second place, the adoption of effective measures which facilitate the reintegration into society of persons who have been deprived of their liberty. **The Committee recommends that the Armenian authorities redouble their efforts to combat prison overcrowding and, in so doing, be guided by all the relevant recommendations of the Committee of Ministers of the Council of Europe.**<sup>44</sup>

**The CPT also trusts that the prison-building programme of the Armenian authorities will be part of an overall strategy for creating a humane prison system which, in addition to improving the physical infrastructure, addresses the issues of prison management, the allocation of prisoners, as far as possible, to establishments close to their homes and opportunities for the reintegration of prisoners into free society.**

<sup>43</sup> It should be mentioned that severe overcrowding may raise in itself an issue under Article 3 of the European Convention on Human Rights (see, for instance, *Veliyev v. Russia* of 24 June 2010).

<sup>44</sup> See Recommendation Rec(99)22 concerning prison overcrowding and prison population inflation, Recommendation Rec(2000)22 on improving the implementation of the European rules on community sanctions and measures, Recommendation Rec(2003)22 on conditional release (parole) and Recommendation Rec(2006)13 on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse.

62. Some initiatives aimed at providing sentenced prisoners with organised activities have been pursued over the last few years (e.g. handicrafts, distance-learning programmes, organised sports events). However, it appeared during the visit that the proportion of inmates involved in such activities was very limited. The CPT would like to emphasise again that the provision of a broad range of purposeful activities to sentenced prisoners is an essential part of rehabilitation and resocialisation. As regards in particular remand prisoners, the almost total lack of activities aggravated the experience of imprisonment and rendered it more punitive than the regime for sentenced persons. **The Committee recommends that the Armenian authorities strive to develop programmes of activities for both sentenced and remand prisoners. The aim should be to ensure that both categories of prisoner 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.**

63. As was the case during the 2006 visit, corruption in the prison system was widely perceived by prisoners as an issue; this is of concern to the Committee. The delegation heard a number of allegations from prisoners that they and/or their relatives had been asked to give money or other benefits to staff in order to be allowed to exercise their rights (e.g. short visits in open conditions at Nubarashen Prison, access to a doctor and dental care at Kosh Prison, foreign prisoners' access to showers at Vardashen Prison) or not to be sent to another penitentiary establishment under a stricter regime (e.g. at Kosh Prison). Further, many allegations were heard of prison staff or public officials associated with the prison system requesting payment from prisoners and/or their relatives in order to secure a positive decision on early release. **The CPT recommends that the Armenian authorities step up their efforts to combat corruption in the prison system.**<sup>45</sup> **Further, all prison staff and public officials associated with the prison system should be given the clear message that obtaining or demanding undue advantages from prisoners or their relatives is not acceptable; this message should be reiterated in an appropriate form at suitable intervals.**

## 2. Ill-treatment

64. The overwhelming majority of prisoners with whom the delegation spoke indicated that they were being treated in a correct manner by prison staff. This is a positive reflection on staff. No allegations of physical ill-treatment were received at Kosh Prison, Vardashen Prison or the Prison Hospital's psychiatric ward.

At Nubarashen Prison, contrary to the situation in 2006, the life-sentenced prisoners interviewed stressed that there had been a significant change for the better in the attitude of staff and that they had not suffered from or witnessed any ill-treatment. However, a few allegations of physical ill-treatment by staff were heard from other prisoners in that establishment. The alleged ill-treatment, consisting of baton blows, had apparently occurred after they had refused to be transferred to cells offering worse conditions.

At Vardashen Prison, a few foreign prisoners alleged that they had been the subject of racist insults by certain staff members, but it appeared that the management had taken appropriate action upon their complaints.

**The CPT recommends that staff working at Nubarashen Prison be reminded periodically that the ill-treatment of inmates is unacceptable and that resort to such ill-treatment will be severely punished.**

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<sup>45</sup> See, in this connection, paragraph 38 of CPT/Inf (2007) 47 and CPT/Inf (2007) 48.



65. In the establishments visited, resort to “special means” (e.g. batons, handcuffs) was generally better documented than it had been in the past. However, it transpired from the information gathered by the delegation that the use of batons was not always recorded at Nubarashen Prison. **The CPT recommends that the attention of the management of Nubarashen Prison and of supervising prosecutors be drawn to the need for exercising extra vigilance to ensure that all instances of resort to “special means” against prisoners are adequately recorded and that “special means” are never applied as a form of punishment. Further, it should be recalled that a prisoner against whom “special means” have been used should have the right to be immediately examined and, if necessary, treated by health-care staff. The results of the examination (including any relevant statements by the prisoner and the health-care staff’s conclusions) should be formally recorded and made available to the prisoner, who in addition should be entitled to undergo a forensic medical examination.**

66. It is the responsibility of the staff and of the prison administration as a whole to protect prisoners’ physical and psychological integrity, and to take immediate, resolute and even anticipatory action to prevent inter-prisoner intimidation. In the course of the 2010 visit, the delegation observed that there was a general tendency for staff in Nubarashen and Kosh Prisons to delegate authority to a select number of inmates who were at the top of the informal prison hierarchy, in particular a prisoner “leader” (the so-called “zon nayokh”), and use them to keep control over the inmate population. In order to exercise his authority, the prisoner “leader” at Nubarashen Prison was apparently afforded certain privileges, such as the possibility to move relatively freely within the establishment and to enter any cells. At Kosh Prison, the prisoner “leader” was clearly in charge of order among prisoners. It also appeared that those not willing or able to give financial or other contributions to the prisoner “leader” in exchange for full protection were marginalised and at risk of intimidation.

Further, the prisoners referred to as “homosexuals”,<sup>46</sup> who were considered by other inmates (and staff) to belong to the lowest caste in the informal prison hierarchy and were accommodated in the most neglected parts of the establishments visited, alleged that they frequently had to deal with verbal abuse and provocative behaviour by other prisoners and feared that they would be the victims of violence should they be held in the same accommodation areas as the rest of the prison population.

67. Staff with whom the delegation spoke considered that, given the limited human resources, they had no other option but to give a reasonable degree of authority to prisoner “leaders” in order to ensure security within the prisons. At the same time, the staff firmly believed that this type of “management” was viable as long as they could ensure that prisoner “leaders” would not make use of their influence over the majority of inmates to the detriment of the prison administration itself.

In the CPT’s view, such an approach constitutes not only a potential threat to good order within prisons but also a high-risk situation in terms of inter-prisoner intimidation, and it leads to a culture of inequality of treatment between inmates.

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<sup>46</sup> This category of inmate does not only comprise prisoners of that sexual orientation, but may also include inmates rejected by the mainstream prison population for various other reasons (e.g. because of having suffered sexual violence, for having committed sexual offences, etc.).

68. **The CPT recommends that the Armenian authorities adopt a national strategy for combating inter-prisoner intimidation, including steps to put an end to the reliance on the informal prison hierarchy to maintain good order in prison establishments.** In this context, reference is made to the recommendation in paragraph 119 concerning staffing levels.

**Further, the Committee recommends that the management and staff of Kosh and Nubarashen Prisons make use of all the means at their disposal to counter the negative impact of the informal prison hierarchy and prevent inter-prisoner intimidation. The prison management must be vigilant as to possible collusion between staff and prisoner “leaders”, and 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.**

### 3. Prisoners sentenced to life imprisonment

69. A few months after the 2006 periodic visit, life-sentenced prisoners held in Goris Prison were transferred to Nubarashen Prison, which was considered to offer more appropriate conditions. At the time of the 2010 visit, Nubarashen Prison was holding 92 lifers. Two life-sentenced prisoners were receiving treatment at the Prison Hospital. Three other lifers were being accommodated at Yerevan-Kentron Prison.

70. At Nubarashen Prison, prisoners serving life sentences were generally offered material conditions which were better than those of the rest of the inmate population. They were accommodated in three cells of Unit 4 and the whole of Unit 5, located on the highest two floors of the main accommodation building. Cells were of an adequate size for their intended occupancy (e.g. four beds in a cell of some 28 m<sup>2</sup>, including a partitioned sanitary annexe). Efforts had been made to remedy humidity problems in the cells of Unit 5. Further, showers had been installed within the existing in-cell sanitary annexes, in order to allow prisoners to take more frequent showers. That said, a few cells (e.g. Nos. 77 and 79) were in a poor state of repair and the windows were still fitted with several layers of metal grids and bars which significantly limited access to natural light. **The CPT recommends that these shortcomings be remedied.**

It is of great concern to the CPT that no progress has been made as regards the regime of activities provided to life-sentenced prisoners. Out-of-cell activities were no longer on offer (the activity and fitness rooms had been converted into cells). Further, no inmates had work. Only two out of 92 inmates were involved in distance-learning programmes. As for outdoor exercise, it was apparently frequently limited to two or three times a week and it was not available at week-ends.<sup>47</sup> To sum up, lifers spent up to 24 hours per day confined to their cells in a state of enforced idleness, their main activity being watching TV/DVDs and reading books. **The CPT calls upon the Armenian authorities to develop a programme of activities for prisoners sentenced to life imprisonment (including work, education, association and sports, as well as targeted rehabilitation programmes).** Further, reference is made to the recommendation in paragraph 83 as concerns the organisation of outdoor exercise.

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See also paragraph 82.

71. At Yerevan-Kentron Prison, the material conditions in which the three life-sentenced prisoners were accommodated give cause for serious concern. Their cells were small, measuring just over 6 m<sup>2</sup>, and were too narrow (i.e. less than 2 m between the walls). Further, there was limited access to natural light and no outside view (as the windows faced a wall). Cells Nos. 20 and 21 were in a relatively good state of repair and hygiene, but cell No. 18 was filthy, infested with mice and the water tap was broken with water running continuously. At the end of the visit, the delegation requested a report on steps taken to improve the material conditions of detention of these inmates. In their responses of 6 and 9 September 2010, the Armenian authorities informed the CPT that measures were being taken (e.g. improvement of access to natural light, repair of the water tap and de-infestation of cell No. 18). However, the fundamental problem of the inadequate size of the cells remains. **The CPT recommends that a solution be found without delay on this issue: either the cells are enlarged or, preferably, the three prisoners concerned are accommodated elsewhere.**

The situation was aggravated by the regime of solitary confinement applied to the three life-sentenced prisoners. Two of them had been held in such conditions for over nine years. They were not allowed to associate with each other or with any other prisoner. They did not even have a TV set or radio in their cells (unlike the third inmate). The only regular out-of-cell activity consisted of daily outdoor exercise, which was taken alone in a yard on the top floor of the prison building. Such conditions could be considered as amounting to inhuman treatment and contributed to the degradation in the prisoners' mental health (see, in this respect, paragraph 110).

**The recommendation made in paragraph 70 applies equally to the three life-sentenced prisoners held at Yerevan-Kentron Prison. As regards more specifically the two life-sentenced prisoners who had been held in conditions of solitary confinement for years, immediate steps must be taken to allow them contact with other inmates. The Committee also wishes to receive confirmation that TV sets have been installed in the cells of these two prisoners.**<sup>48</sup>

72. It appeared that measures had been taken after the 2006 visit to ensure that the handcuffing of prisoners sentenced to life imprisonment during out-of-cell movements was based on an individual risk assessment. However, following the escape of two lifers from Nubarashen Prison in November 2009, the practice of systematic handcuffing of life-sentenced prisoners whenever they were taken out of their cells had been re-introduced in that establishment;<sup>49</sup> in the CPT's view, this is disproportionate and could well be considered as a form of collective punishment. Further, lifers were apparently handcuffed during dental treatment and, on occasion, during phone calls.

It is also of concern to the CPT that relations between life-sentenced prisoners and custodial staff in the establishments visited were reduced to the strict minimum. In the opinion of the Committee, much more emphasis must be placed on building positive relations between staff and these inmates. This is in the interests not only of the humane treatment of the prisoners but also of the maintenance of effective control and security and of staff safety.<sup>50</sup>

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<sup>48</sup> In a communication of 9 September 2010, the Armenian authorities informed the Committee that these two prisoners had been allowed to have a TV set.

<sup>49</sup> There was no such practice at Yerevan-Kentron Prison.

<sup>50</sup> This is also one key element of the concept of "dynamic security".

**The CPT calls upon the Armenian authorities to review the security arrangements for life-sentenced prisoners, in the light of the preceding remarks. Steps should be taken without delay to ensure that at Nubarashen Prison, the handcuffing of life-sentenced prisoners when outside their cells is an exceptional measure and is always based on an individualised risk assessment.**

73. As regards possibilities for contact with the outside world, lifers were allowed to send and receive letters and to make phone calls once a week. However, Armenian legislation continues to impose severe restrictions on the visiting entitlement of life-sentenced prisoners.<sup>51</sup> The CPT must recall that this approach runs counter to the generally accepted principle that offenders are sent to prison as a punishment, not to receive punishment. Further, short-term visits took place, as a rule, under conditions not allowing physical contact between prisoners and their visitors (in booths with plexiglas partitions). The Committee considers that special efforts should be made to prevent the breakdown of family ties of prisoners serving life sentences and to enable them to exercise rights under Article 8 of the European Convention on Human Rights. **The CPT calls upon the Armenian authorities to amend the legislation with a view to bringing the visit entitlement of life-sentenced prisoners on a par with that of other inmates. As a general rule, visits should take place in open conditions (e.g. around a table), visits through a partition being the exception.**

74. More generally, the CPT must stress again that it can see no justification for systematically segregating life-sentenced prisoners.<sup>52</sup> Such an approach is not in line with the Council of Europe's Committee of Ministers' Recommendation (2003) 23 of 9 October 2003 on the management by prison administrations of life-sentenced and other long-term prisoners. The report accompanying that recommendation recalls that the assumption is often wrongly made that the fact of a life sentence implies that an inmate is dangerous in prison. The placement of persons sentenced to life imprisonment should therefore be the result of a comprehensive and ongoing risk and needs assessment, based on an individualised sentence plan, and not merely a result of their sentence. **The CPT recommends that the Armenian authorities review the legislation and practice as regards the segregation of life-sentenced prisoners, in the light of these remarks.**

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<sup>51</sup> Pursuant to Section 92 of the Penitentiary Code, life-sentenced prisoners and other inmates sentenced for having committed particularly serious crimes are entitled to at least three short visits (of up to four hours) and one long visit (of up to 72 hours) per year (see, in this connection, paragraph 124).

<sup>52</sup> Section 68 (8) of the Penitentiary Code provides that lifers should be kept separate from prisoners serving fixed-term sentences.

#### 4. Foreign prisoners

75. During the 2010 visit, the CPT's delegation paid particular attention to the situation of foreign nationals in prisons. There were 38 foreign nationals in Unit 6 of Nubarashen Prison, 16 at Kosh Prison and 27 at Vardashen Prison.

76. As regards material conditions, foreign prisoners held at Kosh Prison and in the semi-open section of Vardashen Prison generally experienced the same problems as other inmates (see section 5 below). At Nubarashen Prison, unlike most other prisoners, every foreign national had his own bed; that said, the overcrowding observed in their cells was even more serious than in other cells of Unit 6 (e.g. 13 foreign nationals in a cell of 22 m<sup>2</sup>). The same problem was observed in the closed section of Vardashen Prison (e.g. six foreign nationals in a cell of 13 m<sup>2</sup>). **The CPT recommends that urgent steps be taken at Nubarashen Prison and in the closed section of Vardashen Prison to reduce overcrowding in the cells for foreign prisoners, the aim being to comply with the national standard of at least 4 m<sup>2</sup> of living space per prisoner.**

At Nubarashen and Vardashen Prisons, the delegation was submerged with complaints from foreign prisoners about the lack of special diets to meet their needs. **The CPT invites the Armenian authorities to ensure that special dietary needs of foreign nationals are taken into account in the preparation of meals in both establishments.**

77. Mirroring the situation of other prisoners, foreign inmates had no programme of activities worthy of the name. More specifically, no efforts were made to provide them with any form of occupation adapted to their needs. At Nubarashen Prison, the prison library's books in languages other than Armenian and Russian were limited to the Koran and the Bible. Further, religious activities were only provided for those of a Christian denomination in both Nubarashen and Vardashen Prisons. **The recommendations made in paragraphs 83 (last item) and 96 apply equally to foreign prisoners. Further, the CPT recommends that reading material in languages they understand and language classes be provided for foreign prisoners and that arrangements be made to allow access to suitable areas for religious activities.**

78. The delegation observed that relations between prison staff and foreign prisoners were generally limited, due to communication difficulties. This contributed to a certain sense of isolation among foreigners and led to potential tension between staff and inmates. In the CPT's view, it is essential that prison staff working in direct contact with foreign prisoners be carefully selected and receive appropriate training. Staff should possess both well-developed skills in the field of interpersonal communication and cultural sensitivity, given the different backgrounds of the prisoners concerned. Further, at least some of them should have relevant language skills. **The Committee recommends that appropriate steps be taken in prison establishments frequently holding foreign nationals, in the light of the preceding remarks. Greater communication between staff and foreign prisoners should be encouraged.**

79. Foreign prisoners had the same entitlements to visits and phone calls as other inmates. That said, in practice, their principal means of maintaining contact with their families was a weekly 5-minute phone call. **The CPT recommends that the Armenian authorities adopt a flexible approach as regards possibilities to convert visit entitlements into phone calls, bearing in mind the special needs of this category of inmate.**

## 5. Conditions of detention of the general prison population

### a. follow-up visit to Nubarashen Prison

80. Nubarashen Prison was the subject of a full visit by the CPT in 2002.<sup>53</sup> With an official capacity of 840 places, the inmate population has almost doubled over the last eight years, with 1,259 inmates at the time of the 2010 visit (including 402 remand prisoners, 590 inmates at various stages of the appeal process and 134 inmates serving their sentences).<sup>54</sup>

81. As regards material conditions, most of the cells were seriously overcrowded, with a significant proportion of inmates taking turns to sleep on the available beds or on the floor (e.g. 19 prisoners in a cell of 26 m<sup>2</sup> containing 12 beds).<sup>55</sup>

The majority of cells (and in-cell toilets) were in a state of dilapidation, the cells of “homosexual” prisoners – located next to the disciplinary cells – being among the worst. Ventilation was poor, and running water was available for a maximum of four hours a day (two hours in the morning and two hours in the evening). Moreover, in winter, cells were heated with electric stoves but electricity cuts were not rare.

Further, the shower facilities were generally in a poor state of repair, and prisoners had access to them at best once a week, frequently only once every two weeks.

82. The provision of outdoor exercise at Nubarashen Prison has been an ongoing problem since the CPT’s first visit in 2002. Outdoor exercise was still not organised at week-ends, mainly due to staff shortages, and most prisoners interviewed indicated that, in practice, they were allowed outdoor exercise once to three times a week.

Apart from a few prisoners working in general services (e.g. cleaning, maintenance work, kitchen), the vast majority of inmates were locked up for 23 or even 24 hours a day in their cells, with no other activities than watching TV, playing board games or reading books.

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<sup>53</sup> See paragraphs 69-75 of document CPT/Inf (2004) 25.

<sup>54</sup> It was accommodating 665 inmates at the time of the 2002 visit.

<sup>55</sup> Some remand prisoners were held for about 16 months in such conditions.

83. In the CPT's view, the combination of the above-mentioned negative factors at Nubarashen Prison could well be considered as amounting to inhuman and degrading treatment. **The CPT calls upon the Armenian authorities to set the following as short-term objectives at Nubarashen Prison:**

- i) **to ensure that every prisoner has his own bed;**
- ii) **to ensure an uninterrupted supply of electricity;**
- iii) **to improve the water supply;**
- iv) **to refurbish the shower facilities and ensure access to a shower at least once a week;**
- v) **to provide all inmates with at least one hour of outdoor exercise every day, including at week-ends;**

**and the following as medium-term objectives:**

- i) **to decrease the overcrowding, the objective being to offer a minimum of 4 m<sup>2</sup> of living space per prisoner in multi-occupancy cells;**
- ii) **to renovate the prisoner accommodation and to improve ventilation and hygiene in the cells;**
- vi) **to offer organised out-of-cell activities (work, recreation/association, education, sport) to all categories of prisoner.**

**The CPT also invites the Armenian authorities to increase, in the medium term, the frequency of showers for inmates, in the light of Rule 19.4 of the European Prison Rules.<sup>56</sup>**

84. In the course of the visit, the delegation was informed that Nubarashen Prison should be closed down once the construction of a new prison in Yerevan has been completed (see paragraph 61). **The CPT would like to receive more details of these plans.**

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<sup>56</sup> Rule 19.4 of the European Prison Rules states: "Adequate facilities shall be provided so that every prisoner may have a bath or shower, at a temperature suitable to the climate, if possible daily but at least twice a week (or more frequently if necessary) in the interest of general hygiene".

b. Kosh Prison

85. Kosh Prison is located in the village of Kosh, some 45 km from Yerevan. Its buildings served as an educational institution for about 40 years before assuming their current function in 1990. With an official capacity of 640, Kosh Prison was accommodating 731 sentenced men at the time of the visit, 718 being held in semi-closed conditions and 13 in open conditions. It appeared from the information provided to the delegation that the increase in the inmate population was a relatively recent phenomenon (the establishment had held fewer than 590 prisoners on average in 2008 and 2009).

86. With respect to material conditions, the detention areas were generally well lit, adequately ventilated and clean. However, prisoners were accommodated in large-capacity dormitories. The CPT has emphasised in the past the many drawbacks and disadvantages of this type of accommodation,<sup>57</sup> which are compounded when the prisoners concerned are held under cramped conditions – as was the case at Kosh Prison (e.g. 13 prisoners in a dormitory measuring about 40 m<sup>2</sup>; 54 inmates in a dormitory of some 110 m<sup>2</sup>). It is also noteworthy that dormitories of this type are in contradiction with Armenian legislation.<sup>58</sup>

87. The prison management faced serious challenges in meeting prisoners' basic needs. The leaking roofs of two accommodation buildings could not have been repaired recently without the financial support of the prisoners themselves.<sup>59</sup> Further, a number of electric stoves had been bought with the prisoners' financial contributions to ensure that the dormitories are appropriately heated in winter. It should also be noted that there had been repeated water shortages in the recent past. By letter of 6 September 2010, the Armenian authorities informed the Committee that water supply problems had been overcome and that prisoners were being provided with water on a 24-hour basis; this is a welcome development.

88. The sanitary arrangements were clearly unsatisfactory. The communal toilet facility comprised some 35 cubicles which were dirty and did not offer sufficient privacy. Further, the shower facility was dilapidated and access to it was said to be organised at best once a fortnight. The delegation was told that there were plans to build a new shower facility, with the support of prisoners.

89. The delegation received many complaints about the poor quality of the food. It appeared from the menus that animal protein was often missing in the meals served to prisoners. In this connection, the delegation was told that the national nutritional norms were observed at 80% only.

90. **The CPT urges the Armenian authorities to refurbish the toilet and shower facilities at Kosh Prison and to ensure that the quality and quantity of food provided to prisoners of this establishment comply with national nutritional standards.**

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<sup>57</sup> See, for instance, paragraph 71 of CPT/Inf (2007) 47.

<sup>58</sup> See Chapter 18 of the Penitentiary Code.

<sup>59</sup> The prisoners' financial contributions were apparently collected through the same channel as the one described in paragraph 66.



Further, the Committee recommends that steps be taken to transform the large-capacity dormitories into smaller living units offering more privacy and better possibilities for control by staff and to reduce the occupancy levels in the dormitories in order to comply with the legal requirement of at least 4 m<sup>2</sup> of living space per prisoner.

In addition, the CPT invites the Armenian authorities to increase the frequency of showers for inmates, in the light of Rule 19.4 of the European Prison Rules.

The Committee would also like to stress that it is the prison administration's responsibility to ensure that prisoners are held in decent conditions. If certain prisoners are given free reign to exploit their wealth, this may quickly erode the authority of the prison management within the establishment concerned.

91. The programmes of activities offered to prisoners at Kosh Prison were impoverished. It should be acknowledged as a positive element that inmates had access to a spacious outdoor area throughout the day as well as to a well-equipped sports hall. Further, a church was being renovated. However, less than 9% of the inmate population were engaged in work: 25 prisoners had paid jobs in the establishment's general services (kitchen, cleaning, etc.), 25 others had unpaid jobs (e.g. repair/construction works) and 11 inmates had been selected to perform work on the basis of their professional skills (e.g. handicrafts). No educational programmes were available. Moreover, the establishment's library was poorly stocked and the delegation received many complaints that there were not enough TV sets for the number of prisoners held in the establishment. **The CPT recommends that the Armenian authorities strive to develop the programme of activities offered to prisoners at Kosh Prison, in particular as regards education and vocational training, and to increase work opportunities for prisoners. Further, leisure and organised sports activities should be further developed (TV, provision of books/newspapers, organisation of sports events).**

92. The conditions of detention of "homosexual" prisoners were of particular concern to the delegation and may well be considered as discriminatory treatment. They were accommodated in conditions worse than those of the rest of the inmate population, in a warehouse with a leaking roof and limited access to natural light.<sup>60</sup> Although all of them were employed, they generally performed unpleasant tasks (such as cleaning the toilets) and allegedly had to work seven days a week, for seven to eight hours a day.

**The CPT recommends that the Armenian authorities take action without delay at Kosh Prison to provide "homosexual" prisoners with material conditions and a programme of activities on a par with those offered to other inmates. Further, measures should be taken to ensure that "homosexual" prisoners have at least one day of rest from work a week and sufficient time for education and other activities (see also Rule 26.16 of the European Prison Rules).**

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<sup>60</sup> See also paragraph 81 as regards the situation of this category of inmate at Nubarashen Prison.

c. Vardashen Prison

93. Vardashen Prison was initially built as a military unit in the 1990s and was subsequently transformed into a penitentiary establishment in 2005. With an official capacity of 154, it was accommodating 200 inmates at the time of the visit (142 sentenced prisoners and 58 remand prisoners), most of them being former law enforcement officials.<sup>61</sup> It comprised two main sections: a closed one (for 90 inmates) and a semi-open one (for 97 prisoners). Further, 13 inmates were held in open conditions.

94. Vardashen Prison offered somewhat better material conditions than those observed in the other establishments visited. The cells were generally in a good state of repair, adequately lit and ventilated, and well equipped (including a partitioned in-cell toilet). Serious efforts were being made to resolve water supply problems (e.g. almost all the necessary water pipes had been replaced; new water pumps and tanks had been installed).<sup>62</sup> Further, the shower facilities, to which prisoners had access once a week, had been renovated. That said, the national standard of 4 m<sup>2</sup> of living space per prisoner was often not being observed at the time of the visit (e.g. four inmates in a cell of 13 m<sup>2</sup> in the closed section; nine prisoners in a dormitory of 27 m<sup>2</sup> in the semi-open section).

**The CPT recommends that the Armenian authorities strive to reduce the cell occupancy rates at Vardashen Prison, the objective being to comply with the national standard of at least 4 m<sup>2</sup> of living space per prisoner. Further, the comment in paragraph 90 as regards the frequency of showers applies equally to Vardashen Prison.**

95. All prisoners in the closed section had access to at least one hour of outdoor exercise per day, including at week-ends, while those held in semi-open conditions could move freely within the section throughout the day. Both sections were equipped with spacious and adequately-equipped exercise yards.

96. Turning to the programme of activities, the situation was similar to that observed in other establishments visited. Only the 13 inmates held in open conditions had work (i.e. 6.5 % of the inmate population). Further, prisoners held in the semi-open section had regular access to a sports hall during the day. However, prisoners accommodated in the closed section spent up to 23 hours a day in their cells, their only activities being to watch TV, play board games or read books.

**The CPT recommends that action be taken at Vardashen Prison to develop suitable programmes of activities for the different categories of inmate (including work, education, sports, cultural and leisure activities).**

97. The delegation was concerned by the situation of a prisoner segregated for his own safety, who had been held for months in conditions akin to solitary confinement in one of the cells of the separate admission/segregation unit.<sup>63</sup> He was not allowed to speak to other inmates, took outdoor exercise alone and was afforded very little human contact with staff; he also had no contact with his family. **The CPT invites the Armenian authorities to set up individualised programmes of activities, involving both staff providing professional psychological support and custodial staff, for any inmates at Vardashen Prison who are segregated for a prolonged period for their own safety.**

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<sup>61</sup> As regards foreign prisoners, see Section II.D.4. of this report.

<sup>62</sup> The establishment had apparently faced repeated water shortages in the recent past, with inmates not being provided with water for up to several days.

<sup>63</sup> See paragraph 122.

## 6. Health care

### a. health-care staff resources and facilities

98. At the outset of the 2010 visit, the delegation's official interlocutors stressed that steps were gradually being taken to employ more civilian health-care staff in prison health-care services, including the Prison Hospital.

99. At Nubarashen Prison, the health-care team comprised 13 full-time doctors (including the head doctor, a cardiologist, a dermatologist, a stomatologist, and two specialists in internal medicine, two TB specialists and a psychiatrist); three of the doctors were civilian. The number of feldshers, all working on a full-time basis, had been reduced to seven since the 2006 visit (four of them being civilian feldshers). Doctors worked from 9 a.m. to 6 p.m. on week-days and feldshers provided a 24-hour presence, including at week-ends.

100. The health-care staff of Kosh Prison was composed of three doctors (all general practitioners) and one feldsher. Two doctors' posts and three feldshers' posts were vacant at the time of the visit;<sup>64</sup> in this respect, the delegation was informed that, due to low salaries, it was difficult to recruit and retain qualified health-care staff. Further, there was no stomatologist and dental care was provided by the establishment's feldsher (who was undergoing training in dental care).

There was no regular presence of health-care staff during the night and at week-ends, except for when the feldsher was on 24-hour duty, every third day. In cases of emergency, an ambulance was called. The present situation poses a risk to the health of prisoners. For instance, several weeks before the delegation's visit, a prisoner had required medical assistance during the night. It had taken some time for prison staff to become aware of this and about 45 minutes for an ambulance to arrive. The inmate concerned died.

101. At Vardashen Prison, the health-care team comprised two full-time doctors (the head doctor and an internal diseases specialist). Four civilian doctors (a neuropathologist, a dermatologist, an ophthalmologist and a stomatologist) attended the establishment twice a week. However, no health-care staff were present during the night and at week-ends.

102. To sum up, the penitentiary establishments visited can, on the whole, be considered as adequately staffed with doctors. However, all of them suffered from a shortage of feldshers/nurses. **The CPT recommends that the Armenian authorities take appropriate action<sup>65</sup> to reinforce the health-care staff teams at Nubarashen, Kosh and Vardashen Prisons with feldshers and/or nurses, and in particular:**

- **to employ at least two feldshers/nurses at Vardashen Prison;**
- **to fill the vacant posts of feldshers at Kosh Prison;**

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<sup>64</sup> The establishment was also visited by several prison medical specialists from Yerevan.

<sup>65</sup> Including by providing working conditions that are sufficiently attractive to recruit and retain staff.

- **to ensure that a person qualified to provide first aid, preferably someone with a recognised nursing qualification, is present around the clock at Kosh and Vardashen Prisons, including at week-ends.**

**Moreover, steps should be taken to ensure without delay the regular attendance of a stomatologist at Kosh Prison.**

103. The medical facilities and equipment in the establishments visited were, on the whole, relatively satisfactory. However, there was no adequate sterilisation equipment. After the visit, by letter of 6 September 2010, the Armenian authorities informed the CPT that the prison health-care authorities had made an official request to acquire such equipment. **The Committee would like to receive confirmation that sterilisation equipment has been provided to the establishments visited.**

Further, upon examination of the medical documentation in the prison establishments visited, the delegation found that the medical facilities were accommodating several prisoners who did not have health problems of a degree requiring placement in the prison medical facilities. **The Committee would like to receive the remarks of the Armenian authorities on this matter.**

104. At Kosh Prison, serious delays occurred in the transfer of inmates to outside hospital facilities, including to the Prison Hospital (i.e. periods of up to six months). This is a matter of serious concern to the CPT. **The Committee urges the Armenian authorities to ensure that prisoners in need of hospital treatment are promptly transferred to appropriate medical facilities. If necessary, the decision-making process should be reviewed.**

105. The supply of medicines (other than for tuberculosis) in penitentiary establishments has been a source of ongoing concern for the CPT. Unfortunately, no progress was observed in this area during the 2010 visit. The relevant budget was very limited and inmates frequently had to rely on their own financial resources or those of their relatives in order to receive the medication prescribed to them. **The CPT calls upon the Armenian authorities to ensure that prison establishments are supplied with appropriate medication.**

b. medical screening on admission / prevention of violence

106. Prisoners were medically screened shortly after admission to the establishments visited. However, the initial medical examination was generally superficial at Kosh Prison (i.e. absence of physical examination).

Further, at Nubarashen and Vardashen, medical examinations took place as a rule in the presence of prison staff as well as escort police staff (in the case of transfers from police establishments or courts). It emerged during the visit that such arrangements could seriously distort the results of medical examinations. For instance, at Nubarashen Prison, the documentation consulted referred to prisoners' statements according to which the injuries observed on arrival at the prison had been sustained as a result of a fall either before or during apprehension; however, when interviewed by the delegation, the prisoners concerned indicated that they had preferred not to say, in front of non-medical prison staff and/or police officers, that they had been ill-treated, for fear of reprisals. Further, the medical records generally did not contain conclusions as to the degree of consistency between any allegations made and the medical findings.

107. The CPT wishes to recall that prison health-care services can and should play an essential role in the prevention of ill-treatment. Consequently, **the Committee calls upon the Armenian authorities to provide health-care staff with detailed instructions on medical examinations of prisoners. In particular:**

**(i) with respect to medical examinations on admission**

- **they should never be conducted in the presence of escort police officers;**
- **if a person bears injuries consistent with possible ill-treatment, the relevant prosecutor should always be immediately notified and a copy of the report on injuries forwarded to him. Detained persons and their lawyers should be entitled to receive a copy of this report at the same time;**

**(ii) with respect to all medical examinations (whether they are performed on admission or after a violent episode in prison)**

- **medical examinations of prisoners should be conducted out of the hearing and – unless the health-care professional concerned expressly requests otherwise in a given case – out of the sight of non-medical prison staff;**
- **they should be comprehensive, including appropriate screening for injuries;**
- **statements made by the prisoners concerned in the context of such examinations, the objective medical findings and medical conclusions should not be accessible to non-medical prison staff (health-care staff examining the prisoners may inform prison staff on a need-to-know basis about the state of health of an inmate, including medication being taken and particular health risks).**

c. tuberculosis

108. Since the 2006 visit, the Armenian authorities have made further progress in the context of the national programme to control tuberculosis within the prison system (e.g. regular screening of prisoners, immediate segregation of prisoners diagnosed with active tuberculosis, steps to ensure continued treatment upon release, etc.). The Committee was also informed of action taken to organise testing for multi-drug-resistant forms of tuberculosis and to provide the best available treatment to patients. **The CPT trusts that the Armenian authorities will pursue their efforts to combat tuberculosis in prison. In this context, it would like to receive statistical data on morbidity and mortality in prison in relation to tuberculosis (including multi-drug-resistant forms of tuberculosis) over the last four years.**

d. psychological and psychiatric care in the prison establishments visited

109. The situation as regards the provision of psychiatric care to prisoners remains unsatisfactory. At Kosh and Vardashen Prisons, there was no psychiatrist and visits by outside consultants appeared to be sporadic. Nubarashen Prison did employ a psychiatrist, but the treatment of prisoners “under psychiatric observation” was seriously handicapped by the poor material conditions<sup>66</sup> and treatment possibilities other than medication were lacking.

**The CPT recommends that the Armenian authorities improve the provision of psychiatric care to prisoners, in particular by securing regular visits by psychiatrists to Kosh and Vardashen Prisons. Further, as regards prisoners “under psychiatric observation” at Nubarashen Prison, the CPT must stress again that inmates who are in a situation of vulnerability should never be accommodated under material conditions which are inferior to those prevailing on normal location. Moreover, mentally disturbed prisoners who require in-patient psychiatric treatment should be promptly transferred to appropriate hospital facilities which are adequately equipped and possess appropriately trained staff.**

110. Two of the life-sentenced prisoners held at Yerevan-Kentron Prison appeared to have unmet serious mental-health needs, notably related to prolonged detention in solitary confinement (see paragraph 71). At the end of the visit, the delegation requested that detailed independent psychiatric assessments of these two prisoners be performed, with a view to providing necessary treatment. In a communication of 9 September 2010, the Armenian authorities informed the Committee that following examinations by both prison and civilian psychiatrists, one of the two prisoners concerned was diagnosed with a psychiatric disorder as a result of long-term isolation and has subsequently been treated with medication. **The CPT would like to receive, within one month, copies of the psychiatric assessment reports.**<sup>67</sup>

111. As regards psychological care, each penitentiary establishment visited employed a psychologist, which represents a positive development. The psychologists were involved in the risk assessment of prisoners and also played a key role in the management of inmates presenting suicide risks or on hunger strike. **The Committee invites the Armenian authorities to reinforce the provision of psychological care in prison and to develop the role of prison psychologists, in particular as regards therapeutic clinical work with various categories of potentially vulnerable inmates.**

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<sup>66</sup> As was the case in 2002, the prisoners concerned were accommodated on the ground floor of the main accommodation block. These cells were in a poor state of repair, had insufficient access to natural light and were poorly ventilated (see also paragraph 74 of CPT/Inf (2004) 25).

<sup>67</sup> On 15 November 2010 (i.e. three days after the adoption of the present report), the Committee received more details about the psychiatric assessments of both prisoners and the treatment provided to them. This information will be examined by the CPT together with the psychiatric assessment reports.

e. Yerevan Prison Hospital's psychiatric ward

112. The visit to Yerevan Prison Hospital's psychiatric ward was of a follow-up nature and aimed at assessing progress made since the 2002 visit.<sup>68</sup>

With an official capacity of 45 places, the ward was accommodating 34 psychiatric patients at the time of the visit. Most of them were suffering from organic cerebral disorders. The average stay of psychiatric patients was about 90 days; that said, some had spent more than a year in the ward.

Psychiatric patients were being accommodated together with some 15 somatic patients on the ward, due to difficulties in stratifying the patients throughout the hospital.<sup>69</sup> This had negative repercussions on the provision of care to psychiatric patients. In their letter of 6 September 2010, the Armenian authorities informed the Committee that the psychiatric ward was no longer accommodating somatic patients. **The CPT would like to know where these prisoners were transferred.**

113. With respect to material conditions, there had been some limited improvements since the 2002 visit. The ward had been renovated in 2003 and the delegation noted in particular that the metal shutters fixed to the windows had been removed. A few of the rooms offered relatively spacious conditions (e.g. two patients in a room of 16 m<sup>2</sup>), had recently been repainted and nicely furnished (including cupboards, personal items, TV, etc.).

However, many psychiatric patients were accommodated in cramped conditions (e.g. three patients in a room of some 10 m<sup>2</sup>). Further, a number of rooms were dirty and in a poor state of repair with some missing window panes (e.g. in rooms Nos. 19 and 20). Further, rooms continued to be heated with small electric stoves.

Access to toilets and showers did not appear to be a problem, but the toilet and shower facilities were dilapidated and filthy. Further, the delegation was concerned to note that the personal hygiene of some patients was not sufficiently attended to.

In the light of the above, **the CPT recommends that steps be taken to:**

- **reduce occupancy levels in the rooms on the psychiatric ward, in particular by using the rooms that had been occupied by somatic patients** (see, in this connection, paragraph 112);
- **refurbish the rooms in need of repair and replace missing window panes;**
- **renovate the sanitary facilities;**
- **install an efficient heating system;**
- **assist patients to maintain good personal hygiene.**

<sup>68</sup> See paragraphs 131-139 and 141 of CPT/Inf (2004) 25.

<sup>69</sup> The hospital had 420 beds and was accommodating 210 patients (as well as 52 working prisoners). Unused capacities were mainly found in a new separate four-storey TB unit with some 220 beds, which was accommodating only 48 TB patients. The Hospital Director informed the delegation that, due to infection risks, no other somatic patients could be placed in that part of the establishment.

114. Treatment consisted essentially of pharmacotherapy. There were generally no problems with the supply of psychiatric medication (although newer-generation neuroleptics were not available). However, there were no individualised written treatment plans for patients. Further, the overall possibilities for treatment and activities of psychiatric patients within the ward were only rudimentary and consisted of basic recreational activities (e.g. watching TV, playing board games in their rooms). Patients had free access to the spacious hospital garden (when their state of health permitted it), but there was no day room or other facilities for any therapeutic, rehabilitative or recreational activities.

**The CPT reiterates the recommendation made in the report on its 2002 visit that the treatment of patients in the psychiatric ward be improved, the objective being to offer a range of therapeutic and rehabilitative activities, including access to occupational therapy, group and individual psychotherapy and possibly educational activities and suitable work. This will require the setting up of appropriate facilities within the ward and the drawing-up of individual treatment plans.**

115. The ward-based health-care staff was composed of three psychiatrists (including one civilian psychiatrist),<sup>70</sup> one feldsher and three orderlies.<sup>71</sup> A fourth post for an orderly had remained vacant for over one year. The psychiatrists and the feldsher were present on the ward five days a week from 9 a.m. to 6 p.m. Orderlies worked 24-hour shifts (with no orderly present every fourth day).<sup>72</sup> The most significant problem was the lack of ward-based multi-disciplinary clinical staff (psychologists, occupational therapists, etc.).<sup>73</sup>

**The CPT recommends that the Armenian authorities take steps at the Prison Hospital's psychiatric ward to ensure the regular presence of specialists qualified to provide therapeutic and rehabilitative activities, such as psychologists and occupational therapists. In addition, efforts should be made to increase the number of ward-based feldshers/nurses and to fill the vacant orderly's post.**

116. The CPT is pleased to note that the isolation room, which had been criticised in 2002 for not offering appropriate conditions, had been withdrawn from service. According to staff, mechanical restraints were not used and violent/agitated patients were transferred to an outside psychiatric hospital. That said, there was no specific register of instances of restraint (be it manual control, mechanical or chemical restraint). The delegation was informed about plans to establish such a register in accordance with new Ministry of Health regulations of 3 May 2010 (see paragraph 144). **The CPT would like to receive confirmation that such a register has been set up at the Prison Hospital's psychiatric ward.**

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<sup>70</sup> In addition, a visiting senior psychiatric consultant was present twice a week.

<sup>71</sup> There was also one prison officer ("controller") working in the ward at any given time. The "controllers" were acting under the instructions of health-care staff.

<sup>72</sup> During the night and at week-ends, a doctor, one or two feldshers and a nurse were on duty in the hospital.

<sup>73</sup> There was one psychologist for the whole hospital.



f. suicide prevention

117. Suicides or suicide attempts appeared to be very rare events in the establishments visited. However, the CPT is concerned by certain extreme measures that may be taken when a prisoner is considered to be a particularly high suicide risk. At Nubarashen Prison, a life-sentenced prisoner identified as suicidal had been kept in his cell, hand- and ankle-cuffed to his bed for more than one month between December 2009 and January 2010. At no point was he sent to a hospital facility. The cuffs were removed by staff for him to go to the in-cell toilet or during mealtimes. According to the prisoner concerned, the measure was ended after he managed to remove the cuffs himself.

In the CPT's opinion, to immobilise a prisoner for such a long period could be considered as amounting to inhuman and degrading treatment. Further, the immobilisation of an inmate who is mentally distressed cannot be considered by itself to constitute a properly effective suicide prevention measure. Suicide prevention is a matter falling within the purview of prison health-care services. They should ensure that there is an adequate awareness of this subject throughout the establishment, and that appropriate procedures are in place. A prisoner showing severe signs of suicidal behaviour should be placed under the direct supervision of a psychiatrist, preferably in a suitably equipped medical facility. An individualised care programme, involving a multi-disciplinary team (including staff providing professional psychological support), should be drawn up, monitored and reviewed. In addition, the person concerned should always be held in safe conditions, with no easy access to means of killing himself (cell window bars, broken glass, belts or ties, etc.). **The CPT recommends that the Armenian authorities discontinue their current practice in respect of inmates considered to be particularly high suicide risk and introduce appropriate suicide prevention procedures in prison, in the light of these remarks.**

g. hunger strikes

118. The CPT has misgivings about the treatment of prisoners on hunger strike. During the 2010 visit, the delegation observed that such prisoners were generally given a special uniform and segregated in a special cell, within or next to the disciplinary unit, which was equipped in the same way as disciplinary cells. The Committee wishes to stress that hunger strikes should be approached from a therapeutic rather than a punitive standpoint. In this context, the inmates concerned should be accommodated in suitable facilities where their state of health can be placed under appropriate medical supervision. Further, they should not be held in conditions inferior to those of other prisoners. **The CPT recommends that the Armenian authorities review their policy for the management of prisoners on hunger strike, in the light of the preceding remarks.**

## 7. Other issues of relevance to the CPT's mandate

### a. prison staff

119. The CPT's delegation found that the number of prison staff working in direct contact with inmates in most of the prison establishments visited was very low. In actual terms, there was on average one prison officer, working a 24-hour shift, for more than 60 inmates at Nubarashen Prison and one prison officer for more than 80 prisoners at Kosh Prison.<sup>74</sup> Further, there was no appropriate security equipment (such as personal radios or alarm systems) available to staff, a state of affairs that could prove prejudicial for staff and prisoners alike. For instance, at Kosh Prison, staff members indicated to the delegation that, in the event of a disturbance, they would "shout loudly and hope that a colleague would hear them". Similarly, they could experience delays in obtaining support for a sick or critically injured inmate (see, in this respect, paragraph 100).

The reliance on prisoner "leaders" for the maintenance of good order in prison (see paragraph 67) was partly a consequence of this situation.

A low staff complement and/or specific staff attendance and deployment systems which diminish the possibilities of direct contact with prisoners, increases the risk of inter-prisoner intimidation and of staff-inmate tension, precludes the emergence of dynamic security and has a negative influence on the quality and level of the activities provided to prisoners. Further, the Committee considers that the above-mentioned 24-hour shift pattern negatively affects professional standards. At the same time, the practice of delegating authority to prisoner "leaders" and using them to keep control over the inmate population is an abrogation of the responsibility for order and security – which properly falls within the ambit of prison staff – and exposes weaker prisoners to the risk of being exploited by their fellow inmates.

**The CPT recommends that the Armenian authorities take steps to increase staffing levels and change the staff attendance system in the prison establishments visited, in the light of the above remarks. The action taken should also be founded on the requirement to provide all categories of prisoner with a full range of activities (as well as daily outdoor exercise).**

### b. discipline

120. It should be recalled that remand prisoners may be placed in a disciplinary cell for up to 10 days and sentenced prisoners for up to 15 days. Upon examination of the relevant documentation, these time-limits appeared to be generally respected. However, the delegation came across a few cases where sentenced prisoners were confined to a disciplinary cell for 20 days. Staff explained that this may occur when a new breach of discipline is committed during disciplinary confinement. **The CPT would like to receive clarification of this issue.**

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<sup>74</sup> The situation at Vardashen Prison was more favourable, with on average one prison officer for some 20 prisoners.

121. The procedure contained in the Internal Prison Regulation still does not guarantee the right of prisoners facing disciplinary charges to be heard in person. Further, it was clear that prisoners were not given reasonable time to prepare their defence and were not informed of the possibilities of appeal. **The CPT recommends that the Armenian authorities review the procedure for placement in disciplinary cells 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, (iii) have the right to be heard in person and to call witnesses on their own behalf and to cross-examine evidence given against them, and (iv) are provided with a copy of the decision which contains the reasons for placement and straightforward information on their rights, including the right to legal assistance and the means available to them to challenge the decision before an independent authority.**

The involvement of health-care staff in the disciplinary procedure has been an area of concern for the CPT in the past.<sup>75</sup> It appeared from the documentation consulted during the 2010 visit that health-care staff continued to certify that prisoners were fit for placement in a disciplinary cell.<sup>76</sup> This is not acceptable. **The CPT reiterates its recommendation that the existing legal arrangements and practice concerning the role of health-care staff in relation to disciplinary matters be reviewed.**

122. At Kosh Prison, material conditions of detention in the disciplinary cells were generally acceptable. The cells were of an adequate size for their intended occupancy (e.g. four beds in a cell of 18 m<sup>2</sup>), well lit and equipped (including beds, a table, stools, a partitioned toilet and a water tap). That said, certain cells needed refurbishment and the shower room was in an advanced state of dilapidation. **The CPT recommends that these shortcomings be remedied.**

At Vardashen Prison, the three admission cells which were used as disciplinary cells when required offered adequate conditions in terms of living space, in-cell lighting and equipment. On a few occasions, prisoners were transferred to disciplinary cells at Erebuni Prison, although Vardashen Prison's admission cells were not occupied. **The CPT would like to receive the remarks of the Armenian authorities on this matter.**

Conditions in the disciplinary cells at Nubarashen Prison were appalling. The cells were in a decrepit state (including the in-cell toilet), humid and with virtually no access to natural light. By letter of 6 September 2010, the Armenian authorities informed the CPT that these cells were being refurbished. **The Committee would like to receive detailed information on the refurbishment work that has been done.**

123. Prisoners placed in disciplinary cells generally benefitted from one hour of outdoor exercise per day. However, at Nubarashen Prison, some prisoners made credible allegations that they had not been allowed to take outdoor exercise during the whole of their disciplinary confinement. **The CPT recommends that all prisoners placed in disciplinary cells at Nubarashen Prison be provided with at least one hour of outdoor exercise every day.**

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<sup>75</sup> See paragraph 96 of document CPT/Inf (2007) 47.

<sup>76</sup> For instance, decisions on placement seen by the delegation contained the following conclusions signed by the doctor: "on the basis of the examination of his state of health, the prisoner can be held in a disciplinary cell".

Further, prisoners placed in disciplinary confinement were still not allowed access to reading material.<sup>77</sup> **The CPT recommends that the relevant regulations be amended to remedy this deficiency.**

It should be added that inmates placed in disciplinary cells are automatically deprived of contact with the outside world (i.e. visits, phone calls and letters). **The CPT recommends that the Armenian authorities take measures to ensure that placement of prisoners in a disciplinary cell does not include a total prohibition on family contacts.**<sup>78</sup> Further, any restrictions on family contacts as a form of punishment should be imposed only where the offence relates to such contacts.

c. contact with the outside world

124. Remand prisoners can have two short visits (of up to three hours) per month, unless a particular visit is prohibited by a written and reasoned decision of the body conducting the criminal proceedings. Sentenced inmates are generally entitled to one short visit (of up to 4 hours) per month and one long term visit (of up to 72 hours) every two months.<sup>79</sup> The visiting entitlements of prisoners serving sentences for particularly serious crimes are restricted to three short visits per year and one long visit per year. **The CPT invites the Armenian authorities to increase the visit entitlements of both remand and sentenced prisoners so as to ensure that they have the right to receive more frequent visits (e.g. one short visit per week, with the possibility of accumulating visit entitlements for periods during which no visits have been received).** Further, **the recommendation made in paragraph 73 as regards life-sentenced prisoners applies equally to inmates serving sentences for particularly serious crimes.**

Facilities for short and long visits in the establishments visited generally offered adequate conditions. However, at Kosh Prison, the waiting list for visits was allegedly managed by prisoner “leaders”. This is not acceptable. **The CPT recommends that action be taken at Kosh Prison to ensure that the management of visits remains the prison administration’s prerogative.**

125. Armenian legislation provides that prisoners should have access to a telephone (unless prohibited by the body conducting the criminal proceedings, in the case of remand prisoners). Actual entitlements were determined by each penitentiary establishment.<sup>80</sup>

At Nubarashen and Vardashen Prisons, it appeared that prisoners generally had no problems in making phone calls. However, at Kosh Prison, the delegation received many complaints about access to the telephone, due to the fact that there were only two telephones for the whole inmate population (one of which was out of order at the time of the visit). **The CPT recommends that access to the telephone be improved at Kosh Prison.**

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<sup>77</sup> See Section 26 of the Internal Prison Regulations.

<sup>78</sup> See also Rule 60 (4) of the European Prison Rules.

<sup>79</sup> See Section 15 of the Law on the Treatment of Arrestees and Detainees and Section 92 of the Penitentiary Code.

<sup>80</sup> Prisoners were generally entitled to one phone call a week.

126. Several remand prisoners with whom the delegation spoke indicated that they had been told by police investigators that visits and phone calls would remain prohibited until they made confessions. The use of any such methods should be considered unacceptable and are not in the interests of a proper administration of justice. **The CPT recommends that the Armenian authorities take effective steps to ensure that the rights of remand prisoners to receive visits and to have access to the telephone are not unduly restricted. Any prohibition on visits should be specifically substantiated by the needs of the investigation or security considerations, require the approval of a judicial authority and be applied for a specified period of time, with reasons stated. Further, any decision to prohibit or impose restrictions on a given remand prisoner's access to the telephone should be based on a substantiated risk of collusion, intimidation or another illegal activity and be for a specified period. If necessary, the appropriate legal framework should be amended.**

d. complaints and inspection procedures

127. The Armenian legislation provides that prisoners have the right to address complaints to outside national and international bodies.<sup>81</sup> However, the delegation received several allegations from prisoners that their letters, including ones addressed to the CPT, had been returned to them, after having been opened. Further, at Nubarashen Prison, some prisoners indicated that they had been threatened by staff with disciplinary sanctions if they made complaints. **The Committee recommends that the Armenian authorities ensure that the right of prisoners to lodge complaints is fully effective, by guaranteeing *inter alia* that complainants are free from reprisals. In this context, the complaints procedures should be reviewed so as to safeguard the confidential character of prisoners' correspondence with outside complaints and inspection bodies (including the CPT). In this context, the CPT would like to stress that any action by prison staff to vet or read prisoners' letters addressed to the Committee would be considered as a violation of the principle of co-operation set out in Article 3 of the Convention.**

128. In the report on the 2006 visit, the Committee welcomed the development of inspection procedures, in particular the setting-up of a Prison Public Monitoring Group. It appeared during the 2010 visit that the monitoring group had continued to carry out frequent and unannounced visits to all penitentiary establishments in Armenia. Further, there were regular visits by prosecutors and staff of the Human Rights Defender's Office, as in the past. **The CPT trusts that the Armenian authorities will continue to promote the independent monitoring of prison establishments** (see also paragraph 8).

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<sup>81</sup> See Section 13 of the Law on the Treatment of Arrestees and Detainees and Section 12 of the Penitentiary Code.

## **E. Psychiatric establishments**

### **1. Preliminary remarks**

129. The CPT's delegation carried out a follow-up visit to the Secure Unit of Nubarashen Republican Psychiatric Hospital in Yerevan, the aim of which was to assess the changes made since the CPT's previous visit in 2002,<sup>82</sup> and a first-time visit to the Nork Centre of Mental Health in Yerevan.

130. At the time of the 2010 visit, the Secure Unit of Nubarashen Psychiatric Hospital consisted of two wards: Ward 6 for persons under forensic psychiatric assessment and Ward 7 for patients undergoing compulsory treatment pursuant to the provisions of the CCP (hereinafter "forensic" patients). The other ward for "forensic" patients (Ward 5) had been closed down in 2003 and was to be entirely refurbished. Ward 6 had a capacity of 10 beds and was accommodating eight remand detainees (including one juvenile) and two sentenced prisoners. Ward 7 (with a capacity of 50 beds) was accommodating 53 "forensic" patients, including two women.<sup>83</sup>

131. Yerevan Nork Centre of Mental Health, which opened in 1960, is situated on the outskirts of Yerevan, where it occupies extensive grounds surrounded by a perimeter fence. With an official capacity of 125 beds (including 50 beds for psychiatric assessment of conscripts), the establishment was accommodating 73 psychiatric patients and 48 conscripts. Psychiatric patients were accommodated on three wards: Ward 1 for short stays<sup>84</sup> (mixed gender), Ward 2 for women, and Ward 3 for longer stays (generally male patients, including 10 "forensic" patients)<sup>85</sup>.

All "civil" patients – except for one<sup>86</sup> – were formally considered as voluntary. However, all wards were locked and patients were not free to leave unless authorised by staff. The information gathered during the visit indicated that a significant proportion of the patients were de facto involuntary even if this was not confirmed by any formal procedure (see paragraph 148).

### **2. Ill-treatment**

132. The delegation heard no allegations of ill-treatment of patients by staff at the two psychiatric establishments visited. At the Nork Centre of Mental Health, the delegation observed that the atmosphere was relaxed and that staff had a caring and respectful attitude towards patients. Further, inter-patient violence did not appear to be a problem at either institution.

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<sup>82</sup> CPT/Inf (2004) 25, paragraph 103 and following.

<sup>83</sup> A further 36 "forensic" patients were accommodated on other, general wards of the hospital.

<sup>84</sup> Up to 24 days.

<sup>85</sup> The average stay for chronic patients was 3-4 months (longest one year), and the average stay for "forensic patients" was 2-4 years (longest 11 years)

<sup>86</sup> At the time of the visit, a court procedure had been initiated in his respect.

133. The Secure Unit of Nubarashen Psychiatric Hospital was still guarded by security officers employed by the Ministry of Internal Affairs<sup>87</sup> but the atmosphere had improved; in particular, following a CPT recommendation in 2002, guard dogs were no longer deployed in the courtyard. Security officers were prohibited from entering the wards, except in the case of an emergency when they had to act exclusively upon instructions of health-care staff.

### 3. Patients' living conditions

134. During its follow-up visit to the Secure Unit of Nubarashen Psychiatric Hospital, the delegation was pleased to note that the metal shutters covering the windows in Ward 6 had been removed. However, conditions on that ward remained unacceptably harsh and did not contribute to a positive, therapeutic environment. On Ward 7, lighting and ventilation, levels of hygiene and bedding were acceptable but some dormitories were overcrowded (e.g. 8 patients in 24 m<sup>2</sup>), with beds touching and little space to walk around. Further, the two female patients on Ward 7, accommodated in a room of 12 m<sup>2</sup> near the canteen, lacked privacy as they could be viewed by male patients passing through the barred gate.

On both wards, the dormitories and equipment were dilapidated and impersonal, and they offered no privacy; nothing had been done to diminish the prison-like, austere and depersonalised impression described in the report on the visit in 2002. Dormitories were fitted with barred gates and there were still no personal lockable areas in which to keep the patients' belongings. Further, there was no day room and patients spent at least 19 hours per day in the locked dormitories, without guaranteed TV or radio access.

The CPT supports the Armenian authorities' plans to refurbish the ground floor of the Secure Unit of Nubarashen Psychiatric Hospital (former Ward 5) and **trusts that this will allow the re-organisation of the patient accommodation areas with a view to reducing occupancy levels in the dormitories and creating a clearly separate area of the ward for women.**

Further, **the Committee recommends that the Armenian authorities:**

- **offer patients a more congenial and personalised environment and provide them with personal lockable space for their belongings;**
- **establish proper day rooms sufficient for the number of patients being held.**

135. Material conditions at Yerevan Nork Centre of Mental Health varied between the wards. Ward 1 had been partly renovated and offered a comparatively better environment (in particular, there were only 12 patients for a capacity of 20). In contrast, Ward 2 and Ward 3 were rather dilapidated and overcrowded (i.e. 4 patients in a room of some 10 m<sup>2</sup>; 7 patients in a room of 23 m<sup>2</sup>). Ward 3 had an intended capacity of 30 but was accommodating 38 patients, with some extra beds placed in the corridor. That said, patients were free to move within the wards.

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<sup>87</sup> See paragraph 168 of CPT/Inf (2004) 25.

Lighting, ventilation, levels of hygiene (including in the sanitary facilities) and bedding were generally acceptable in all the wards. However, the dormitories were mostly impersonal and austere, and many patients had no place to keep their personal belongings, which was particularly striking on Ward 3 (where some patients had resided for over 8 years). Further, there was a lack of day room facilities.

**The CPT recommends that occupancy levels in patients' rooms at Yerevan Nork Centre of Mental Health, in particular on Ward 3 be reduced, and that no patients are accommodated in the corridors.**

Further, **the Committee recommends that the Armenian authorities:**

- **offer patients a more congenial and personalised environment and provide them with personal lockable space for their belongings;**
- **establish proper day rooms sufficient for the number of patients being held.**

136. The delegation was concerned that in both establishments visited, juveniles were occasionally accommodated together with adults (at the time of the visit, there was a 15-year-old girl at Yerevan Nork Centre of Mental Health and a 17-year-old boy at the Secure Unit of Nubarashen Psychiatric Hospital). **In view of their vulnerability and special needs, juveniles should be provided with adequately protected accommodation, in a clearly separate area of the ward concerned. Naturally, this should not prevent juveniles from participating in rehabilitative psycho-social and recreational activities with adults, under appropriate supervision by staff.**

#### **4. Staff**

137. At the Secure Unit of Nubarashen Psychiatric Hospital, staff on Ward 6 consisted of one full-time psychiatrist, one head nurse, four nurses and eight orderlies. As for Ward 7, staffing was identical, except that there were two additional nurses. Nurses and orderlies were working 24-hour shifts, there being one nurse and two orderlies in each ward at night and at week-ends. Further, one doctor was on duty for the whole hospital after working hours.

As regards psychiatrists, the situation on Ward 7 has deteriorated compared with 2002 (when there were two full-time doctors<sup>88</sup>) and the current psychiatrist/patient ratio cannot be considered adequate. Further, the staff resources in terms of nurses and orderlies in Ward 7 are insufficient. It also appeared during the visit that very little specialised training was provided to nurses and orderlies, a situation already criticised in 2002.

Moreover, as regards both Ward 6 and Ward 7, the absence of psychologists<sup>89</sup> and other staff qualified to provide therapeutic activities clearly precluded the emergence of a therapeutic milieu based on a multidisciplinary clinical approach.

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<sup>88</sup> There had been two more full-time doctors on the former Ward 5.

<sup>89</sup> There was only one psychologist for the whole hospital.



The CPT recommends that the Armenian authorities take steps at the Secure Unit of Nubarashen Psychiatric Hospital to:

- **increase the number of psychiatrists, nurses and orderlies on Ward 7;**
- **provide nursing staff with specialised (initial and ongoing) training in psychiatry, including relating to patients' rights;**
- **employ specialists qualified to provide therapeutic and rehabilitative psycho-social activities (e.g. psychologists, occupational therapists, psychotherapists and social workers).**

138. At the time of the visit, there were 88 staff members at Yerevan Nork Centre of Mental Health, including 14 full-time psychiatrists, four head nurses, 32 nurses and 32 orderlies (all employed on a full-time basis). On each ward, there were two psychiatrists and one head nurse present during the day, and one nurse and two orderlies working 24-hour shifts. As regards other staff qualified to provide therapeutic activities, there were three psychologists, one occupational therapist and two social workers.

There were no vacant posts at the time of the visit and the psychiatrist/patient ratio could be considered sufficient. However, as regards nurses, staffing levels were inadequate. Further, there was scope for a greater contribution from clinical psychologists, occupational therapists and social workers, with a view to strengthening the multidisciplinary approach. **The CPT recommends that the Armenian authorities take steps at Yerevan Nork Centre of Mental Health to:**

- **increase the nursing staff/patient ratio on the wards;**
- **reinforce the team of specialists qualified to provide therapeutic and rehabilitative psycho-social activities.**

## **5. Treatment**

139. In both establishments, the treatment provided to patients was mainly based on pharmacotherapy. There was no evidence of overmedication. Further, the supply of basic psychiatric medication appeared to be adequate. Patients were seen by a psychiatrist on a regular basis and observations were recorded in the patient's file; however, no individual treatment plans were in evidence in the records examined in either of the establishments.

140. In Nubarashen Psychiatric Hospital, it became clear during the visit that rehabilitative psycho-social activities were still lacking and there was no evidence of a multidisciplinary clinical team approach. As a result of the paucity of structured therapeutic activities, the majority of patients spent most of the time locked up in their dormitories, lying on their beds or wandering idly around. This monotonous existence was broken only by meals, outdoor exercise and watching TV in the wards corridors. As regards in-room activities, they consisted of board games, reading books and newspapers brought by families and – for patients who could afford one – watching their own TV.

In contrast, at Yerevan Nork Centre of Mental Health, the importance of rehabilitation was acknowledged by the management and efforts were made to offer some multidisciplinary rehabilitative activities to patients. However, these activities (e.g. painting or knitting), were of a rather sporadic nature and were not embedded in a systematic individual treatment plan. As to recreational activities, they consisted of watching TV, playing board games and reading.

**141. The CPT reiterates the recommendation made in the 2002 visit report that the Armenian authorities strive to develop the possibilities for therapeutic and psycho-social rehabilitation activities at the Secure Unit of Nubarashen Psychiatric Hospital. At the Nork Centre of Mental Health, efforts should be made to expand the range of therapeutic options and involve more patients in rehabilitative psycho-social activities, in order to prepare them for independent life and a return to their families. Any juvenile patients accommodated in the establishments should be offered specific programmes relevant to adolescent psychiatric patients, including education.**

**At both establishments, occupational therapy should be an integral part of the rehabilitation programme, providing motivation, development of learning and relationship skills, acquisition of specific competences and an improved self-image.**

**Further, steps should be taken to draw up an individual treatment plan for each patient, composed of both pharmacotherapy and a wide range of rehabilitative and therapeutic activities, including the goals of the treatment, the therapeutic means used and the staff members responsible.**

142. As for outdoor exercise, the 2009 amendments to the Law on Psychiatric Assistance (LPA) include a right for patients to have daily access to fresh air.<sup>90</sup> However, it became apparent in both establishments that some patients rarely left the wards, apparently due to the absence of secure outdoor exercise areas at Yerevan Nork Centre of Mental Health and Ward 6 at Nubarashen Psychiatric Hospital. Further, conditions for outdoor exercise for “forensic” patients in Ward 7 at Nubarashen, which had been criticised in the 2002 visit report,<sup>91</sup> remained unchanged: the yard was small (some 30 m<sup>2</sup>), surrounded by a fence, and with no shelter against inclement weather.

**The CPT recommends that steps be taken to ensure that all patients at the Secure Unit of Nubarashen Psychiatric Hospital and Yerevan Nork Centre of Mental Health whose health so permits have access to one hour of outdoor exercise per day. Further, the Committee recommends that immediate steps be taken to improve the conditions under which patients take outdoor exercise at Nubarashen Psychiatric Hospital.**

143. The delegation was also informed that patients at the Nork Centre of Mental Health could not benefit from accompanied or unaccompanied leave (for instance, for local shopping trips). **The CPT invites the Armenian authorities to explore possibilities for granting leave to patients to assist with rehabilitation and to counter the adverse effects of hospitalisation.**

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<sup>90</sup> Section 22, paragraph 1.9 of the LPA.

<sup>91</sup> See paragraph 177 of CPT/Inf (2007) 47.

## 6. Means of restraint

144. For more than seven years, the CPT's long-standing recommendation that a policy for the use of means of restraint be adopted<sup>92</sup> had remained to be implemented. That said, the adoption of specific guidelines by the Ministry of Health shortly before the 2010 visit is clearly a step forward.<sup>93</sup> The guidelines specify that restraint belts should only be used as a last resort, that their application should be ordered by a medical doctor and should not exceed 4 hours (2 hours for 9-17 year olds). In addition, the patient should be under surveillance by medical staff at all times and should be examined by a medical doctor at least once per hour (with records made in the register). If the application of restraint is to be extended beyond the above time-limits, the head of the ward or clinic must give his authorisation. Further, the guidelines introduce a specific register for the use of means of restraint (indicating the name of the patient, diagnosis, reason for use of means of restraint, duration of application, hourly reviewing of the restraint by a doctor, and information on any injuries caused to staff or the patient resulting from means of restraint).

The new guidelines were yet to be implemented in the establishments visited, but the delegation noted that, as a first step, registers for the use of means of restraint had been established on each ward (at the time of the visit, the registers were still empty). **The CPT trusts that the Armenian authorities will ensure that all instances of restraint are systematically recorded in the new registers.**

145. Individual seclusion was not practised in either establishment. Mechanical restraint consisted of fixation of a patient to a bed with soft restraints (e.g. twisted sheets), or "wrapping" of a patient's upper body ("straightjacket" effect) or the whole body in sheets. The measure was ordered by a doctor and usually lasted only the time for the sedative injection to take effect (up to three hours).

However, at Yerevan Nork Centre of Mental Health, restraining of patients took place in the full view of other patients who were sometimes even asked to help staff.

**The CPT recommends that the Armenian authorities ensure that the application of mechanical means of restraint to a patient does not take place in the sight of other patients, unless the patient concerned explicitly requests otherwise or when the patient is known to have a preference for company. Means of restraint should be applied to a patient in a room specially designed for that purpose and staff should not be assisted by other patients when applying means of restraint. Once the means of restraint have been removed, a debriefing of the patient should take place.** This provides the occasion to explain the rationale behind the measure, thus reducing the psychological trauma of the experience as well as restoring the clinician-patient relationship. It also gives the patient the opportunity to explain his/her emotions prior to the restraint, which may improve both the patient's own and the staff's understanding of his/her behaviour.

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<sup>92</sup> See paragraph 188 of CPT/Inf (2004) 25 and paragraph 120 of CPT/Inf (2007) 47.

<sup>93</sup> Guidelines for applying physical restraint to individuals with mental disorders in organisations providing psychiatric medical assistance and service", adopted on 3 May 2010 by Order No. 69/A of the Ministry of Health.

## 7. Safeguards

146. It should be recalled that the Code of Criminal Procedure (CCP) provides for compulsory medical measures in respect of persons found to be criminally irresponsible for their acts or who develop a mental illness after committing a punishable act (“forensic commitment”) on the basis of a forensic psychiatric assessment by an inter-ministerial psychiatric commission.<sup>94</sup> The placement is ordered by a court for an indefinite period of time, but the hospital’s internal psychiatric commission, which performs six-monthly assessments of the patient, can recommend to the court that the patient be discharged. Further, any interested persons (including the patients’ relatives and legal representatives) can apply for a court review of the placement order.

Interviews with the patients and staff during the 2010 visit and a review of patients’ files indicated that the placement procedure prescribed by law had been followed, with the hospital’s psychiatric commission regularly (i.e. every six months) reviewing each patient’s case. Further, it appeared that patients were generally heard in person by the commission members. However, the delegation noted that patients were not systematically informed in writing about the psychiatric commission’s findings and had no access to legal assistance, which prevented them from applying for a court review of the commission’s decision on continued placement. Further, it appeared that patients rarely appealed the court’s decision not to grant discharge, even in the event of a positive recommendation of the psychiatric commission.

**The CPT recommends that “forensic” patients be systematically informed of the decision of the psychiatric commission and the court decision (and be given a copy of these documents), as well as of the legal remedies available to challenge them. Further, legal assistance to such patients should be ensured** (see also paragraph 150).

147. Since the 2006 visit, the LPA, which regulates involuntary (civil) psychiatric hospitalisation,<sup>95</sup> has been supplemented by a series of amendments and implementing regulations. In particular, the time-limit for a court application after involuntary admission of a patient has been extended to 72 hours (previously 48 hours) and patients’ rights have been spelled out (i.e. right to legal assistance, right to make complaints, communication with the outside world and information on rights).

Despite the above amendments made to the LPA, there are still some serious lacunae in the area of safeguards: the criteria for involuntary hospitalisation are still not clearly spelled out in legislation. Further, as regards discharge, no periodic review of involuntary placement is provided for by the law. **The CPT reiterates the recommendations made in the report on the visit in 2006 that steps be taken to:**

- **clearly spell out in the relevant legislation the criteria justifying involuntary hospitalisation;**
- **ensure a periodic review of involuntary hospitalisation decisions, which should take place at least once every six months.**

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<sup>94</sup> See paragraph 190 in CPT/Inf (2004) 25 and Sections 464 (1) and 471 of the CCP; the inter-ministerial psychiatric commission is composed of five psychiatrists, including one from the Ministry of Justice and one from the Ministry of Health (Governmental Decree of 4 December 2004).

<sup>95</sup> See CPT/Inf (2007) 47, paragraph 122.

148. The delegation's findings suggest that the court procedure for civil commitment to a psychiatric hospital was rarely used in practice and the patients who had been placed in a psychiatric facility against their will could not benefit from appropriate safeguards. At Yerevan Nork Centre of Mental Health, this procedure had been initiated only in respect of one patient at the time of the visit (out of 63 "civil" patients). From discussions with the hospital management it became apparent that the involuntary placement procedure was only initiated in respect of those patients who did not want to sign a paper on "voluntary" admission within the first 72 hours and/or who actively resisted their hospitalisation.<sup>96</sup> However, as already mentioned, patients were kept in locked wards and many patients with whom the delegation spoke declared that they were being held in the institution against their will, and wished to be discharged.

No precise statistics on the number of involuntary admissions according to the procedure provided for in the LPA were available, but it was indicated to the delegation that there were about 10 patients throughout Armenia hospitalised under this procedure at the time of the visit.

**The CPT reiterates the recommendation made in the report on its 2006 visit that steps be taken to ensure that the provisions of the LPA on involuntary civil hospitalisation are fully implemented in practice. This will involve training of all structures and persons concerned (in particular, health-care staff, hospital management and judges). To monitor the implementation of the new legislation, statistics on involuntary admissions (which could be broken down by diagnosis, gender, hospital, length of stay, etc.) should be compiled at national and establishment level.**

149. Concerning a patient's consent to treatment, Section 15 (3) of the LPA stipulates that patients (including involuntary patients) have the right to refuse treatment, except in the case of "forensic" patients.

In the Committee's opinion, the admission of a person to a psychiatric establishment on an involuntary basis, whether the person concerned be a civil or a "forensic" patient, should not be construed as authorising treatment without his/her consent. Every competent patient, whether voluntary or involuntary, should be given the opportunity to refuse treatment or any other medical intervention. If a patient is to be medicated against his/her informed consent, there should be clear criteria for this and procedures by which this can be authorised (which should allow for a second, independent, medical opinion in addition to that of the doctor(s) proposing the treatment). **The CPT recommends that the Armenian authorities take steps to reflect, in both law and practice, the principle of a patient's consent to treatment and the above-mentioned requirements as regards treatment without consent.**

150. The above-mentioned amendments to the LPA include the right of psychiatric patients to receive legal assistance,<sup>97</sup> but the practical provision of free legal assistance remains to be regulated. **The CPT would like to receive further information on this subject. Further, it would like to receive information on whether free legal assistance can also be provided to "forensic patients".**

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<sup>96</sup> Pursuant to the 2009 amendments to the LPA, discharge of a voluntary patient is to be done according to a medical opinion or upon the patient's request if he/she does not present a danger to society. Otherwise, pursuant to a doctor's request, he might be transferred to involuntary placement (Section 21 of the LPA).

<sup>97</sup> Section 22, paragraph 1.6, of the LPA.

151. The right of patients to be informed of their rights in their mother tongue or a language that they understand has been introduced in the LPA.<sup>98</sup> However, it transpired during the visit that patients at the establishments visited were not being provided with an introductory brochure. **The CPT reiterates its previous recommendation that an introductory brochure setting forth the hospital routine and patients' rights (including information on avenues for complaint) be devised and issued to each patient on admission, as well as to their families/guardians. Any patients unable to understand this brochure should receive appropriate assistance.**

152. In respect of contact with the outside world, there were no limitations on correspondence and visits from relatives.<sup>99</sup> However, as regards access to a telephone, there were no pay phones at either establishment and patients had to request permission to use an office phone. **The CPT urges the Armenian authorities to facilitate psychiatric patients' access to a telephone.**

153. As regards complaints procedures, patients could complain to the director and to a number of outside bodies, in particular, courts, the prosecutor, the Human Rights Defender and national or local authorities.<sup>100</sup> Further, a telephone hotline for complaints had been established by the Ministry of Health. That said, because of the above-mentioned problems of access to a telephone and difficulties in sending letters on a confidential basis, it was practically impossible for patients to make a confidential complaint. **The CPT urges the Armenian authorities to introduce a formal system for lodging complaints in a confidential manner (including a register of complaints and a possibility to appeal). In this context, the introduction of complaints boxes (with restricted staff access) should be considered.**

154. As regards external supervision, in addition to visits by the supervising prosecutor, psychiatric hospitals can be visited by the Human Rights Defender and representatives of civil society. However, it appeared that visits by the latter two bodies were sporadic. **The CPT recommends that the Armenian authorities develop a system of regular visits by an independent body to psychiatric hospitals. This body should be authorised, in particular, to talk privately with patients, examine all issues related to their living conditions and treatment, receive directly any complaints which they might have and make any necessary recommendations.**

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<sup>98</sup> Section 22, paragraph 1.1, of the LPA.

<sup>99</sup> See Section 22, paragraph 1.8, of the LPA which grants involuntary psychiatric patients "the right to maintain contacts with the outside world by means of newspapers and magazines, mail and meetings with visitors".

<sup>100</sup> See Section 22, paragraphs 1.4 and 1.11, of the LPA.

## **F. Social care homes**

### **1. Preliminary remarks**

155. The delegation visited for the first time in Armenia a social care establishment, namely Vardenis Nursing Home (“Internat”). The only establishment of its kind in Armenia, it is under the authority of the Ministry of Labour and Social Affairs. The nursing home had been moved to its current main site in 1993, a renovated former obstetric hospital building from the late 1980s situated on the edge of Vardenis. A second satellite site, about 2 km away, in the town, had been opened in 2008 in renovated facilities of the former district hospital.

With an official capacity of 370, at the time of the visit the institution was accommodating 390 residents<sup>101</sup> (169 men and 221 women), aged from 18 to 78 years. Residents were accommodated in seven wards: two male wards, two female wards and one mixed ward on the main site, and another two mixed wards on the satellite site. Each ward had a capacity of some 50 residents.

Approximately 60% of the residents suffered from schizophrenia, 35% from learning disabilities and a few from organic brain damage or dementia. Residents from both of the main diagnostic groups were in mixed wards. Further, there were reportedly plans to create a new 40-bed ward, which would allow the waiting list and the overcrowding on some of the existing wards to be reduced.

### **2. Ill-treatment**

156. Most of the residents interviewed by the CPT’s delegation spoke positively of the attitude of health-care staff. Further, relations between health-care staff and patients, as well as between the patients themselves, appeared quite relaxed.

That said, the delegation heard a few allegations of physical ill-treatment (e.g. slapping) of residents by ward-based staff; the ill-treatment alleged was said to occur in the context of residents becoming agitated or disobeying the staff’s orders. Further, several residents spoke of occasional rude behaviour and verbal abuse by ward-based staff. The delegation was informed by the management that in May 2009, five staff members had been dismissed in relation to physical ill-treatment of a resident.

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<sup>101</sup> Seventeen residents were on leave at the time of the visit. Regarding turnover, the delegation was informed that beds becoming vacant following discharge or deaths were quickly filled with new admissions, there being a waiting list in the Ministry of Labour and Social Affairs.

The CPT wishes to stress that, given the challenging nature of their job, it is essential that ward-based staff be carefully selected and given suitable training before taking up their duties, as well as ongoing training (including in control and restraint techniques). While carrying out their duties, such staff should also be subject to regular supervision. **The CPT recommends that the procedures for the selection of ward-based staff and both their initial and ongoing training and supervision be reviewed at Vardenis Nursing Home, in the light of the above remarks.** Further, **the institution's management should remain vigilant and make it clear to staff that all forms of ill-treatment of residents, including verbal abuse, are unacceptable and will be severely punished.**

### **3. Residents' living conditions**

157. The delegation gained a generally positive impression of residents' living conditions. The institution had been refurbished and residents' dormitories were clean, well lit and ventilated, occasionally with plants and some decoration. Further, the bedding was adequate with all beds neatly made. That said, the dormitories offered rather cramped sleeping conditions (e.g. up to ten residents in a room measuring 36 m<sup>2</sup>; up to six residents in a room measuring 16 m<sup>2</sup>) and lacked personalisation and privacy.

It is noteworthy that patients with differing mental health needs were often placed on the same ward. The CPT wishes to stress that residents with different needs, such as learning disabled persons and mentally-ill residents should preferably not be accommodated together. In the interests of residents, a differentiation should be made between the two groups at Vardenis Nursing Home; this would enable persons of both groups to receive a level of treatment which is adapted to their needs.

**The CPT recommends that steps be taken at Vardenis Nursing Home to reduce the occupancy levels in residents' dormitories and to provide more stratified accommodation to residents with differing mental health needs. In this context, the Committee would like to receive further information about the planned creation of a new 40-bed ward (see paragraph 155).**

**Further, efforts should be made to offer residents a more congenial living environment, including by providing them with personal lockable space for their belongings.**

158. Both general hygiene and residents' personal hygiene were of a good standard. Residents had unlimited access to communal toilet facilities on the wards and could take showers twice a week. Further, the sanitary facilities were functional.



159. Concerning food, the delegation received many complaints about the lack of variety and the absence of meat. Despite repeated requests, the delegation could not obtain details on the food provided. In their letter of 6 September 2010, the Armenian authorities indicated that measures were already underway to revise the list of dishes and increase the variety of the food. The CPT welcomes this development and **would like to receive further information on the food provision at Vardenis Nursing Home (overall budget, daily nutritional values, standard menus, etc.)**.

#### 4. Staff and care of residents

160. The institution employed a total of 430 staff members. Health-care staff comprised 7 doctors (one psychiatrist, two general practitioners, one neurologist, one laboratory doctor, one ultrasound specialist and one stomatologist). Two more posts of psychiatrist had been vacant for some time.<sup>102</sup> There was no doctor present at night or on week-ends.

There was a head nurse for the establishment as well as seven senior nurses, 46 nurses and 95 orderlies working 24-hour shifts on the wards and, in addition, there were a number of specialised nurses and orderlies.<sup>103</sup> Other staff working directly with residents included four psychologists, two social workers, 20 occupational therapists and 13 educators organising various activities for residents.

To sum up, the numbers of ward-based and multidisciplinary clinical staff were on the whole adequate, with the exception of psychiatrists. In an institution accommodating 390 residents with serious mental disorders and disabilities, the presence of only one psychiatrist is clearly insufficient. **The CPT recommends that urgent steps be taken to fill the vacant psychiatrists' posts. Consideration should also be given to increasing the number of psychiatrists' posts.**

161. With regards to treatment, the supply of medication appeared to be adequate, with no evidence of overmedication. The delegation was informed that outside medical specialists visited the nursing home when needed and residents could be transferred to psychiatric hospitals for treatment. However, medical records lacked detail. Further, there were no individualised written treatment plans for residents.

Efforts were being made to offer a wide range of psycho-social rehabilitative activities to residents. There was an occupational therapy block on the main site with workshops (shoe making, spinning, sewing) and a facility for sports activities. Day trips and cultural events for residents were also organised from time to time. Further, there was a TV room on each ward and a small library on the main site.

**The CPT recommends that an individual treatment plan be drawn up for each resident, including the details of the treatment (e.g. medication, psychological counselling, psycho-social intervention and the goals of treatment).**

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<sup>102</sup> One for 10 years, the other for 9 months.

<sup>103</sup> One dental nurse; one physiotherapy nurse; one ECG nurse; six escort auxiliary nurses; four bathing orderlies; three canteen (feeding) orderlies.

162. As regards outdoor exercise, both the main and satellite sites had spacious gardens, with shelters and seating. The delegation was informed that residents, health permitting, were allowed to access the yard every day. At the time of the visit, there were some 30-40 residents in these gardens on the main and the satellite sites, supervised by orderlies.

## 5. Means of restraint

163. There was no resort to isolation at the institution. Further, the delegation did not receive allegations of excessive use of physical restraint (soft fixation or use of a straightjacket). However, there was no dedicated register for recording the use of means of restraint, such instances being noted only in the nurses' log book.

**The CPT recommends that every instance of physical and/or chemical restraint at Vardenis Nursing Home be recorded in a special register established for that purpose (in addition to the nurses' log book). Further, the Committee recommends that a comprehensive and clearly defined policy on the use of means of restraint in social care homes be introduced, following the example of the recently adopted guidelines of the Ministry of Health on the use of means of restraint in psychiatric establishments (see paragraph 144).**

## 6. Safeguards

164. The delegation was informed that placement at Vardenis Nursing Home is decided by the Ministry of Labour and Social Affairs upon application by the resident or his/her legal guardian. **The CPT would like to know whether residents may be admitted to Vardenis Nursing Home under the provisions of the Law on Psychiatric Assistance on involuntary placement.**

From the information gathered during the visit, it transpired that most of the residents had not made an application or given their written consent to placement. Only about one third of the residents had been declared legally incompetent and placed upon the application of their legal guardian.<sup>104</sup> Residents were effectively deprived of their liberty for an indefinite period. If a resident attempted to leave, he/she would be prevented from doing so by staff, and if a resident did succeed in leaving, he/she would be tracked down by the police and returned to the establishment. During the visit, many patients with whom the delegation spoke declared that they were being held in the institution against their will and wished to be discharged.

In the CPT's view, placement decisions following an application by a guardian or family member should always be surrounded by appropriate safeguards. In particular, the procedure by which such placement is decided should offer guarantees of independence and impartiality as well as being based on objective medical, psycho-social and educational expertise. Further, 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; this is a requirement under the European Convention of Human Rights (Article 5, paragraph 4). It is also crucial that the need for placement of residents be reviewed at regular intervals and that this review afford the same guarantees as those surrounding the placement procedure.

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<sup>104</sup> The cases of the other residents were still to be examined by a court with regard to their legal capacity.

The CPT recommends that the Armenian authorities ensure that the procedure for placement of persons with psychiatric disorders/learning disabilities in social care institutions complies with the above requirements. Further, the Committee wishes to receive confirmation that all persons placed in such an institution against their will, whether or not they have been appointed a legal guardian, enjoy an effective right to apply to a court for a ruling on the legality of their placement and enjoy appropriate legal safeguards in this regard (i.e. right to a lawyer, possibility of being heard by the judge, etc.).

The Committee would also like to receive information on the procedure for consent to treatment in respect of persons with psychiatric disorders/learning disabilities admitted on an involuntary basis to social care homes<sup>105</sup> as well as on the system in place to review at regular intervals the need for continuing the placement.

165. The CPT is concerned that, following the placement of residents deprived of their legal capacity, the institution became automatically the legal guardian of such residents.<sup>106</sup> Such a situation may easily lead to a conflict of interests, considering that part of the role of a guardian is to defend the rights of the incapacitated person for whom he or she is responsible vis-à-vis the host institution (for example, as regards consent to medical treatment or to the application of means of restraint). **The CPT recommends that the Armenian authorities strive to find alternative solutions which avoid such a conflict of interests and guarantee the effective independence and impartiality of legal guardians.**

166. There were no specific arrangements for providing residents and their families with information concerning the stay at the nursing home. The CPT considers that an easy-to-understand brochure, setting out the establishment's routine, the rules for admission and discharge, residents' rights and the possibilities to lodge formal complaints on a confidential basis with clearly designated outside bodies, should be issued to the residents and their families/guardians. **The CPT recommends that such a brochure be drawn up and systematically distributed to residents and their families.**

167. Concerning contact with the outside world, residents could be visited by their families who could stay overnight in rooms set aside for this purpose. Further, some residents were taken out by their families for week-ends, holidays or longer periods. There were no public telephones in the establishment; however, the delegation was told that residents could phone from the medical unit, upon prior authorisation. **The CPT urges the Armenian authorities to facilitate residents' access to a telephone.**

168. It appeared during the 2010 visit that there was no proper system of complaints available to residents at Vardenis Nursing Home. As regards external supervision, the delegation was informed that the Human Rights Defender and NGOs visited the establishment; that said, these visits were apparently sporadic. **The recommendations made in paragraphs 153 and 154 apply equally here.**

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<sup>105</sup> See, in this connection, the comments and recommendations made in paragraph 149.

<sup>106</sup> See Section 37 (IV) and Section 41 (II) of the Civil Code.

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169. Finally, the CPT wishes to stress that the implementation of the above recommendations relevant to psychiatric establishments and social care homes should be assisted by the adoption of a comprehensive national plan for mental health, including a strategy for addressing the shortfalls in all psychiatric and social care institutions in the country and for de-institutionalisation/avoiding institutional care. **The Committee invites the Armenian authorities to develop such a national plan.**

## **APPENDIX I**

### **LIST OF THE CPT'S RECOMMENDATIONS, COMMENTS AND REQUESTS FOR INFORMATION**

#### **Co-operation encountered**

##### recommendations

- the Armenian authorities to take effective steps, on the basis of detailed action plans, to improve the situation in the light of the Committee's recommendations, in accordance with the principle of co-operation which lies at the heart of the Convention (paragraph 6).

##### requests for information

- up-to-date information on action taken to involve representatives of civil society in the work of the National Preventive Mechanism, in particular through the establishment of a Council for the Prevention of Torture (paragraph 8).

#### **Police establishments**

##### **Preliminary remarks**

##### recommendations

- the Armenian authorities to take steps to ensure that the protocol of detention is drawn up without delay following apprehension. Further, measures should be taken to ensure that protocols of detention refer to the time of apprehension and of admission to a police establishment (in addition to the time of the commencement of drawing up the protocol of detention) (paragraph 9);
- the Armenian authorities to ensure that persons remanded in custody are promptly transferred to a prison establishment (paragraph 10);
- the Armenian authorities to deliver to all police officers, including through ongoing training, the clear message that those having abused their position in order to obtain money from persons deprived of their liberty or their relatives will be the subject of criminal proceedings. More generally, reference is made in this respect to the recommendations made by the Council of Europe's Group of States against Corruption (GRECO) (paragraph 11).

##### comments

- any police questioning of persons remanded in custody which may be necessary after their transfer to a prison establishment should as far as possible be carried out in that establishment (paragraph 10).

## **Torture and other forms of ill-treatment**

### recommendations

- the Armenian authorities to deliver a firm message of “zero tolerance” of ill-treatment, at regular intervals, to all police officers, through the adoption of a statement from the highest level. As part of this message, it should be made clear that any police officer committing, aiding and abetting or tolerating ill-treatment, in any form, will be severely punished. Further, police staff should be reminded that no more force than is strictly necessary should be used when effecting an apprehension and that, once apprehended persons have been brought under control, there can never be any justification for striking them. At the same time, action to treat persons in custody humanely should be positively recognised (paragraph 14);
- the use of electric stun devices to be reviewed, in the light of the remarks in paragraph 16. The relevant laws and regulations should be amended accordingly (paragraph 16);
- the considerations set out in paragraph 18 as regards the emphasis on a physical evidence-based approach during professional training to be fully taken into account when implementing future police reform projects (paragraph 18);
- measures to be taken to review training, procedures and arrangements for police interviews, in the light of the remarks in paragraph 18 (paragraph 18).

### comments

- the CPT trusts that the Council of Europe expert opinion on the envisaged new complaints mechanism will be taken into account when setting it up and that determined action, including through appropriate funding, will be taken to ensure that the mechanism is, and is seen to be, independent and impartial. Given that police misconduct may entail elements of both disciplinary and criminal offences, close co-operation with bodies in charge of criminal investigations should be encouraged (paragraph 19).

### requests for information

- a copy of the relevant legal provisions or instructions on newly developed criteria for the use of force and “special means” (paragraph 15);
- the following information for the years 2009 and 2010:
  - (i) the number of recorded instances of recourse to “special means”, in particular electric stun devices, by police officers;
  - (ii) the number of injuries and deaths reported to the competent authorities following recourse to such means (paragraph 16);
- detailed information on the new uniforms for members of special police forces, with identification numbers, including on the special forces to which these uniforms will be issued (paragraph 17).

## **Investigations into cases possibly involving ill-treatment by the police**

### recommendations

- the investigation into the case of Kristapor Elazyan to be re-opened (paragraph 23);
- increased emphasis to be placed on the structural independence of the Special Investigation Service (SIS) and the existence of transparent procedures in order to enhance public confidence (paragraph 26);
- direct, confidential, access to the SIS for persons alleging ill-treatment to be ensured (paragraph 26);
- judges to be reminded, by the highest judicial authorities and/or, if necessary, through the adoption of relevant legal provisions, that they should take action whenever a person brought before them alleges that he or she has been subjected to violence by the police. Even in the absence of an express allegation of ill-treatment, the judge 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 ill-treatment may have occurred (paragraph 27).

### requests for information

- detailed information on the outcome of the case of Vahan Khalafyan (paragraph 22);
- the remarks of the Armenian authorities on the results of the investigations into the events of 1 March 2008 (paragraph 24);
- the following information in respect of 2009 and 2010:
  - the number of complaints of ill-treatment by police officers;
  - the number of SIS investigations instituted as a result of these complaints;
  - an account of any criminal sanctions imposed (paragraph 26);
- up-to-date information on progress towards the development of a centralised statistical database of complaints of ill-treatment of persons detained by law enforcement agencies (paragraph 26).

## **Procedural safeguards against police ill-treatment**

### recommendations

- all detained persons to effectively benefit from the right of notification of custody as from the very outset of de facto deprivation of liberty. Further, any possibility to delay the exercise of the right of notification of custody should be clearly circumscribed in law and made subject to appropriate safeguards (e.g. any delay to be recorded in writing with the reasons therefor, and to require the approval of a senior police officer unconnected with the case at hand or a prosecutor) and strictly limited in time (paragraph 29);
- the Armenian authorities to ensure that the right of access to a lawyer for persons deprived of their liberty applies effectively as from the very outset of their de facto deprivation of liberty by the police. If necessary, the relevant legal provisions should be amended (paragraph 30);
- witnesses summoned to a police establishment to be systematically made aware of the possibility to be assisted by a lawyer of their choice during any police interviews (paragraph 32);
- the Armenian authorities to take measures, including of a legislative nature, to make it clear that:
  - the right of access to a doctor applies as from the moment of de facto deprivation of liberty;
  - medical examinations of detained persons should be conducted out of the hearing and – unless the doctor concerned expressly requests otherwise in a given case – out of the sight of police officers;
  - the results of every examination, as well as any relevant statements by the detained person and the doctor's conclusions, should be formally recorded by the doctor and made available to the detainee and, upon request, his or her lawyer;
  - whenever injuries are recorded by a doctor which are consistent with possible ill-treatment, the record should be systematically brought to the attention of the relevant prosecutor (paragraph 34);
- whenever a detained person presents injuries and makes allegations of ill-treatment, he or she should be promptly seen by an independent doctor with recognised forensic training, who should draw conclusions as to the degree of consistency between the allegations made and the objective medical findings. The detained person should be entitled to such an examination without prior authorisation from an investigator, prosecutor or judge (paragraph 34);
- measures to be taken to ensure that the confidentiality of medical documentation is strictly observed. Naturally, health-care staff examining persons detained by the police may inform police officers on a need-to-know basis about the state of health of a detained person, including medication being taken and particular health risks (paragraph 34);



- verbal information on rights to be given systematically to all persons apprehended by the police, at the very outset of their de facto deprivation of liberty. As regards the information form on rights, it should be given systematically to all detained persons as soon as they are brought into a police establishment, and should be available in an appropriate range of languages (paragraph 36);
- the Armenian authorities to ensure that custody registers are properly maintained, accurately record the times of actual apprehension, admission, placement in a cell, release or transfer, and reflect all other aspects of custody (precise location where a detained person is being held; visits by a lawyer, relative, doctor or consular officer; taking out of cell for questioning; any incidents related to a detained person, etc.) (paragraph 37);
- the competent prosecutors and senior police officials to exercise effective supervision of the accuracy of custody registers in police establishments (paragraph 37);
- the mandate of the Police Public Monitoring Group to be extended so as to include any police premises where persons may be deprived of their liberty, even for a short period (paragraph 38).

#### comments

- the Committee considers it important that health-care staff working in police detention facilities be aligned as closely as possible with the mainstream of health-care provision in the community at large (paragraph 35).

#### requests for information

- clarification as to the applicable legal provisions concerning notification of custody (paragraph 29);
- up-to-date information on steps taken to improve the implementation of the Law on Advocacy (paragraph 31).

### **Conditions of detention**

#### recommendations

- the shortcomings referred to in paragraph 39 as regards police detention facilities to be remedied (paragraph 39);
- all persons held at the Detention Facility of Yerevan City Police Department for more than 24 hours to be given the possibility to take at least one hour of outdoor exercise every day (paragraph 39);
- the Armenian authorities to take urgent steps to ensure that the period of detention in holding cells does not exceed three hours (paragraph 40);
- immediate measures to be taken to ensure that corridors or offices are not used as a substitute for proper detention facilities (paragraph 40).

## **Military establishments**

### **Preliminary remarks**

#### recommendations

- the Armenian authorities to ensure that servicemen remanded in custody are promptly transferred to a prison establishment (paragraph 42).

#### comments

- any further questioning of servicemen by the military police which may be necessary after their transfer to a prison establishment should as far as possible be carried out in that establishment (paragraph 42).

#### requests for information

- up-to-date information on the planned changes in respect of military discipline and in particular on the measure of transfer to a disciplinary company. More specifically, the Committee wishes to know whether servicemen subjected to such a transfer would be locked up in the accommodation areas at specific times (paragraph 43).

## **Ill-treatment**

#### requests for information

- the following information in respect of 2009 and 2010:
  - the number of complaints of ill-treatment made against military police staff;
  - the number of criminal and disciplinary proceedings instituted as a result of such complaints;
  - an account of any criminal and disciplinary sanctions imposed (paragraph 44).

## **Safeguards**

#### recommendations

- all detained servicemen to effectively benefit from the right of notification of custody as from the very outset of de facto deprivation of liberty. Further, any possibility to delay the exercise of the right of notification of custody should be clearly circumscribed in law and made subject to appropriate safeguards (e.g. any delay to be recorded in writing with the reasons therefor, and to require the approval of a senior military police officer unconnected with the case at hand or a military prosecutor) and strictly limited in time (paragraph 45);

- the Armenian authorities to ensure that the right of access to a lawyer for servicemen deprived of their liberty applies effectively as from the very outset of their de facto deprivation of liberty (paragraph 45);

#### comments

- the CPT trusts that the Armenian authorities will take legal and practical steps to ensure that servicemen facing disciplinary proceedings benefit from all appropriate safeguards, in the light of the remarks in paragraph 46 and taking into consideration Recommendation CM/Rec(2010)4 of the Council of Europe's Committee of Ministers on human rights of members of the armed forces (paragraph 46);
- the Armenian authorities are invited to further develop the system of visits to military establishments by independent monitoring bodies (paragraph 47).

### **Conditions of detention**

#### recommendations

- measures to be taken to ensure that placement of servicemen in a disciplinary cell does not include a total prohibition on family contacts. Further, any restrictions on family contacts as a form of punishment should be imposed only where the offence relates to such contacts (paragraph 54);
- the official occupancy levels of cells to be reduced at the disciplinary isolators of Yerevan Military Police Division and Sevan Military Police Division in Martuni, the objective being to offer at least 4 m<sup>2</sup> of living space per detainee in multi-occupancy cells (paragraph 55);
- the cells measuring 4 m<sup>2</sup> at Sevan Military Police Division in Martuni to be either enlarged or taken out of service (paragraph 55);
- all detainees undergoing disciplinary confinement to be provided with mattresses, blankets and pillows at night (paragraph 55);
- the state of repair and cleanliness of the sanitary facilities at the Disciplinary Isolator of Yerevan Military Police Division to be improved (paragraph 55);
- military staff remanded in custody or serving sentences to be provided with some form of out-of-cell activity (e.g. work, sport) (paragraph 55).

#### comments

- in the CPT's view, there is no justification for attaching the beds in disciplinary cells to the wall during the day. Further, it should be possible for servicemen held in disciplinary confinement to lie down on the bed during the day, if this is required by their medical condition (paragraph 53).

## **National Security Service establishments**

### **Ill-treatment**

#### recommendations

- all National Security Service officials to be given the clear message that the ill-treatment of detained persons is not acceptable and will be the subject of severe sanctions (paragraph 56);
- the Armenian authorities to take measures to improve the professional training of National Security Service officials, in the light of the remarks in paragraph 57 (paragraph 57).

#### comments

- the recommendations made in Section II.A.4 (procedural safeguards against police ill-treatment) apply equally to persons deprived of their liberty by the National Security Service (paragraph 57).

### **Conditions of detention**

#### recommendations

- the shortcomings referred to in paragraph 59 as regards the exercise yard of the National Security Service detention facility in Yerevan to be remedied (paragraph 59).

## **Prison Service establishments**

### **Preliminary remarks**

#### recommendations

- the Armenian authorities to redouble their efforts to combat prison overcrowding and, in so doing, to be guided by all the relevant recommendations of the Committee of Ministers of the Council of Europe (paragraph 61);
- the Armenian authorities to strive to develop programmes of activities for both sentenced and remand prisoners. The aim should be to ensure that both categories of prisoner 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 (paragraph 62);
- the Armenian authorities to step up their efforts to combat corruption in the prison system. Further, all prison staff and public officials associated with the prison system should be given the clear message that obtaining or demanding undue advantages from prisoners or their relatives is not acceptable; this message should be reiterated in an appropriate form at suitable intervals (paragraph 63).

comments

- the CPT trusts that the prison-building programme of the Armenian authorities will be part of an overall strategy for creating a humane prison system which, in addition to improving the physical infrastructure, addresses the issues of prison management, the allocation of prisoners, as far as possible, to establishments close to their homes and opportunities for the reintegration of prisoners into free society (paragraph 61).

**Ill-treatment**

recommendations

- staff working at Nubarashen Prison to be reminded periodically that the ill-treatment of inmates is unacceptable and that resort to such ill-treatment will be severely punished (paragraph 64);
- the attention of the management of Nubarashen Prison and of supervising prosecutors to be drawn to the need for exercising extra vigilance to ensure that all instances of resort to “special means” against prisoners are adequately recorded and that “special means” are never applied as a form of punishment. Further, it should be recalled that a prisoner against whom “special means” have been used should have the right to be immediately examined and, if necessary, treated by health-care staff. The results of the examination (including any relevant statements by the prisoner and the health-care staff’s conclusions) should be formally recorded and made available to the prisoner, who in addition should be entitled to undergo a forensic medical examination (paragraph 65);
- the Armenian authorities to adopt a national strategy for combating inter-prisoner intimidation, including steps to put an end to the reliance on the informal prison hierarchy to maintain good order in prison establishments (paragraph 68);
- the management and staff of Kosh and Nubarashen Prisons to make use of all the means at their disposal to counter the negative impact of the informal prison hierarchy and prevent inter-prisoner intimidation. The prison management must be vigilant as to possible collusion between staff and prisoner “leaders”, and 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 (paragraph 68).

**Prisoners sentenced to life imprisonment**

recommendations

- the shortcomings observed in certain of the cells for life-sentenced prisoners at Nubarashen Prison to be remedied (paragraph 70);
- the Armenian authorities to develop a programme of activities for prisoners sentenced to life imprisonment (including work, education, association and sports, as well as targeted rehabilitation programmes) (paragraphs 70 and 71);

- a solution to be found without delay as regards the inadequate size of the cells for life-sentenced prisoners at Yerevan-Kentron Prison: either the cells are enlarged or, preferably, the three prisoners concerned are accommodated elsewhere (paragraph 71);
- as regards the two life-sentenced prisoners who had been held in conditions of solitary confinement for years at Yerevan-Kentron Prison, immediate steps must be taken to allow them contact with other inmates (paragraph 71);
- the Armenian authorities to review the security arrangements for life-sentenced prisoners, in the light of the remarks in paragraph 72. Steps should be taken without delay to ensure that at Nubarashen Prison, the handcuffing of life-sentenced prisoners when outside their cells is an exceptional measure and is always based on an individualised risk assessment (paragraph 72);
- the Armenian authorities to amend the legislation with a view to bringing the visit entitlement of prisoners serving life sentences or sentences for particularly grave crimes on a par with that of other inmates (paragraphs 73 and 124);
- visits to take place, as a general rule, in open conditions (e.g. around a table) and visits through a partition to be the exception (paragraph 73);
- the Armenian authorities to review the legislation and practice as regards the systematic segregation of life-sentenced prisoners, in the light of the remarks in paragraph 74 (paragraph 74).

#### requests for information

- confirmation that TV sets have been installed in the cells of the two life-sentenced prisoners who had been held in solitary confinement for years at Yerevan-Kentron Prison (paragraph 71).

#### **Foreign prisoners**

##### recommendations

- urgent steps to be taken at Nubarashen Prison and in the closed section of Vardashen Prison to reduce overcrowding in the cells for foreign prisoners, the aim being to comply with the national standard of at least 4 m<sup>2</sup> of living space per prisoner (paragraph 76);
- action to be taken to develop suitable programmes of activities for foreign prisoners (including work, education, sports, cultural and leisure activities) in Nubarashen and Vardashen Prisons (paragraph 77);
- reading material in appropriate languages and language classes to be provided for foreign nationals in prison and arrangements to be made to allow access to suitable areas for religious activities in both Nubarashen and Vardashen Prisons (paragraph 77);

- appropriate steps to be taken in prison establishments frequently holding foreign nationals to ensure more positive relations between prison staff and foreign prisoners, in the light of the remarks in paragraph 78. Greater communication between staff and foreign prisoners should be encouraged (paragraph 78);
- the Armenian authorities to adopt a flexible approach as regards possibilities to convert visit entitlements into phone calls, bearing in mind the special needs of foreign prisoners (paragraph 79).

comments

- the Armenian authorities are invited to ensure that special dietary needs of foreign nationals are taken into account in the preparation of meals in Nubarashen and Vardashen Prisons (paragraph 76).

**Conditions of detention of the general prison population**

recommendations

- the Armenian authorities to set the following as short-term objectives at Nubarashen Prison:
    - to ensure that every prisoner has his own bed;
    - to ensure an uninterrupted supply of electricity;
    - to improve the water supply;
    - to refurbish the shower facilities and ensure access to a shower at least once a week;
    - to provide all inmates with at least one hour of outdoor exercise every day, including at week-ends;
- and the following as medium-term objectives:
- to decrease the overcrowding, the objective being to offer a minimum of 4 m<sup>2</sup> of living space per prisoner in multi-occupancy cells;
  - to renovate the prisoner accommodation and to improve ventilation and hygiene in the cells;
  - to offer organised out-of-cell activities (work, recreation/association, education, sport) to all categories of prisoner (paragraph 83);
- the Armenian authorities to refurbish the toilet and shower facilities at Kosh Prison and to ensure that the quality and quantity of food provided to prisoners at this establishment comply with national nutritional standards (paragraph 90);

- steps to be taken at Kosh Prison to transform the large-capacity dormitories into smaller living units offering more privacy and better possibilities for control by staff and to reduce the occupancy levels in the dormitories in order to comply with the legal requirement of at least 4 m<sup>2</sup> of living space per prisoner (paragraph 90);
- the Armenian authorities to strive to develop the programme of activities offered to prisoners at Kosh Prison, in particular as regards education and vocational training, and to increase work opportunities for prisoners. Further, leisure and organised sports activities should be further developed (TV, provision of books/newspapers, organisation of sports events) (paragraph 91);
- the Armenian authorities to take action without delay at Kosh Prison to provide “homosexual” prisoners with material conditions and a programme of activities on a par with those offered to other inmates. Further, measures should be taken to ensure that “homosexual” prisoners have at least one day of rest from work a week and sufficient time for education and other activities (paragraph 92);
- the Armenian authorities to strive to reduce the cell occupancy rates at Vardashen Prison, the objective being to comply with the national standard of at least 4 m<sup>2</sup> of living space per prisoner (paragraph 94);
- action to be taken at Vardashen Prison to develop suitable programmes of activities for the different categories of inmate (including work, education, sports, cultural and leisure activities) (paragraph 96);

#### comments

- the Armenian authorities are invited to increase, in the medium term, the frequency of showers for inmates at Nubarashen Prison, in the light of Rule 19.4 of the European Prison Rules (paragraph 83);
- the Armenian authorities are invited to increase the frequency of showers for inmates at Kosh and Vardashen Prisons, in the light of Rule 19.4 of the European Prison Rules (paragraphs 90 and 94);
- the Committee would like to stress that it is the prison administration’s responsibility to ensure that prisoners are held in decent conditions. If certain prisoners are given free reign to exploit their wealth, this may quickly erode the authority of the prison management within the establishment concerned (paragraph 90);
- the Armenian authorities are invited to set up individualised programmes of activities, involving both staff providing professional psychological support and custodial staff, for any inmates at Vardashen Prison who are segregated for a prolonged period for their own safety (paragraph 97).

#### requests for information

- more details of the plans to close down Nubarashen Prison and to construct a new prison in Yerevan (paragraph 84).



## **Health care**

### recommendations

- the Armenian authorities to take appropriate action to reinforce the health-care staff teams at Nubarashen, Kosh and Vardashen Prisons with feldshers and/or nurses, and in particular:
  - to employ at least two feldshers/nurses at Vardashen Prison;
  - to fill the vacant posts of feldshers at Kosh Prison;

to ensure that a person qualified to provide first aid, preferably someone with a recognised nursing qualification, is present around the clock at Kosh and Vardashen Prisons, including at week-ends (paragraph 102);
- steps to be taken to ensure without delay the regular attendance of a stomatologist at Kosh Prison (paragraph 102);
- the Armenian authorities to ensure that prisoners in need of hospital treatment are promptly transferred to appropriate medical facilities. If necessary, the decision-making process should be reviewed (paragraph 104);
- the Armenian authorities to ensure that prison establishments are supplied with appropriate medication (paragraph 105);
- the Armenian authorities to provide health-care staff with detailed instructions on medical examinations of prisoners. In particular:
  - (i) with respect to medical examinations on admission
    - they should never be conducted in the presence of escort police officers;
    - if a person bears injuries consistent with possible ill-treatment, the relevant prosecutor should always be immediately notified and a copy of the report on injuries forwarded to him. Detained persons and their lawyers should be entitled to receive a copy of this report at the same time;
  - (ii) with respect to all medical examinations (whether they are performed on admission or after a violent episode in prison)
    - medical examinations of prisoners should be conducted out of the hearing and – unless the health-care professional concerned expressly requests otherwise in a given case – out of the sight of non-medical prison staff;
    - they should be comprehensive, including appropriate screening for injuries;

- statements made by the prisoners concerned in the context of such examinations, the objective medical findings and medical conclusions should not be accessible to non-medical prison staff (health-care staff examining the prisoners may inform prison staff on a need-to-know basis about the state of health of an inmate, including medication being taken and particular health risks) (paragraph 107);
- the Armenian authorities to improve the provision of psychiatric care to prisoners, in particular by securing regular visits by psychiatrists to Kosh and Vardashen Prisons. Further, as regards prisoners “under psychiatric observation” at Nubarashen Prison, the CPT must stress again that inmates who are in a situation of vulnerability should never be accommodated under material conditions which are inferior to those prevailing on normal location. Moreover, mentally disturbed prisoners who require in-patient psychiatric treatment should be promptly transferred to appropriate hospital facilities which are adequately equipped and possess appropriately trained staff (paragraph 109);
- steps to be taken at Yerevan Prison Hospital’s psychiatric ward to:
  - reduce occupancy levels in the rooms, in particular by using the rooms that had been occupied by somatic patients;
  - refurbish the rooms in need of repair and replace missing window panes;
  - renovate the sanitary facilities;
  - install an efficient heating system;
  - assist patients to maintain good personal hygiene (paragraph 113);
- the treatment of patients in the Prison Hospital’s psychiatric ward to be improved, the objective being to offer a range of therapeutic and rehabilitative activities, including access to occupational therapy, group and individual psychotherapy and possibly educational activities and suitable work. This will require the setting up of appropriate facilities within the ward and the drawing-up of individual treatment plans (paragraph 114);
- the Armenian authorities to take steps at the Prison Hospital’s psychiatric ward to ensure the regular presence of specialists qualified to provide therapeutic and rehabilitative activities, such as psychologists and occupational therapists. In addition, efforts should be made to increase the number of ward-based feldshers/nurses and to fill the vacant orderly’s post (paragraph 115);
- the Armenian authorities to discontinue their current practice in respect of inmates considered to be particularly high suicide risk and to introduce appropriate suicide prevention procedures in prison, in the light of the remarks in paragraph 117 (paragraph 117);
- the Armenian authorities to review their policy for the management of prisoners on hunger strike, in the light of the remarks in paragraph 118 (paragraph 118).

comments

- the CPT trusts that the Armenian authorities will pursue their efforts to combat tuberculosis in prison (paragraph 108);
- the Armenian authorities are invited to reinforce the provision of psychological care in prison and to develop the role of prison psychologists, in particular as regards therapeutic clinical work with various categories of potentially vulnerable inmates (paragraph 111).

requests for information

- confirmation that sterilisation equipment has been provided to the health-care services of Nubarashen, Kosh and Vardashen Prisons (paragraph 103);
- remarks of the Armenian authorities on the fact that several prisoners who did not have health problems of a degree requiring placement in a medical facility were being accommodated in the medical units of the prison establishments visited (paragraph 103);
- statistical data on morbidity and mortality in prison in relation to tuberculosis (including multi-drug-resistant forms of tuberculosis) over the last four years (paragraph 108);
- within one month, copies of the psychiatric assessment reports in respect of the two life-sentenced prisoners at Yerevan-Kentron Prison referred to in paragraph 110 (paragraph 110);
- where the somatic patients who had been accommodated in the Prison Hospital's psychiatric ward were transferred (paragraph 112);
- confirmation that a register of instances of restraint has been set up at the Prison Hospital's psychiatric ward (paragraph 116).

**Other issues of relevance to the CPT's mandate**

recommendations

- the Armenian authorities to take steps to increase staffing levels and change the staff attendance system in the prison establishments visited, in the light of the remarks in paragraph 119. The action taken should also be founded on the requirement to provide all categories of prisoner with a full range of activities (as well as daily outdoor exercise) (paragraph 119);
- the Armenian authorities to review the procedure for placement in disciplinary cells 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, (iii) have the right to be heard in person and to call witnesses on their own behalf and to cross-examine evidence given against them, and (iv) are provided with a copy of the decision which contains the reasons for placement and straightforward information on their rights, including the right to legal assistance and the means available to them to challenge the decision before an independent authority (paragraph 121);

- the existing legal arrangements and practice concerning the role of health-care staff in relation to disciplinary matters to be reviewed (paragraph 121);
- the shortcomings observed in Kosh Prison's disciplinary unit to be remedied (paragraph 122);
- all prisoners placed in disciplinary cells at Nubarashen Prison to be provided with at least one hour of outdoor exercise every day (paragraph 123);
- the relevant regulations to be amended to ensure that prisoners have access to reading material during disciplinary confinement (paragraph 123);
- the Armenian authorities to take measures to ensure that placement of prisoners in a disciplinary cell does not include a total prohibition on family contacts. Further, any restrictions on family contacts as a form of punishment should be imposed only where the offence relates to such contacts (paragraph 123);
- action to be taken at Kosh Prison to ensure that the management of visits remains the prison administration's prerogative (paragraph 124);
- access to the telephone to be improved at Kosh Prison (paragraph 125);
- the Armenian authorities to take effective steps to ensure that the rights of remand prisoners to receive visits and to have access to the telephone are not unduly restricted. Any prohibition on visits should be specifically substantiated by the needs of the investigation or security considerations, require the approval of a judicial authority and be applied for a specified period of time, with reasons stated. Further, any decision to prohibit or impose restrictions on a given remand prisoner's access to the telephone should be based on a substantiated risk of collusion, intimidation or another illegal activity and be for a specified period. If necessary, the appropriate legal framework should be amended (paragraph 126);
- the Armenian authorities to ensure that the right of prisoners to lodge complaints is fully effective, by guaranteeing inter alia that complainants are free from reprisals. In this context, the complaints procedures should be reviewed so as to safeguard the confidential character of prisoners' correspondence with outside complaints and inspection bodies (including the CPT) (paragraph 127).

#### comments

- the Armenian authorities are invited to increase the visit entitlements of both remand and sentenced prisoners so as to ensure that they have the right to receive more frequent visits (e.g. one short visit per week, with the possibility of accumulating visit entitlements for periods during which no visits have been received) (paragraph 124);
- the CPT would like to stress that any action by prison staff to vet or read prisoners' letters addressed to the Committee would be considered as a violation of the principle of co-operation set out in Article 3 of the Convention (paragraph 127);
- the CPT trusts that the Armenian authorities will continue to promote the independent monitoring of prison establishments (paragraph 128).

requests for information

- clarification as to the possibility to extend disciplinary confinement to up to 20 days when a new breach of discipline is committed during disciplinary confinement (paragraph 120).
- remarks of the Armenian authorities on cases of transfer of prisoners held at Vardashen to disciplinary cells at Erebuni Prison, whereas Vardashen Prison's admission cells were not occupied (paragraph 122);
- detailed information on the refurbishment of Nubarashen Prison's disciplinary cells (paragraph 122).

**Psychiatric establishments**

**Patients' living conditions**

recommendations

- the Armenian authorities to:
  - offer patients a more congenial and personalised environment at the Secure Unit of Nubarashen Republican Psychiatric Hospital and provide them with personal lockable space for their belongings;
  - establish proper day rooms sufficient for the number of patients being held (paragraph 134);
- occupancy levels in patients' rooms at the Nork Centre of Mental Health in Yerevan, in particular on Ward 3, to be reduced, and no patients to be accommodated in the corridors (paragraph 135);
- the Armenian authorities to:
  - offer patients a more congenial and personalised environment at the Nork Centre of Mental Health and provide them with personal lockable space for their belongings;
  - establish proper day rooms sufficient for the number of patients being held (paragraph 135).

comments

- the CPT trusts that the refurbishment of the ground floor of the Secure Unit of Nubarashen Psychiatric Hospital (former Ward 5) will allow the re-organisation of the patient accommodation areas with a view to reducing occupancy levels in the dormitories and creating a clearly separate area of the ward for women (paragraph 134);

- in view of their vulnerability and special needs, juveniles should be provided with adequately protected accommodation at the Secure Unit of Nubarashen Psychiatric Hospital and Yerevan Nork Centre of Mental Health, in a clearly separate area of the ward concerned. Naturally, this should not prevent juveniles from participating in rehabilitative psycho-social and recreational activities with adults, under appropriate supervision by staff (paragraph 136).

## **Staff**

### recommendations

- the Armenian authorities to take steps at the Secure Unit of Nubarashen Psychiatric Hospital to:
  - increase the number of psychiatrists, nurses and orderlies on Ward 7;
  - provide nursing staff with specialised (initial and ongoing) training in psychiatry, including relating to patients' rights;
  - employ specialists qualified to provide therapeutic and rehabilitative psycho-social activities (e.g. psychologists, occupational therapists, psychotherapists and social workers) (paragraph 137);
- the Armenian authorities to take steps at the Nork Centre of Mental Health to:
  - increase the nursing staff/patient ratio on the wards;
  - reinforce the team of specialists qualified to provide therapeutic and rehabilitative psycho-social activities (paragraph 138).

## **Treatment**

### recommendations

- the Armenian authorities to strive to develop the possibilities for therapeutic and psycho-social rehabilitation activities at the Secure Unit of Nubarashen Psychiatric Hospital. At the Nork Centre of Mental Health, efforts should be made to expand the range of therapeutic options and involve more patients in rehabilitative psycho-social activities, in order to prepare them for independent life and a return to their families. Any juvenile patients accommodated in the establishments should be offered specific programmes relevant to adolescent psychiatric patients, including education (paragraph 141);
- at both establishments visited, occupational therapy to be an integral part of the rehabilitation programme for psychiatric patients, providing motivation, development of learning and relationship skills, acquisition of specific competences and an improved self-image (paragraph 141);

- steps to be taken at both establishments visited to draw up an individual treatment plan for each psychiatric patient, composed of both pharmacotherapy and a wide range of rehabilitative and therapeutic activities, including the goals of the treatment, the therapeutic means used and the staff members responsible (paragraph 141);
- steps to be taken to ensure that all patients at the Secure Unit of Nubarashen Psychiatric Hospital and the Nork Centre of Mental Health whose health so permits have access to one hour of outdoor exercise per day. Further, immediate steps should be taken to improve the conditions under which patients take outdoor exercise at Nubarashen Psychiatric Hospital (paragraph 142).

#### comments

- the Armenian authorities are invited to explore possibilities for granting leave to patients at the Nork Centre of Mental Health, to assist with rehabilitation and to counter the adverse effects of hospitalisation (paragraph 143).

### **Means of restraint**

#### recommendations

- the Armenian authorities to ensure that the application of mechanical means of restraint to a patient does not take place in the sight of other patients, unless the patient concerned explicitly requests otherwise or is known to have a preference for company. Means of restraint should be applied to a patient in a room specially designed for that purpose and staff should not be assisted by other patients when applying means of restraint. Once the means of restraint have been removed, a debriefing of the patient should take place (paragraph 145).

#### comments

- the CPT trusts that the Armenian authorities will ensure that all instances of restraint are systematically recorded in the new registers established for that purpose (paragraph 144).

### **Safeguards**

#### recommendations

- “forensic” patients to be systematically informed of the decision of the psychiatric commission and the court decision (and be given a copy of these documents), as well as of the legal remedies available to challenge them. Further, legal assistance to such patients should be ensured (paragraph 146);

- steps to be taken to:
  - clearly spell out in the relevant legislation the criteria justifying involuntary hospitalisation;
  - ensure a periodic review of involuntary hospitalisation decisions, which should take place at least once every six months (paragraph 147);
- steps to be taken to ensure that the provisions of the Law on Psychiatric Assistance (LPA) on involuntary civil hospitalisation are fully implemented in practice. This will involve training of all structures and persons concerned (in particular, health-care staff, hospital management and judges). To monitor the implementation of the new legislation, statistics on involuntary admissions (which could be broken down by diagnosis, gender, hospital, length of stay, etc.) should be compiled at national and establishment level (paragraph 148);
- the Armenian authorities to take steps to reflect, in both law and practice, the principle of a patient's consent to treatment and the requirements set out in paragraph 149 as regards treatment without consent (paragraph 149);
- an introductory brochure setting forth the hospital routine and patients' rights (including information on avenues for complaint) to be devised and issued to each patient on admission, as well as to their families/guardians. Any patients unable to understand this brochure should receive appropriate assistance (paragraph 151);
- the Armenian authorities to facilitate psychiatric patients' access to a telephone (paragraph 152);
- the Armenian authorities to introduce a formal system for lodging complaints in a confidential manner (including a register of complaints and a possibility to appeal). In this context, the introduction of complaints boxes (with restricted staff access) should be considered (paragraph 153);
- the Armenian authorities to develop a system of regular visits by an independent body to psychiatric hospitals. This body should be authorised, in particular, to talk privately with patients, examine all issues related to their living conditions and treatment, receive directly any complaints which they might have and make any necessary recommendations (paragraph 154).

requests for information

- further information on the practical provision of free legal assistance to psychiatric patients (paragraph 150);
- whether free legal assistance can be provided to "forensic patients" (paragraph 150).



## **Social care homes**

### **Ill-treatment**

#### recommendations

- the procedures for the selection of ward-based staff and both their initial and ongoing training and supervision to be reviewed at Vardenis Nursing Home, in the light of the remarks in paragraph 156 (paragraph 156);
- the management of Vardenis Nursing Home to remain vigilant and to make it clear to staff that all forms of ill-treatment of residents, including verbal abuse, are unacceptable and will be severely punished (paragraph 156).

### **Residents' living conditions**

#### recommendations

- steps to be taken at Vardenis Nursing Home to reduce the occupancy levels in residents' dormitories and to provide more stratified accommodation to residents with differing mental health needs (paragraph 157);
- efforts to be made at Vardenis Nursing Home to offer residents a more congenial living environment, including by providing them with personal lockable space for their belongings (paragraph 157).

#### requests for information

- further information about the creation of a new 40-bed ward at Vardenis Nursing Home (paragraph 157);
- further information on the food provision at Vardenis Nursing Home (overall budget, daily nutritional values, standard menus, etc.) (paragraph 159).

### **Staff and care of residents**

#### recommendations

- urgent steps to be taken to fill the vacant psychiatrists' posts at Vardenis Nursing Home. Consideration should also be given to increasing the number of psychiatrists' posts (paragraph 160);
- an individual treatment plan to be drawn up for each resident of Vardenis Nursing Home, including the details of the treatment (e.g. medication, psychological counselling, psycho-social intervention and the goals of treatment) (paragraph 161).

## **Means of restraint**

### recommendations

- every instance of physical and/or chemical restraint at Vardenis Nursing Home to be recorded in a special register established for that purpose (in addition to the nurses' log book) (paragraph 163);
- a comprehensive and clearly defined policy on the use of means of restraint in social care homes to be introduced, following the example of the recently adopted guidelines of the Ministry of Health on the use of means of restraint in psychiatric establishments (paragraph 163).

## **Safeguards**

### recommendations

- the Armenian authorities to ensure that the procedure for placement of persons with psychiatric disorders/learning disabilities in social care institutions complies with the requirements described in paragraph 164 (paragraph 164);
- the Armenian authorities to strive to find alternative solutions so that a social care institution does not become automatically the legal guardian of residents deprived of their legal capacity, thereby avoiding a conflict of interests and guaranteeing the effective independence and impartiality of legal guardians (paragraph 165);
- an easy-to-understand brochure to be drawn up and systematically distributed to residents and their families at Vardenis Nursing Home (paragraph 166);
- the Armenian authorities to facilitate residents' access to a telephone at Vardenis Nursing Home (paragraph 167);
- the Armenian authorities to introduce a formal system for lodging complaints in a confidential manner (including a register of complaints and a possibility to appeal). In this context, the introduction of complaints boxes (with restricted staff access) should be considered (paragraph 168);
- the Armenian authorities to develop a system of regular visits by an independent body to social care homes. This body should be authorised, in particular, to talk privately with residents, examine all issues related to their living conditions and treatment, receive directly any complaints which they might have and make any necessary recommendations (paragraph 168).

comments

- the Armenian authorities are invited to develop a comprehensive national plan for mental health, including a strategy for addressing the shortfalls in all psychiatric and social care institutions in the country and for de-institutionalisation/avoiding institutional care (paragraph 169).

requests for information

- whether residents may be admitted to Vardenis Nursing Home under the provisions of the Law on Psychiatric Assistance on involuntary placement (paragraph 164);
- confirmation that all persons placed in social care institutions against their will, whether or not they have been appointed a legal guardian, enjoy an effective right to apply to a court for a ruling on the legality of their placement and enjoy appropriate legal safeguards in this regard (i.e. right to a lawyer, possibility of being heard by the judge, etc.) (paragraph 164);
- information on the procedure for consent to treatment in respect of persons with psychiatric disorders/learning disabilities admitted on an involuntary basis to social care homes as well as on the system in place to review at regular intervals the need for continuing the placement (paragraph 164).

**APPENDIX II**

**LIST OF THE GOVERNMENTAL AND OTHER AUTHORITIES AND INTERNATIONAL AND NON-GOVERNMENTAL ORGANISATIONS WITH WHICH THE DELEGATION HELD CONSULTATIONS**

**A. GOVERNMENTAL AUTHORITIES**

**Ministry of Justice**

Mr Gevork DANIELYAN	Minister of Justice
Mr Nikolay ARUSTAMYAN	Deputy Minister of Justice
Mr Vahe DEMISTSHYAN	Head of International Legal Relations Department
Mr Artur HOVHANNISYAN	Head of Euro-integration Department
Mr Ashot GIZIRYAN	Head of the Criminal Executive Department
Mr Rafayel HOVHANNISYAN	Deputy Head of Criminal Executive Department
Mr Ara HOVHANNISYAN	Deputy Head of Medical Division, Criminal Executive Department

**Police Service**

Mr Hunan POGHOSYAN	First Deputy Head of the Police Service
Mr Artur OSIKYAN	Deputy Head of the Police Service
Mr Eduard GHAZARYAN	Chief of Police Staff
Mr Gagik AVETISYAN	Head of Anti-Organised Crime Department
Mr Aghasi KIRAKOSYAN	Head of Public Order Department
Mr Artyom BABAJANYAN	Head of Internal Security Department
Mr Sayat SHIRINYAN	Head of Public Relations Department
Mr Hovhannes KOCHARYAN	Head of Legal Assistance Department

**Ministry of Defence**

Mr Ara NAZARYAN	Deputy Minister of Defence
Mr Levon AYZAZYAN	Deputy Head of Defence Policy Department
Mr Ara MESROBYAN	Head of Division, Defence Policy Department
Mr Arman POGHISYAN	Deputy Head of Investigation Service
Mr Hayk STEPANYAN	Deputy Head of Military Police Department
Mr Sasun SIMONYAN	Head of Division, Legal Department

**Ministry of Health**

Mr Aleksandr GHUKASYAN	Deputy Minister of Health
Mr Suren KRMOYAN	Legal Adviser to the Minister of Health

**B. OTHER AUTHORITIES**

**Prosecutor General's Office**

Mr Aghvan HOVSEPYAN	Prosecutor General
Mr Koryun PILOYAN	Senior Prosecutor
Ms Nelly HARUTYUNYAN	Head of International Legal Relations Division
Mr Vardan AVETISYAN	Acting Head of Department for Supervision of Implementation of Criminal Sanctions and Other Compulsory Measures
Ms Sona TRUZYAN	Press Secretary

**Special Investigation Service**

Mr Andranik MIRZOYAN	Head of Special Investigation Service
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**Office of the Human Rights Defender**

Mr Armen HARUTYUNYAN	Human Rights Defender
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**C. INTERNATIONAL ORGANISATIONS**

Delegation of the International Committee of the Red Cross (ICRC) in Yerevan

Office of the Organization for Security and Co-operation in Europe (OSCE) in Yerevan

**D. NON-GOVERNMENTAL ORGANISATIONS**

Public Monitoring Group on the observance of prisoners' rights

Public Monitoring Group on the observance of the rights of persons held in police detention facilities

Civil Society Institute

Helsinki Association for Human Rights

Helsinki Citizen's Assembly – Vanadzor

Helsinki Committee of Armenia

Forum Law Centre

Mental Health Foundation

**RESPONSE**  
**of the Government of the Republic of Armenia to the report of the European  
Committee for the Prevention of Torture and Inhuman or Degrading Treatment  
or Punishment (CPT) on its visit to Armenia**  
**from 10 to 21 May, 2010**

Police establishments

Concerning the point 9 of the report

As early as 2006 the Criminal Procedure Code of the Republic of Armenia has been completed with Article 131.1 on law-making initiative of the Police, which guarantees the possibility to institute the criminal case regarding de facto detained persons within the period of 3 hours and to implement procedural arrest. The legality of action of bringing a person to the Police is in close conjunction with the matter and in practice is not considered as a detention with the negative consequences deriving from it. Taking into account the fact that a new draft of the Criminal Procedure Code is currently processed, therefore the procedure for drawing up the protocol of detention at the moment of bringing a person will be regulated within the framework of the new legislation.

In the scope of police reforms programme, it is currently foreseen to make an electronic protocol without delay following the bringing a person to the police units, using the computers with mirror display connected to the Police network. In addition, it is intended to work out booklets in Armenian, Russian and English about the rights of the persons brought to the police.

Concerning the point 10 of the report

According to the part 2 of the Article 137 of the Criminal Procedure Code of RA a detainee may not be held in police detention facilities for more than 3 hours, except when the transfer is impossible due to a lack of transportation. Besides, according to the Article 6 of the Law of the Republic of Armenia "On treatment of arrested and detained persons", if it is impossible to transfer a detainee from the place of detention every day for conducting investigative actions, the detainee may be transferred to a custody for a period of up to 3 days by a decision of the appropriate investigator, prosecutor or court.

In addition to the exceptional cases mentioned, in order to prevent cases of holding people under arrest for longer period than it is foreseen by the law,

Instruction #Յ-2 dated 29.01.2009 and Order #2625-Ս dated 14.10.2009 have been issued by the Head of Police of the Republic of Armenia. In particular, it has been assigned for territorial Police units by the above mentioned Order to take all necessary measures to exclude:

- 1) the cases of holding detainees outside the places of detention in the nighttime, except for the urgent cases,
- 2) conducting operative inquiries of the suspects or performing investigative actions with participation of a suspect/accused in the nighttime, except for the urgent cases,
- 3) holding a brought suspect for more than 3 hours without procedural status of the suspect,
- 4) holding detainees in custody for more than 3 days, if it is not called forth by impossibility of the transfer from place of arrest to the investigative isolator or, in accordance with the appropriate requirements of the law, to another places of detention.

Concerning the point 11 of the report

Fully realizing the importance of the matter, an action programme directed to reducing the corruption risks in the Police has been established by the Order #3140-Ս of the Head of Police of the Republic of Armenia dated 09.12.2009. At the meantime, the "Police ethics" subject has been included in educational schedules at Police Academy and Police Training Centre by the initiative of the leadership of the Police of the Republic of Armenia. In addition, the Police servicemen continually participate in training courses on similar topics both in the Republic of Armenia and in foreign countries. The mentioned topics are also included in thematic plans training classes of the Police units.

A guideline on anti-corruption behaviour of Police servicemen is currently processed within the framework of the Police reforms programm.

Despite all this, the Police expresses its willingness to conduct service examinations and bring guilty servicemen to appropriate account in case the CPT delegation will provide any objective information on corrupt practices committed by the Police servicemen.

Concerning the point 12 of the report

Any case of cruel, disrespectful attitude or treatment, especially torture and inhuman or degrading treatment of citizens committed by the Police servicemen becomes the subject of wide discussions in the Police of RA and guilty persons are subjected to strict disciplinary liability.

Thus, during 2010 81 complaints (245 complaints were received in 2009) on cruel, disrespectful, degrading attitude towards citizens committed by the Police servicemen were received, 19 of the mentioned complaints (37 complaints were established in 2009) were proved by the examining. As a result of made service examinations 23 police servicemen were subjected to disciplinary liability (51 police servicemen were subjected to disciplinary liability in 2009), 4 police servicemen were subjected to criminal liability (2 police servicemen were subjected to criminal liability in 2009). By the way, 1 police serviceman called for criminal liability was sentenced to imprisonment, 1 policeman to detention, and for 2 policemen conditional sentence with trial period were applied.

As to the wide-ranging operative preventive measure of bringing to Police 53 persons participated in criminal "clarification" in Nor Nork administrative district, Yerevan City, there were appropriate insignias on uniforms of servicemen of the Police units participated in above mentioned operation (see photos of 17.04.2010 uploaded on [www.a1plus.am](http://www.a1plus.am)). By the way, 13 firearms, 8 cold steels and notable amount of ammunition were seized from the brought persons.

In order to ensure the application of identification numbers on uniforms of the Police servicemen protecting the public order, an appropriate addition has been made to the Article 12 of the Law of RA "On Police" and the Order #34-U q has been signed by the Head of Police of the Republic of Armenia on 23.03.2011, by which the application procedure of identification numbers for Police servicemen has been established.

Concerning the point 13 of the report

As a result of service examination made by the Police of RA regarding the fact of death Vahan Khalafyan at Charentzavan Police Division, 6 police servicemen (including head of police division) were subjected to strict disciplinary liability, 4 of them to criminal liability as well. Damning verdict with respect to 2 former police servicemen



was brought in by the court of first instance, which was then appealed against and presently the criminal case is under the jurisdiction of the Court of Appeal.

Concerning the point 14 of the report

See the considerations of the Police of the Republic of Armenia concerning the points 10 and 12 of the report.

Concerning the point 15 of the report

According to amendment to the Law of RA "On Police" dated 22.12.2010, a Police serviceman is obliged to report without delay to a higher police authority all cases of injuries or death occurred in result of applying (using) of physical force, special means or firearms; the same applies to any case of using special means (excepting handcuffs and rubber baton) and applying (using) firearms.

The use of physical force, special means and firearms in cases forbidden by the law or their use with exceeding self-defense limits by a Police serviceman entails the responsibility defined by the law. The chief of a Police authority immediately reports to the prosecutor all cases of injuries or death in the result of applying (using) physical force, special means or firearms by policemen.

Concerning the point 16 of the report

Changes and additions have been made to the Law of RA "On Police" on 22.12.2010 concerning the use of special means, including electric stun devices. In particular, it has been forbidden to involve in Police equipment types of special means, which can, by their tactical technical specifications, cause serious damage to health or arise irreversible changes in human organism or death or may act as an unfound risk source. In addition, the responsibility to set admissible standards for using special means are assigned by law to the Ministry of Health. The grounds for use of electric stun devices and spark-gaps have been also fixed by the law (see the p.p. of 1-4, part 1, Article 31 of the Law of RA "On Police").

The special means have been involved in Police equipment in conformity with the 2nd para of the Basic Principles on the Use of Force and Firearms by Law Enforcement Officials, according to which law enforcement agencies will possess such types of police equipment which are non-lethal, exceptionally have neutralizing

characteristics and are used with the aim to restrict the possibility of causing death or injuries. Police servicemen are regularly provided with special trainings for use of physical force, special means and firearms.

The Police of the Republic of Armenia received no information about bodily injuries caused by spark-gaps used by the Police.

Concerning the point 17 of the report

See the considerations of the Police of the Republic of Armenia concerning the point 12 of the report.

Concerning the point 18 of the report

Due to the Instruction #Յ-5 issued on 01.02.2011 by the Head of Police of RA in order to train those who have responsibility to obtain basic information for expert examinations and who authorized to prescribe expert examinations in the Police system, as well as to raise the level of their skills, the Police servicemen authorized for investigation and inquest, in accordance with schedule defined, should appropriately participate in training courses organized by the "National Bureau of Expert Examinations" State Non-Commercial Organization. Besides, the Police Academy organizes training courses for improvement of theoretical and practical knowledges of the servicemen mentioned.

Concerning the improvement of the interviewing techniques, it is planned to establish the rooms with one-way mirrors pursuant to the point 27 of the Police Reform Programme, and the interrogation process may be recorded upon a request made by an interrogated person which is foreseen by the Article 209 of the Criminal Procedure Code of RA.

Concerning the point 19 of the report

It should be noted that during 2010, 105 police servicemen were subjected to disciplinary liability for their professional misconduct. In general, 1014 police servicemen were subjected to disciplinary sanctions (939 – in 2009), 74 of them were dismissed (44 – in 2009), 13 servicemen were downgraded and 5 were disgraced, 30 servicemen were warned of noncompliance with the position, etc.

As a result of the facts of various offences committed by the Police servicemen, 46 criminal cases were instituted regarding 74 servicemen in 2010 with 15 of them convicted.

23 police servicemen were subjected to criminal liability for the various types of corruption. It is noteworthy that a half of the offences have been revealed on initiative of the Police.

In this respect, the cooperation between Police of the Republic of Armenia and Special Investigating Service of the Republic of Armenia is close enough.

The Special Investigating Service (SIS) acts in the framework of functions granted to it according to the Law of RA "On Special Investigating Service".

According to the Article 2 of the Law, the SIS carries out investigation of criminal cases regarding the complicity in abuse of power or crime committed by heads of legislative, executive and judicial authorities, those on special state service, as well as investigation of criminal cases concerned with the electoral procedures, which is foreseen by the Criminal Procedure Code of the Republic of Armenia.

The Special Investigation Service is self-governing state body and fulfils its power independently.

*Concerning the point 20 of the report*

See the considerations of the Police of the Republic of Armenia concerning the point 19 of the report.

*Concerning the point 28 of the report*

The rights of arrested persons to inform a near relation or others of their situation, have a lawyer and a doctor together with other rights are specified in the Article 13 of the Law of RA "On treatment of arrested and detained persons".

In the result of research carried out by international organizations and local non-governmental observer groups during the year, no serious violations of mentioned rights were registered.

*Concerning the point 29 of the report*

Indeed, there is inconsistency between Article 5 of the Law of RA "On Police" and Article 63 of the Criminal Procedure Code of RA: in one case the time of notification is set to be three hours, in another – not later than 12 hours. It is necessary to eliminate the discrepancy by making an amendment to the Criminal Procedure Code of RA. At the same time it should be mentioned that in case of such a collision more favorable norm is applicable to an arrested person, i.e. the provision of notification within 3 hours.

The Police would be grateful to the CPT delegation if the latter provides information on non-notification in due course by the Police in order to conduct official examinations.

Concerning the point 30 of the report

As for the issue of realization of the rights of brought and detained persons to be notified and have a lawyer, heads of the Police units conducting inquest have been instructed by the Instruction #3-12 issued by the Head of Police of RA on 03.04.2010 as follows:

1) to take all the necessary measures to invite a lawyer upon request from persons brought to police, which is foreseen by the Article 128 of the Criminal Procedure Code of RA;

2) to give a chance to a brought person for explanation with the participation of his/her lawyer, when it is necessary to take an explanation or conduct an operative inquiry before drawing up a protocol of detention or selection of a preventive punishment;

3) to maintain strictly other requirements of the Governmental Decision #818-Ն dated 14.06.2007 "On adoption of the list of the rights arising from limitation of the human rights and freedoms and liable to notification and the procedure of notification".

Necessary steps are being currently undertaken to ensure proper fulfilment of the listed legal acts.

Concerning the point 32 of the report

The right of interrogation of a witness with the assistance of his/her lawyer is guaranteed by the Criminal Procedure Code of RA, however, taking into consideration the results of studying legal acts of a number of European countries, it is possible to widen the scope of procedural authorities of lawyer (during the interrogation of the witness) in order to strengthen the protection of rights and legal interests of witnesses.

Concerning the point 33 of the report

Para 4 of the Article 13 of the Law of RA "On treatment of arrested and detained persons" states that "the detained person has the right to protect his/her health, including receiving sufficient food and urgent medical aid, as well as to be examined by the doctor of his/her choice in his/her own financial expenses". As to medical examination of a detainee a forensic medic, then, according to the Article 15 of the same Law, "an arrested or detained person and, in consent of an arrested or detained person, also his/her lawyer have the right to demand the forensic medical examination".

In conformity with the point 13 of the Governmental Decision #574-Ն dated 05.06.2008, "In case of discovering a bodily injury or obvious signs of disease or any complaints about state of health, the Police officer on duty invites a medic. The invited doctor immediately carries out the examination, during which the doctor chosen by the detained person may also participate. The medical examination of a detained person shall be conducted out of hearing and, unless the doctor requests otherwise, beyond the sight of an administrative serviceman of a place of detention. The results of the medical examination shall be recorded in registration book, in personal file and the patient, as well as the agency of criminal proceedings shall be informed of that.". By the way, in compliance with the point 3 of the Article 13 of the Law of RA "On treatment of arrested and detained persons", a detained person has the right to complain about violations of his/her rights and freedoms, both personally and through the lawyer or legal representative to administration of the place of arrest or detention, to higher organs, court, prosecutor's office, Ombudsman, central and local government bodies, public associations and parties, mass media, as well as international bodies or organizations dealing with protection of human rights and freedoms.

Concerning the point 34 of the report

See the considerations of the Police of the Republic of Armenia concerning the point 33 of the report.

Concerning the point 35 of the report

See the considerations of the Police of the Republic of Armenia concerning the point 33 of the report.

Concerning the point 36 of the report

See the considerations of the Police of the Republic of Armenia concerning the point 9 of the report.

Concerning the point 37 of the report

According to the Governmental Decision #574-Ն dated 05.06.2008 "On adoption of internal regulations of the places of detention functioning in the system of the Police of the Republic of Armenia", an officer on duty shall register every detained person passed to the places of detention in the book "for registration of persons kept in places of detention", where the following should be mentioned: name, surname, father's name, date of birth, place of residence of a detained person, arresting authority, grounds for admission to a place of detention, date and time of detention, previous convictions, notes on transfer of the detained person, grounds for release from the place of detention, date and time of the release. In addition, a personal file shall be compiled for every detained person in places of detention, including dates of detention and release, the individual card, protocol of bringing to police, that of list of clothes and personal items, information about previous convictions, protocol of search, fingerprint data, written requests for parcels and visits, running of personal account and other documents related to a detained person.

According to the regulations established by the Governmental Decision #574-Ն dated 05.06.2008, infill with shortcomings in registration books and forms of places of detention entails the liability foreseen by the law.

The places of detention are the most transparent places of the Police, where, within the framework of their competence assigned by the acting legislation, supervisory bodies and organizations pay special attention to proper infill of the registration books. The improvement of the mentioned function is under the control of the Police leadership.

The departmental network is being implemented, by which the mentioned process will be automatized and enable a real control over the terms of keeping and transfer of detained persons. (See also the considerations of the Police of the Republic of Armenia concerning the point 9 of the report).

*Concerning the point 38 of the report*

Taking into consideration the fact that a person brought to police may not be kept for more than 3 hours (the Article 131.1 of the Criminal Procedure Code of the Republic of Armenia), the access of the Public Monitoring Group to police stations upon concrete facts is unrealistic. In addition, the activity of the Group may hamper the investigation, disclosure of a crime on hot trail and violate the principle of confidentiality of investigation.

*Concerning the point 39 of the report*

The constructional specifications of the detention facilities are defined by the Governmental Decision #574-Ն dated 05.06.2008. It should be noted that the majority of the police detention facilities were built 30-40 years ago, therefore large financial investments will be required for the improvement of conditions.

As for the period of outdoor exercises, then, according to legislation in force, it should be no less than 1 hour, however in some cases it can be reduced at will of a detainee and an appropriate note shall be made in registration book.

The cells in district police divisions are foreseen for detention period of up to 3 hours and not for overnight stays, however in cases when it is impossible to establish the identity of an offender, the period of detention may be prolonged. The mentioned problem will be resolved by adoption of the new Criminal Procedure Code of the Republic of Armenia ( See also the considerations of the Police of the Republic of Armenia concerning the point 9 of the report).

The matters illustrated in the points 21, 27, 31 of the report are ultra vires for the Police.

***Military establishments***

During the period of 2009-2010 no complaint of inhuman behavior or ill-treatment against military police staff was made.

The bad conditions of cells and the poor state of repair and cleanliness of the sanitary facilities at the Disciplinary Isolator of Yerevan Military Police Division are eliminated as they are basically repaired since 24.01.2007.

The reform of occupancy levels of cells is related to ongoing legislative amendments. Nevertheless, the Staff of Military Police doing its best to provide minimum 4 sqm of living space per-detainee, by allocating less detainees in the cells than the number of beds in that same cells are.

As regards to improvement of living conditions of militaries at the Disciplinary Isolators, it is also the issue of legislative amendments. The absence of mattresses and pillows and ban of usage of beds attached to the wall during the day are imposed by acting legislation.

Code of garrison and guard service of Armenian Armed Forces does not provide any type of out-of-cell activity for military staff remanded in custody or serving sentences.

In accordance to the provision of the Draft Disciplinary Code of Armenian Armed Forces the disciplinary companies will act on garrison basis. The military servicemen against whom the disciplinary sanction of being kept in disciplinary company is imposed should be sent from military unit to disciplinary company and vice versa by the means of the military unit. Intermediary facilities to keep military servicemen will not be available.

Ministry of Defence of Armenia will take into consideration the comments and recommendations of CPT, while amending the legislation.

### **National Security Service establishments**

Nasional Security Service officers who deal with suspects of criminal cases are periodically being instructed on inadmissibility of illtreatment to suspects (detained persons ) and about the responsibility they will be brought to connected with such behavior. About the gaps prescribed by the points 58-59 of the report measures are being taken to eliminate the lacks.

### **Prison Service establishments**

#### **Preliminary remarks**

*In connection with paragraph 61*



Respective measures have been taken and are now underway for the solution of problems in relation to the overcrowding and facility conditions of penitentiary establishments. The Programme for the Reforms of the Penitentiary System approved in 2010 by the Government of the Republic of Armenia provided for implementation of reforms in several directions. Naturally, these reforms should first of all relate to the legislative definition of the status of the Service. For these purposes in 2003 the Law of the Republic of Armenia "On penitentiary service" was adopted, and the improved version of the mentioned Law was adopted in 2005. Up to now many legal acts have been adopted for the purpose of properly ensuring the activities of the Penitentiary Service. Besides the legal framework, the programme for reforms also provided for practical and infrastructure-related measures. The latter implied bringing the Penitentiary Service, particularly the logistics of penitentiary establishments, in line with both the new living conditions and international standards. In other words, it is necessary to terminate the functioning of old and non-optimally operated penitentiary establishments, transform the existing premises and bring them in compliance with the international standards and build new penitentiary establishments meeting the international standards. It is natural that the conditions of already obsolescent and physically depreciated premises of the establishments inherited from the soviet times are not suitable for execution of punishment in conformity with the international standards of human rights. In the initial phase of the Programme for Reforms of the Penitentiary Service, *i.e.* in 2001-2006, four penitentiary establishments have been renovated as a temporary measure of solving the problems faced by the system. Certainly, it should be noted that even with the repaired establishments we can hardly say that the system infrastructures fully comply with the European standards. In other words, penitentiary establishments repaired within the framework of reforms implemented so far may be considered solely as a transitional phase.

Having studied the experience of other countries as regards having prisons meeting the present international standards it was concluded that it is possible to have such prisons not through bringing the existing prisons — not complying with

standards — into compliance with standards but through building prisons in compliance with the European standards.

For this very reason, construction of new penitentiary establishments is a must, and the Government of the Republic of Armenia, as a solution to the problem, has approved the Programme for Infrastructure Reforms of the Penitentiary Service.

Thus, for the purpose of ensuring complete and proper fulfilment of the tasks of the Penitentiary Service as provided for by law, it is planned to put into operation four new penitentiary establishments and to carry out capital repairs in four more establishments.

From Soviet period up to now in correctional establishments the sentenced prisoners lived mainly in hostel type living spaces, while now there is need to shift to completely cell-type living spaces. The problem has two important aspects. First, it derives from the necessity to implement the principle of individualisation of punishment in compliance with the international standards, by ensuring that the sentenced prisoners in penitentiary establishments are kept in small groups in separate cells or living areas by providing partitioned sanitary and other facilities. Second, the administration attaches importance to this problem in terms of ensuring the security.

Thus, for the purpose of complete fulfilment of the tasks set for the Penitentiary Service, it is planned within the coming ten years to put into operation penitentiary establishments meeting the conditions of a closed, semi-closed and semi-open type correctional establishment, as well as of a remand facility (spreading as of regions).

The following urgent measures are planned to be implemented for the purpose of reducing overcrowding:

- Increase of efficiency of applying the institute of early conditional release from punishment;

- Review of criteria for serving the punishment in open-type correctional establishments that will significantly contribute to the increase of the number of sentenced prisoners serving the punishment in an open-type establishment.

For the purpose of eliminating overcrowding, the following strategic measures are planned to be implemented implying also legislative reforms:

- Increasing the number of types of punishment that are alternative to imprisonment, and strengthening the application practice;
- Implementation of measures aimed at reduction of cases of using remand detention as a measure of prevention.

As mentioned above, in December 2009 the Government of the Republic of Armenia approved the concept for the Infrastructure Reforms of the Penitentiary Service of the Ministry of Justice of the Republic of Armenia, which provides for construction of new penitentiary establishments meeting the international standards by 2018 and closure of some of the old penitentiary establishments thus improving the conditions in which remand and sentenced prisoners are kept.

For the purpose of addressing these problems, a symposium was organised in March 2011 in Yerevan with co-operation of the Ministry of Justice of the Republic of Armenia and the Council of Europe, where authoritative CoE experts were invited to participate, covering the issue of the need to reform the criminal legislation of the Republic of Armenia in terms of punishments with a view to provide for more alternative types of punishments, consider issues in relation to reintegration and other issues of significance that are vital for the elimination of disadvantages present in the system.

*In connection with paragraph 62*

As regards organised activities of remand and sentenced prisoners, it should be noted that in January of this year the "Assistance to the Prisoner" foundation was presented with a list of vocational skills of the sentenced prisoners aiming at

involvement of sentenced prisoners in work based on their handicraft abilities. Both sentenced and remand prisoners will be involved in these work activities.

In addition, on 6 April 2011 a new production unit with confectionery and bakery was opened in Abovyan Penitentiary Establishment the activities of which will involve more than ten remand and sentenced prisoners and to a certain extent will solve the problem of employment in that establishment; in the future it is planned to enlarge the dimensions of that production and open new units.

At present, the development of a project on the establishment of a lamps unit is underway that will involve about two tens of sentenced and remand prisoners. The Penitentiary Service, in co-operation with the "Assistance to the Prisoner" foundation continuously pursues effective measures for ensuring the employment of sentenced and remand prisoners.

*In connection with paragraph 63*

For the purpose of limitation of corruption risks existing at the Penitentiary Service of the Republic of Armenia, the Law Institute of the Republic of Armenia regularly conducts training and educational courses for penitentiary officers aimed at improvement of their knowledge and skills and raising their legal consciousness. Measures intended for the reduction of corruption are provided for in the Programme for Infrastructure Reforms of the Penitentiary Service. The National Programme for 2009-2012 on Combating Corruption also provides for a number activities aimed at combating corruption in the penitentiary service. During the last three years, two cases of taking bribes have taken place in the Penitentiary Service, whereon criminal cases have been initiated and offenders were subjected to criminal liability and were dismissed from the system.

**2. III-treatment**

*In connection with paragraphs 64 and 65 of the Report:*

In cases of non-performance of the legitimate requirements of a penitentiary officer or in case of hindering the fulfilment of duties, the penitentiary officer has the right to use physical force, special means and weapon.

With respect to the remark in the Report stating that in Nubarashen Penitentiary Establishment of the Ministry of Justice of the Republic of Armenia some of the prisoners sentenced to imprisonment received baton blow, it should be mentioned that no person imprisoned in penitentiary establishments is beaten. According to the Law of the Republic of Armenia "On penitentiary service", in case of failure by an inmate to execute the legitimate orders of a penitentiary officer or in case of hindering the fulfilment of duties, the penitentiary officer has the right to use physical force and special means. In each case of using physical force and special means, a protocol is drawn up and, if necessary, medical aid is provided whereon respective supervisory bodies are informed in a prescribed manner.

*In connection with paragraphs 66-68 of the Report:*

Relations between sentenced prisoners based on informal hierarchy constitute a practice inherited from the Soviet period, and the administration of the Penitentiary Service takes intensive measures to combat such practice. Technically equipped penitentiary establishments to be constructed in the future and cell conditions will contribute to the elimination of such relations and will notably limit any informal relations among prisoners.

As regards "homosexual" prisoners, their segregation is conditioned by their own security and very often is provided upon their own request.

According to Article 8 of the Penitentiary Code, the procedure for and conditions of execution of punishment apply to all sentenced prisoners irrespective of their gender, race, skin colour, language, political or other conviction, national and social origin, belonging to a national minority, birth, property or other status. The observance of the mentioned requirements is ensured and the interpersonal

relationships between the remand or sentenced prisoners in penitentiary establishments are supervised by respective services.

However, once again instructions will be given to penitentiary officers to take strong control measures to prevent any informal relations between prisoners.

### **3. Prisoners sentenced to life imprisonment**

#### *In connection with paragraphs 69 and 70 of the Report:*

Metal grids in cells 77 and 79 of Nubarashen Penitentiary Establishment are constructed for security reasons and are conditioned by the location of these cells. Taking into account the overcrowding, ways are sought for transferring the sentenced prisoners held in those cells to other cells but this matter significantly depends on the solution of the problem of prison overcrowding. Implementation of the Programme for Infrastructure Reforms of the Penitentiary Service will contribute to the final settlement of the matter. As regards education of life-sentenced prisoners held at Nubarashen Penitentiary Establishment, the opportunity of education is provided for by law, and only two of the sentenced prisoners expressed a desire to be included in educational programmes and are now involved in distance-learning programmes. Work related issues are conditioned by objective circumstances, *i.e.* by facility conditions, social-economic situation, etc., but the Penitentiary Service is seeking ways for involving the sentenced prisoners of this category in working activities. The unit for social, psychological, and legal activities of the Penitentiary Service is intensively involved in activities related to life-sentenced prisoners.

#### *In connection with paragraphs 69, 70, and 71 of the Report*

As regards the issue of providing a TV set to two life-sentenced prisoners held in Yerevan-Kentron Penitentiary Establishment, it should be noted that the Penitentiary Service does not have an obligation set by the legislation of the Republic of Armenia to provide sentenced prisoners with a TV set; the administration of the

mentioned establishment does not prohibit sentenced prisoners to have a TV set but is not obligated to provide them with one.

Sentenced prisoners are allowed to acquire a TV set at their own account or with the help of their relatives. The two sentenced prisoners of Yerevan-Kentron Penitentiary Establishment mentioned in the Report have not proposed to acquire a TV set at their own account or at the account of the relatives.

As to their cell conditions, the Programme for Infrastructure Reforms of the Penitentiary Service stipulates complete termination of the functioning of Yerevan-Kentron Penitentiary Establishment. The issue of transferring them to another place is under consideration.

*In connection with paragraph 72 of the Report*

Life-sentenced prisoners are convicted for committing particularly grave crimes and, as a rule, are defined under a high risk category. Their risk assessment is carried out in an individualised manner; but sufficient time is needed for giving a definite appraisal during which the low risk of the sentenced prisoner will be confirmed. Should there be establishments that are technically more equipped, when the likelihood of escape or other illegal actions by a sentenced prisoner will be significantly minimised, there will be more potential for avoiding handcuffing sentenced prisoners when taking them out of their cells. The practice of handcuffing sentenced prisoners when taking out of cells is conditional on their own security.

*In connection with paragraph 73 of the Report*

There is no restriction set by the legislation of the Republic of Armenia for the maximum number of visits; the law provides for only the minimum number which is in the interests of sentenced prisoners.

According to the legislation of the Republic of Armenia, short-term visits — lasting up to four hours — are provided to sentenced prisoners at least once a month; long visits with persons having the right to cohabitation and with only close relatives is

provided at least once in two months lasting up to three days. At least three short-term visits and one long visit are provided to persons sentenced to imprisonment for a certain period or to life imprisonment for committing particularly grave crime. At least two visits within a month are provided to a remand prisoner lasting up to three hours. Thus, there is no restriction set by the legislation of the Republic of Armenia for the number of visits; grounds for restriction arise only in the case when the imprisoned person is under disciplinary penalty. The permission for a visit is given by the head of the penitentiary establishment or by his or her alternate.

As regards the organisation of visits through a partition, it should be mentioned that sentenced prisoners are provided with the opportunity of visits under equal conditions at Nubarashen Penitentiary Establishment of the Ministry of Justice of the Republic of Armenia, and visits through a partition are provided for security reasons, since the establishment also has facilities to provide visits — including long visits — without a partition, and it provides such visits. Visits through a partition are provided only where there is a security issue.

*In connection with paragraph 74 of the Report*

The requirement for holding together persons sentenced for a particularly grave crime is prescribed by law, but, at the same time, the law provides for the possibility of transferring a life-sentenced prisoner to an establishment with a lower degree of segregation, in particular after serving at least 20 years of the sentence. For the purpose of providing a more comprehensive solution to the issue, the necessity for legislative amendments will be considered at the Ministry of Justice of the Republic of Armenia.

**4. Foreign prisoners**

*In connection with paragraphs 75 and 76 of the Report*



The problem of overcrowding exists at all penitentiary establishments, and appropriate measures are taken to eliminate the problem (see the remark provided in connection with paragraph 61 of the Report).

Persons held at penitentiary establishments are provided with food needed for normal life activity of the organism. It is prohibited to somehow deteriorate the quality of food or to decrease its nutritional value from the established portions, including as a sanction. Pregnant women, nursing mothers, minors or ill sentenced prisoners are provided with additional food.

Moreover, it has been envisaged — in the Action Plan for 2011 of the Government of the Republic of Armenia and in priority tasks — to review the daily average food portions of persons held at penitentiary establishments, which will result in the provision of special diet for foreign nationals with special dietary needs.

*In connection with paragraph 78 of the Report*

For the purpose of replenishing the programmes of activities for foreign prisoners and the foreign-language literature, providing foreign prisoners with reading materials in languages they understand, it is planned to co-operate periodically — starting from May 2011 — with embassies, for receiving foreign literature with their help and delivering to Nubarashen and Vardashen Penitentiary Establishments.

When allocating foreign prisoners to cells, interpersonal communication possibilities, cultural peculiarities, as well as their national origin are taken into account, to the extent possible, so that representatives of the same nation are, as far as possible, allocated to the same cells. The unit for social, psychological, and legal activities of the Penitentiary Service pays particular attention to the activities conducted with foreign prisoners.

*In connection with paragraph 79 of the Report*

Pursuant to law, the duration of one phone call of each sentenced prisoner may not exceed 15 minutes; in addition, taking into account the reasonable justification submitted by a prisoner, that time-limit may be prolonged for 10 more minutes.

As regards the recommendation of the Committee to convert visit entitlements into phone calls for foreign prisoners, it is acceptable, and the issue of making appropriate amendments to the law will be considered.

## **5. Conditions of detention of the general prison population**

### *a. Follow-up visit to Nubarashen Prison*

#### *In connection with paragraph 81 of the Report:*

Despite the overcrowding at Nubarashen Penitentiary Establishment, all the prisoners are provided with own sleeping accommodation. With regard to the issue of overcrowding and bad state of the cells, the authorities of the Republic of Armenia undertake appropriate measures (see the remark concerning paragraph 61). As to the cells of “homosexual” prisoners, all the cells at Nubarashen Penitentiary Establishment are in serious need of repair. Electricity cuts at Nubarashen Penitentiary Establishment are very rare and last a very short period of time.

In connection with the remark made at Nubarashen Penitentiary Establishment of the Ministry of Justice of the Republic of Armenia, as stated in the Report, it should be mentioned that capital repairing works were carried out at the building of the remand facility, and dilapidated toilets are the result of improper use. Shower facilities are properly furnished, and access to a shower is provided in accordance with the Internal Regulation.

At present, running water is available at Nubarashen Penitentiary Establishment for 12 to 14 hours a day.

#### *In connection with paragraph 82 of the Report*

For the purpose of realisation of the right of provision to remand and sentenced prisoners of outdoor exercise at week-ends, appropriate measures have

been taken by the Penitentiary Service of the Ministry of Justice of the Republic of Armenia, and at present, persons held at penitentiary establishments are, in the prescribed manner, provided with outdoor exercise at week-ends as well.

*In connection with paragraph 83 of the Report*

The issues relating to the indicated short-term objectives are acceptable; responses to some of them have been provided in foregoing paragraphs. With respect to the mid-term objectives, they are planned to be addressed by the implementation of the Programme for Infrastructure Reforms of the Penitentiary Service.

*In connection with paragraph 84 of the Report*

In addition to that mentioned in paragraph 61, it is necessary also to add that one of the main issues of the Programme for Infrastructure Reforms of the Penitentiary Service of the Ministry of Justice of the Republic of Armenia is to ensure that the cells and dormitories of the penitentiary establishments comply with all sanitary requirements; *inter alia*, within the framework of this Programme attention is paid to the dimensions of those structures, to ensuring minimum space, lighting, sufficient temperature and ventilation. Especially, importance is attached to the factor of building prison structures appropriately from the point of sanitary requirements. Toilets placed in cells or next to cells should have toilet bowl with lid and should be segregated from the residential premise at least through a partition. It is especially important for the establishments, where persons deprived of liberty have meals in cells.

Penitentiary establishments to be established within the framework of the envisaged reforms — for the purpose of complying with international standards and having high level of administration — should comply with certain institutional requirements; particularly, it is necessary for all penitentiary establishments to have water supply and drainage, heating, ventilation, natural and artificial lighting, energy supply, communication and other facilities appropriate for a penitentiary

establishment, in compliance with fire protection, sanitary-hygienic rules. Meanwhile, all the mentioned facilities should be segregated from each other in terms of their functionality; however they should constitute a whole in terms of their dimensions. The establishments should be accommodated with modern security technologies corresponding to their type. The premises designed for accommodating the persons deprived of liberty should be furnished with the following facilities:

- dormitory,
- inpatient treatment,
- kitchen,
- quarantine cells,
- disciplinary cells;
- facility for arrangement of short-term and long visits.

The dormitory should be designed so as to provide at least 5 square metres of cell space or living space for each person. Outdoor exercise is necessary to be organised in each block in the accommodation facility in compliance with "open sky and open air" international standard. The space requirements should comply with the European standards, the cells and dormitories should have sanitary facilities and bath facilities. Inpatient treatment facility should be arranged in view of 10% of the full strength of the establishment concerned, in view of 2-3 persons in each cell. At least 5 square metres of space should be available for each person. The blocks should have the possibility of outdoor exercises. Facility for disciplinary cell should be arranged in view of 5% of the establishment concerned (the major part being solitary confinement cell). At least 5 square metres of cell space should be available for each person. The blocks should have the possibility of outdoor exercises. Each cell should have sanitary facilities; whereas the possibility of shower should be provided in the shared bathroom of the block. Quarantine block should be arranged in view of 2.5% of the establishment concerned, designed for two, four and six persons. At least 5 square metres of cell space should be available for each person. The blocks should have the possibility of outdoor exercises. The kitchen facility should be designed for remand

facilities, closed, semi-closed and medical correctional establishments with the principle of supplying food to cells, and for semi-open correctional establishments — in the form of canteen with relevant functional and storage facilities thereof. Long visits arrangement facility should include rooms with sanitary-hygienic and kitchen conditions, each of them occupying at least 12 square metres (the schedule of the Programme for Infrastructure Reforms of the Penitentiary Service is attached).

#### **b. Kosh Penitentiary Establishment**

##### *In connection with paragraphs 86, 87, 88, 89, and 90 of the Report:*

Overcoming of existing shortcomings at Kosh Penitentiary Establishment is also envisaged in the Programme for Infrastructure Reforms of the Penitentiary Service, concerning which remarks have been provided in the preceding paragraphs.

The issue relating to the quality of food in Kosh Penitentiary Establishment will be discussed by the administration of the Penitentiary Service and a special attention will be focused thereon.

Bath facilities in Kosh Penitentiary Establishment have been fully repaired.

##### *In connection with paragraph 91 of the Report:*

With respect to the remark in the Report with regard to the educational programmes, insufficient number of TV sets, poor libraries, work opportunities for prisoners, sport activities and lack of leisure programmes in penitentiary establishments, it should be noted that the list of professional skills of sentenced prisoners was already submitted to the «Assistance to the Prisoner» foundation in January 2011 of this year, aimed at involving the sentenced prisoners in the work based on their handicraft skills. Sport and cultural events are planned during the year, particularly, organisation of tennis, football matches, intellectual games, and replenishment of libraries.

##### *In connection with paragraph 92 of the Report*

Not only “homosexual” prisoners but, in general, all of them are employed exclusively on the basis of their applications. All sentenced prisoners engaged in work have rest days.

Certain negative attitude of other sentenced prisoners towards “homosexual” prisoners really exists in penitentiary establishments; that attitude has its roots going deep into the past, the elimination of which requires change of mentality and, of course, certain period of time. The administration of penitentiary establishments takes all possible measures to exclude any discriminatory treatment against them.

### **c. Vardashen Penitentiary Establishment**

#### *In connection with paragraphs 93 and 94 of the Report:*

Vardashen Penitentiary Establishment will terminate its functioning in 2018, once the new Yerevan Penitentiary Establishment is put into operation. Some issues relating to overcrowding and material conditions of the establishment will be resolved once the mentioned new penitentiary establishment is put into operation; though all possible steps will be undertaken to eliminate those shortcomings.

The present day facility conditions do not allow taking a shower at least 2 times per week in certain penitentiary establishments; however, steps are undertaken to ensure this possibility under existing poor conditions. After having such opportunity, relevant amendment will be made in the legislation of the Republic of Armenia by providing the right to have a shower twice a week instead of minimum once a week.

#### *In connection with paragraphs 95 and 96 of the Report*

As regards spending major part of a day in cells by the prisoners held in the closed section of Vardashen Penitentiary Establishment, it is conditioned by the peculiarity of the closed section. The issue of employment exists not only in the penitentiary system but in the whole society. Moreover, mainly former employees of law-enforcement authorities are kept in Vardashen Penitentiary Establishment, which

causes certain difficulties in providing them with work due to their professional characteristics.

*In connection with paragraph 97 of the Report*

More profound social and psychological works are conducted with sentenced prisoners segregated in the interests of own safety; however an assignment will be issued to develop an individualised programme of activities and to follow that specialised programme.

**6. Health care**

**a. health-care staff resources and facilities**

*In connection with paragraphs 98, 99, 100, 101, and 102 of the Report:*

With regard to the resources and facilities of the health-care staff and the unit of penitentiary establishments, it is worth mentioning that one vacancy out of two in Kosh Penitentiary Establishment of the Ministry of Justice of the Republic of Armenia has been filled. Works are conducted in order to fill vacant staff positions for specialists of 3rd rank of Kosh and Vardashen Penitentiary Establishments. The issue of duty shifts at night and on weekends is arranged through existing medical employees. The issue of filling the staff position of a dentist for Kosh Penitentiary Establishment is in the process, whereas that service is temporarily provided by a narrowly specialised medical assistant.

*In connection with paragraphs 103 and 104 of the Report:*

Sterilisation equipment was planned to be provided to Kosh Penitentiary Establishment in 2009-2010, but because of the lack of funds it has not been carried out. The issue is included in the programme on acquisition of medical equipment for the year 2011.

As to the remark in the Report, according to which some prisoners confined to medical facilities, who did not have such health problems, at the presence of which their confinement to a medical facility of the establishment might have been necessary, as well as to serious delays in transfer to the Hospital for Convicts Penitentiary Establishment, regular visits were made to penitentiary establishments by the Division of Medical Service of the Penitentiary Department of the Ministry of Justice of the Republic of Armenia and Medical Working Commission, as a result of which only those remand and sentenced prisoners currently receive inpatient treatment, who need it. Only those in need of inpatient treatment or examination are admitted to Division of Medical Service of Hospital for Convicts and Nubarashen Penitentiary Establishments. As to delays, no such phenomena was recorded, the transfer of those in need of urgent inpatient treatment is immediately performed.

*In connection with paragraph 105 of the Report:*

Irrespective of the fact that there are certain financial difficulties relating to the acquisition of medicine, however, alongside with the increasing financing, the Penitentiary Department of the Ministry of Justice of the Republic of Armenia purchases new medicine and medical accessories.

**b. medical screening on admission / prevention of violence**

*In connection with paragraphs 106 and 107 of the Report:*

As to carrying out superficial medical examination of persons on admission to the penitentiary establishments ("Kosh"), and to performing a medical examination in the presence of the staff of the establishment or escort police staff ("Nubarashen", "Vardashen"), it should be mentioned that in 2010, Head of the Penitentiary Department of the Ministry of Justice of the Republic of Armenia has assigned all the penitentiary establishments to properly perform an initial medical examination of remand and sentenced prisoners and to register the findings in medical records.



Medical units of penitentiary establishments have been assigned by the Division of Medical Service of the Penitentiary Department of the Ministry of Justice of the Republic of Armenia to strictly respect the following requirements of point 37 of the Decision of the Government of the Republic of Armenia No 825-N of 26 May 2006: all medical examinations should be performed out of the sight of penitentiary or other officers; when admitting to remand facilities (including through transit), persons should undergo initial medical examination, the findings of which are recorded in a relevant medical record for the purpose of delivering medical care and recording a bodily injury or another complaint on health condition. The recording of medical examination of a remand or sentenced prisoner should include:

1. Overall picture of all statements made by a person subject to medical examination (including the description of his or her health condition and any statement on ill-treatment);
2. Overall picture of the findings of unbiased medical examination;
3. Doctor's opinion based on subpoints 1 and 2 of this point.

Where the bodily injury discovered as a result of medical examination or a complaint on health condition is the consequence of the statement of a remand or sentenced prisoner, any act containing elements of crime against him or her, the person performing medical examination informs the administration of the remand facility or correctional establishment.

The administration of the remand facility or correctional establishment informs thereof to competent authorities.

The findings of any medical examination, as well as the statements of remand prisoners and doctor's opinions should be accessible to a remand or sentenced prisoner and to his or her authorised person.

### **c. tuberculosis**

*In connection with paragraph 108 of the Report:*

Statistical data on morbidity and mortality in penitentiary establishments in relation to tuberculosis for the last four years:

N	Year	Regular TB			Multi-drug-resistant forms of tuberculosis		
		Number	Including new cases	Death	Number	Including new cases	Death
1.	2007	39	16	0	17	0	0
2.	2008	61	33	1	20	3	1
3.	2009	70	43	0	27	12	0
4.	2010	45	28	0	25	7	0

**d. psychological and psychiatric care in the prison establishments visited**

*In connection with paragraph 109 of the Report:*

With respect to unsatisfactory situation concerning the provision of psychiatric care to remand and sentenced prisoners mentioned in the Report, as well as the lack of psychiatrists at Kosh and Vardashen Penitentiary Establishments of the Ministry of Justice of the Republic of Armenia, it should be mentioned that a psychiatric care is regularly provided to penitentiary establishments by psychiatrists of Hospital for Convicts and Nubarashen Penitentiary Establishments. A psychologist is engaged in the activities of the Medical Working Commission. For the purpose of receiving inpatient psychological care, remand or sentenced prisoners are transferred to the psychiatric department of the Hospital for Convicts Penitentiary Establishment. Where

appropriate, sentenced prisoners are also transferred to the Nubarashen Psychiatric Clinic of the Ministry of Health of the Republic of Armenia.

**e. Yerevan Prison Hospital's psychiatric ward**

*In connection with paragraphs 112, 113, and 114:*

As to the remark that the patients suffering from mental disorders at the psychiatric ward of the Hospital for Convicts Penitentiary Establishment of the Ministry of Justice of the Republic of Armenia are accommodated with somatic patients, the rooms at the psychiatric ward need refurbishment, the personal hygiene rules are not preserved, the possibilities for activities of patients are rudimentary, there is a lack of relevant qualified specialists, it should be mentioned that only patients suffering from mental disorders currently undergo treatment at the psychiatric ward of the Hospital for Convicts Penitentiary Establishment of the Ministry of Justice, whereas somatic patients have been transferred to relevant wards. Necessary standards of living space established for each patient are maintained. The rooms have been refurbished, sanitary facilities have been renovated and changed, hygiene items are provided to patients. The ward attendant has been assigned to make daily rounds to patients to regularly perform sanitary literacy activities concerning the preservation of rules of personal hygiene. Patients are given an opportunity to play non gambling games and watch TV; they also have the opportunity to read imaginative literature.

Consultations are organised by leading psychiatrists of the country within the framework of close co-operation with the Ministry of Health of the Republic of Armenia.

*In connection with paragraphs 115 and 116*

Adequate measures were and are still undertaken for recruiting people for the psychiatric ward of the Hospital for Convicts. There is no information on the register envisaged by regulations of the Ministry of Health of 3 May 2010. Steps will be taken

to clarify the existence of these regulations and the appropriateness of relying thereon will be considered.

#### **f. suicide prevention**

##### *In connection with paragraph 117 of the Report*

The remark referred to in the mentioned paragraph is generally acceptable, but it should be mentioned that psychological works are permanently carried out by specialists with the sentenced prisoners showing severe signs of suicidal behaviour. Though there is a need to regulate the field and there should be a clear cut regulation-guidance which will help relevant specialists to adequately respond to the sentenced prisoners showing severe signs of suicidal behaviour, as well as will settle those issues.

#### **g. hunger strikes**

##### *In connection with paragraph 118 of the Report*

The sentenced prisoners on hunger strike are under permanent medical supervision. According to the law, they are segregated from other sentenced prisoners. As to keeping them within disciplinary unit, it should be mentioned that according to the law, the disciplinary cells are different from the ordinary ones only in that sleeping gears are collected from disciplinary cells at daytimes. It is not actually done in case of the prisoners on hunger strike. However, the field concerned also needs to be regulated.

### **7. Other issues of relevance to the CPT's mandate**

#### **a. prison staff**

##### *In connection with paragraph 119 of the Report:*

The issue of staffing level of the penitentiary system is a result of social and economic conditions, which became more aggravated due to the world economic crisis. However, this issue is under the attention of the Government of the Republic of

Armenia; pursuant to the Decision of the Government of the Republic of Armenia of 14 April, 100 new work positions have been opened at the Penitentiary Service, which is targeted at settlement — to some extent — of issues put forward in the mentioned paragraph of the Report.

**b. discipline**

**In connection with paragraph 120 of the Report:**

Time-limits for imposition of “placement in disciplinary cells” disciplinary sanction against remand and sentenced prisoners are generally observed, and no prisoner is subjected to a sanction for more than the time period prescribed by legislation. As to the cases mentioned in the Report that sentenced prisoners were confined to disciplinary cells for 20 days, it should be mentioned that in this case not one disciplinary sanction on placement in the disciplinary cell was imposed on the sentenced prisoner, but two or more disciplinary sanctions were imposed against the latter for different violations, and the time period for confinement to the disciplinary cell as a result of bearing them amounted to 20 days. It means that the sentenced prisoner has committed a disciplinary violation, and for example “placement in disciplinary cell” disciplinary sanction for 10 days was imposed against him or her for the committed violation and during confinement to the disciplinary cell, the sentenced prisoner committed a new disciplinary violation for which “placement in disciplinary cell” disciplinary sanction for 10 days was also imposed against him or her as a result of which the sentenced prisoner was confined to a disciplinary cell for 20 days, and not for one, but for several different disciplinary violations.

*In connection with paragraph 121 of the Report*

A remand or sentenced prisoner should submit a written explanation on the committed violation, and in case of refusal to submit the explanation, a relevant protocol is drawn up. The remand or sentenced prisoner is, by this way, informed of the violations imputed to him or her. This also ensures the prisoner’s possibility to be

heard and, where necessary, to involve persons indicated by him or her as witnesses, as well as to perform other necessary actions. Besides, it is also stipulated by the legislation of the Republic of Armenia that the sanction should be fair and should be imposed only based on the decision adopted as a result of appropriate investigations. When imposing a sanction upon considering the committed disciplinary violation, head of the remand facility or correctional establishment familiarises himself or herself with the written materials submitted by the officer of the remand facility or correctional establishment, and adopts a relevant decision, which is attached to the personal file of the remand or sentenced prisoner. When choosing the type of a disciplinary sanction, conditions of the committed violation, the behaviour of a remand or sentenced prisoner before committing the violation and the overall character reference are taken into account. The imposed sanction should be proportionate to the gravity and nature of the committed violation. A remand or sentenced prisoner familiarises himself or herself with the decision on imposition of a sanction. The imposition of a sanction against a remand or sentenced prisoner may be appealed against before bodies performing control and supervision over the remand facility or correctional establishment, as well as through a judicial procedure.

Medical examination of a sentenced prisoner before placement in a disciplinary facility is first of all in his or her own interests and is targeted at preventing the cases when a person who suffers diseases incompatible with confinement to a disciplinary cell, is placed therein. The need for medical examination of a sentenced prisoner before placement in a disciplinary cell was also underlined by the Human Rights Defender of the Republic of Armenia.

However, Armenian legislation, in particular, the "Procedure on arrangement of health and sanitary and health and prophylactic care to remand and sentenced prisoners, access to medical establishments of health authorities and involvement of their health-care staff for that purpose" does not provide for such a mandatory requirement.

*In connection with paragraph 122 of the Report*

Appropriate measures are planned to be undertaken for the purpose of improving the condition in disciplinary cells at Kosh Penitentiary Establishment. As to Vardashen and Nubarashen Penitentiary Establishments, because of overcrowding of Vardashen Penitentiary Establishment of the Ministry of Justice of the Republic of Armenia, three disciplinary cells are used as ordinary cells or quarantine cells and are always occupied, that is why for imposition of the “placement in a disciplinary cell” disciplinary sanction the sentenced prisoners are transferred in the disciplinary cell of Erebuni Penitentiary Establishment of the Ministry of Justice of the Republic of Armenia. In disciplinary cells at Nubarashen Penitentiary Establishment refurbishment work has been carried out in the following directions:

1. Walls of cells have undergone capital repair;
2. Sanitary facilities have been separated from cells and renovated;
3. Sewage lines and water supply pipelines have undergone capital repair;
4. New electricity supply cables have been mounted in the cells.

*In connection with paragraph 123 of the Report*

Currently, the sentenced prisoners held in the disciplinary cell of Nubarashen Penitentiary Establishment benefit from one hour of daily outdoor exercise per day.

As to not providing reading materials, as well as depriving the inmates held in a disciplinary cell of the right to have visits, phone calls and sending and receiving letters, it is prescribed by point 231 of the “Internal regulation of remand facilities and correctional establishments of the Penitentiary Service” as well as Article 95 of the Penitentiary Code of the Republic of Armenia and by the Law of the Republic of Armenia “On confinement of detainees and remand prisoners”.

The placement in disciplinary cells should contain certain elements of punishment, otherwise, it will lose its meaning and purpose, taking, in particular, the fact that a person may be confined to a disciplinary cell not more than 10 or 15 days.

*In connection with paragraph 124 of the Report:*

See the remark made in connection with paragraph 73.

*In connection with paragraph 125 of the Report:*

The out-of-order telephone at Kosh Penitentiary Establishment has already been replaced by a new one; besides the administration of the establishment undertakes steps for increasing the number of telephones.

*In connection with paragraph 126 of the Report*

The issue of prohibiting remand prisoners to have visits or phone calls does not fall within the scope of the powers of the Ministry of Justice of the Republic of Armenia; it is within the powers of a person or body conducting the specific criminal proceeding.

**d. complaints and inspection procedures**

*In connection with paragraph 127 of the Report*

Pursuant to Armenian legislation, imprisoned persons have the right to file requests and complaints regarding violations of their rights and freedoms, in person or through a counsel or a legal representative with the punishment execution body or establishment, their superior authorities, the court, prosecutor's office, human rights defender, state and local self-government bodies, non-governmental associations and political parties, mass media, as well as with international bodies or organisations protecting human rights and freedoms. A person held in a penitentiary establishment may submit his or her proposals, applications and complaints in written and oral form every day. Written complaints shall, not later than within one day, be sent to the addressee. Sentenced prisoner's proposals, applications and complaints are not subject to censorship. Any type of prosecution against an imprisoned person is prohibited in case of filing applications, proposals and lodging complaints on violations of his or her rights and legal interests. Persons carrying out such prosecution are held



liable in the manner prescribed by law. The legislative requirements are strictly observed.

However, it will be once more rigidly assigned to the administration of penitentiary establishments to observe the aforementioned provisions, and adequate control will be performed over the observance thereof.

## **Psychiatric establishments**

### **Preliminary remarks**

- Regarding "Norq" Mental Clinic let me inform you that by entering the mental hospital in-patients give their written consent, except the patients who enter the Clinic not voluntarily, but according to the decision of the court.
- Taking into consideration that in the wards of the mentioned clinic there are patients who entered the hospital voluntarily, as well as socially dangerous patients, who are treated by the decision of the court, the principle of open doors is not realizable.

### **Patients living conditions**

- The metal shutters have been removed.
- Two women passing forced treatment of special type at the ward have been moved to another room, which has better conditions.
- In case of proper financing, it is envisaged to perform reconstruction works at the Clinic and improve the living conditions of the patients.

### **Staff**

- Specialists from France, which have arrived upon the invitation of MOH RA, nowadays conduct trainings for 25 nurses.
- The number and structure of the Staff is approved by the Ministry of Health RA according to the existing norms.

### **Treatments**

- A fenced area has been built adjacent to the 6-th ward, where people under trial go for a walk and can do exercises.

### **Safeguards**

- The employees of guarding service of RA Police are guided by the RA laws and other legislative acts.
- In all the clinics, patients having mental disorders are acquainted with free advocate services regarding their rights and the prescribed treatment, for which they sign and the mentioned document is attached to the medical history

of the patient. In both mentioned hospitals trainings have been provided concerning the rights of the patients.

- The treatment and care of the patients with mental disorders are organized according to the requirements of RA Law "On Mental Aid".
- Now paid telephones are placed at "Norq" and "Avan" Clinics.

### **Social care homes**

In response to the statement of questions with regard to functioning of Vardenis Nursing Home psycho-neurological establishment, we should firstly mention that it is not a medical institution, but according to the RA Government decree N1874 dated December 7, 2007 it is envisaged for twenty-four-hour care, social service and permanent residence for persons aged from 18 having chronic mental deceases, learning disabilities, senile psychosis or severe sclerosis.

We would like to state the following with regard to the problems and issues raised in the report:

#### **Selection of the nursing home staff**

Starting from 2009 selection and recruitment of the staff is carried out following the conclusion of the Committee set up by the Director of the nursing home.

#### **Training of the staff**

Workers and specialists delivering care services annually participate in training courses organized by the National Institute of Labour and Social Researches under the RA Ministry of Labour and Social Issues. At the end of the training courses they receive corresponding certificates. The training courses program provides the workers with knowledge about social work, legislation (in the field of social protection and psychiatric assistance), psychology, peculiarities of work with persons having mental health problems.

#### **Treatment of the residents by the staff**

While being recruited the workers are forewarned about respectful treatment of residents, necessity of showing respect towards their personal dignity, and they get acquainted with rules and norms of ethics for the staff. The mentioned issues are also part of the training courses for the staff. Rudeness and disrespectful treatment of

residents by the staff is punishable with imposing disciplinary penalty according to the established order.

### **Joint accommodation of the residents with learning disabilities and psychiatric disorders**

Learning disabled residents are placed on a separate ward. Proceeding from the conditions of the facilities not in all cases residents with different needs are separately accommodated, however socio-psychological services, including occupational therapy are delivered in accordance with their needs and abilities. Also persons with various mental health problems are disjoined within the limits of the possible.

### **Provision with living space, increase of the number of the residents by 40**

Proceeding from the conditions of the facilities, indeed provision of each resident with living space is not entirely in compliance with the standard of 5 square meters, specified by the RA Government. In 2010 based on the existing demand 40 bed places were added for the residents of the nursing home, with that purpose second floor of the 7-th ward was reconstructed and not a new ward was built, in the result 5 rooms were added, where the new residents were accommodated.

### **Necessity for personal lockable space for the residents' belongings**

In 2010 the nursing home acquired necessary number of wardrobes and each resident has a separate wardrobe to keep his/her own belongings.

### **Food standards**

Food provision at the nursing home is organized in accordance with the standards, approved by RA Government decree N730 dated May 31, 2007, according to which minimum daily nutritional values of food delivered to the residents of a specialized nursing home should not be less than 2200 kcal (at Vardenis Nursing Home it factually amounts to 3500 kcal). In 2010 budget for food was 194.3 million Armenian Drams (AMD).

At Vardenis Nursing Home daily expenses on each resident for 2011 amount to 5066.3 AMD, out of which 1579.6 AMD - for food (in 2010 correspondingly 5021.1 AMD and 1387.0 AMD), hence funds provided for food increase year-by-year.

Daily menus are compiled and signed by the Director of the nursing home and Chief Medical Officer and are posted in the canteen at a noticeable place. Copies of standard menus are enclosed.

### **Vacant posts of psychiatrists**

There are vacant posts of psychiatrists at the nursing home. The directorate of the nursing home and the RA Ministry of Labour and Social Issues applied to the relevant bodies with the request to send corresponding specialists to Vardenis, however taking into consideration the place and the size of the salary there were no applicants. The

works are being continued. Currently out of 4 posts of psychiatrists provided for the nursing home 2 posts of psychiatrists are occupied.

#### **Individual written treatment plans for the residents**

As it was explained in the beginning, Vardenis Nursing Home psycho-neurological establishment is not a medical institution, but according to the RA Government decree N1874 dated December 7, 2007 it is envisaged for twenty-four-hour care, social service and permanent residence for persons aged from 18 having chronic mental deceases, learning disabilities, senile psychosis or severe sclerosis. For each resident of the Nursing Home an individual socio-psychological rehabilitation register is kept, where types of rehabilitative activities carried out by social worker and psychologist are recorded. As far as the residents' medical registers are concerned, all residents have individual medical registers, where doctors make notes about prescribed medical measures and medication. Individual medical registers are kept by the doctor.

#### **About the resorts to isolation**

The nursing home has two resorts to isolation, which were established at the 7-th ward after reconstruction in 2010.

#### **Use of means of physical and chemical restraint (straightjacket, etc.)**

According to the RA law "About Psychiatric Assistance" against a person with psychiatric disorders involuntary placed at a psychiatric establishment, means of physical restraint (belts, special clothing) and resorts to isolation, as well as chemical restraint can be used only following the psychiatrist's justified decision, use and duration of such means are recorded in the medical documents.

At Vardenis Nursing Home the aforementioned procedure is also followed, with the exclusion of belts and special clothing usage. At the nursing home means of restraint are mainly chemical, in other words medication is used, which is prescribed following the psychiatrist's decision and is recorded in a special register kept by the Chief Medical Officer. Based on the resident's aggressive behaviour it can also be decided to temporarily isolate him/her.

#### **Contact with relatives**

Required information is provided to the nursing home residents' relatives on their inquiries about the residents. Through social workers and other care staff constant contact is being maintained with the residents' relatives. Where necessary, social workers visit the residents' relatives, which are correspondingly recorded in the residents' personal register.

There are also attendance books at the nursing home, where relatives while visiting the residents make records, including complaints.

At the nursing home there are 8 telephones provided for the residents.

### **Order of the residents' admission**

At Vardenis Nursing Home, as a special establishment of social protection, placement of citizens is organized according to the already mentioned procedure, approved by the RA Government decree N1874 dated December 7, 2007. In order to obtain social care the customer with such need or his/her legal guardian (if the person is recognized legally incompetent by the court) applies to the territorial body of social services at the place of abode, submitting relevant documents.

If the application is submitted by the legal guardian of the customer the following documents should also be enclosed:

- (a) personal identification document of the legal guardian and its copy,
- (b) copy of the court decision on recognizing the citizen as legally incompetent,
- (c) copy of the guardianship and trusteeship body decision on determining legal guardianship for the citizen.

**Involuntary placement as such is not carried out at Vardenis Nursing Home**, because mainly persons recognized by court as legally incompetent are admitted to the establishment and their consent is not required. There were cases when a person recognized as legally incompetent was placed at Vardenis Nursing Home upon his/her application, that is voluntary placement was carried out. In this case the resident can be discharged on his/her own will upon the psychiatrist's conclusion.

### **Additional issues**

- **It is necessary to elaborate national comprehensive program on mental health, which will fill in the gaps existing at socio-medical institutions**

The issue of elaborating national comprehensive program on mental health will be discussed with the RA Ministry of Health.

- **The resident's right to apply to the court**

As it was mentioned above at Vardenis Nursing Home mainly legally incompetent citizens are being taken care of and according to the civil legislation they have no competence to carry out any legal activity, instead of them their legal guardian can apply to the court. And if the resident is not recognized legally incompetent following the court decision, then he/she can apply and realize his/her rights without limitations.

- **Possibility of being discharged from the nursing home depending on change of the resident's health state**

Persons not recognized as legally incompetent can be discharged from the nursing home upon their application and the psychiatrist's conclusion. Such cases have happened at the nursing home: in 2008 and 2010 residents were discharged from the nursing home determined by change of their health state.

## TIMETABLE

### *On the Programme for Infrastructure Reforms of the Penitentiary Service of the Republic of Armenia*

<i>Name of the penitentiary establishment of the Ministry of Justice of the Republic of Armenia</i>	<i>Phase 1 2009-2012</i>				<i>Phase 2 2013-2015</i>			<i>Phase 3 2016-2018</i>		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
"Echmiadzin" (conditional name; to be established)	Capital construction	Capital construction	Completion of capital construction and putting into operation							
"Meghri"	Termination of functioning									
"Goris"	Acquisition of a land plot adjacent to Goris and performance of design and planning works	Completion of design and planning works; capital construction	Capital construction	Completion of capital construction and putting into operation						
"Sevan"	Examination of the issue on acquisition of the required land plot adjacent to the present establishment	Acquisition of the required land plot adjacent to the present establishment	Performance of design and planning works	Capital construction	Capital construction	Capital construction	Completion of capital construction and putting into operation			
"Kosh"								Termination of functioning after putting into operation of Sevan Penitentiary Establishment		
"Yerevan" (conditional name; to be established)				Examination of the possibility for acquisition of the required land plot	Acquisition of the required land plot	Performance of design and planning works	Capital construction	Capital construction	Capital construction	Completion of capital construction and putting into operation
"Nubarashen"										Termination of functioning after putting into operation of Yerevan Penitentiary Establishment

"Erebouni"										Termination of functioning after putting into operation of Yerevan Penitentiary Establishment
"Vardashen"										Termination of functioning after putting into operation of Yerevan Penitentiary Establishment
"Prison Hospital"										Termination of functioning after putting into operation of Yerevan Penitentiary Establishment
"Yerevan-Kentron"										Termination of functioning after putting into operation of Yerevan Penitentiary Establishment
"Abovyan"				Performance of design and planning works	Capital construction and repair					
"Vanadzor"										Performance of design and planning works for capital repair
"Artik"										Performance of design and planning works for capital repair
"Hrazdan"										Performance of design and planning works for capital repair

## Պատասխաններ

**Խոշտանգումների եւ անմարդկային կամ արժանապատվությունը նվաստացնող վերաբերմունքի կամ պատժի կանխարգելման մասին Եվրոպական կոմիտեի (CPT) պատվիրակության կողմից 2010թ. մայիս ամսին Հայաստանի Հանրապետություն կատարած պարբերական այցելության արդյունքում կազմված զեկույցի վերաբերյալ**

### ՀՀ ոստիկանություն

Ձեկույցի 9-րդ կետի վերաբերյալ

Դեռեւս 2006թ.-ին ոստիկանության իրավաստեղծ նախաձեռնությամբ ՀՀ քրեական դատավարության օրենսգիրքը լրացվել է 131.1. հոդվածով, որը երաշխավորում է փաստացի ձերբակալված անձանց նկատմամբ 3 ժամվա ընթացքում քրեական գործ հարուցելու եւ դատավարական ձերբակալում իրականացնելու հնարավորությունը: Հարցի հետ ուղղակիորեն առնչվում է ոստիկանության կողմից կիրառվող բերման ենթարկելու գործողության իրավաչափությունը, որը գործնականում չի դիտվում իբրեւ ձերբակալում` դրանից բխող բացասական հետեւանքներով: Հաշվի առնելով այն հանգամանքը, որ ներկայումս մշակվում է ՀՀ քրեական դատավարության նոր օրենսգրքի նախագիծ, ուստի բերման ենթարկելու պահից ձերբակալման արձանագրություն կազմելու գործընթացը կկանոնակարգվի նոր օրենսդրության շրջանակներում:

Ներկայումս ՀՀ ոստիկանությունում իրականացվող բարեփոխումների շրջանակներում նախատեսվում է ձերբակալված անձանց ՀՀ ոստիկանության ստորաբաժանումներ բերելիս անհապաղ կազմել էլեկտրոնային արձանագրություն, կիրառելով ոստիկանության համացանցին միացված հայելային դիսփլեյով համակարգիչներ: Բացի այդ, նախատեսվում է մշակել ոստիկանության ստորաբաժանումներ բերված անձանց իրավունքների վերաբերյալ հայերեն, ռուսերեն եւ անգլերեն լեզուներով հուշաթերթիկներ /բուկլետներ/:

Ձեկույցի 10-րդ կետի վերաբերյալ.

ՀՀ քր.դատ.օր.-ի 137-րդ հոդվածի 2-րդ մասի համաձայն` կալանավորված անձը չի կարող 3 օրվանից ավելի պահվել ձերբակալվածներին պահելու վայրերում, բացի այն դեպքերից, երբ նրա տեղափոխումը հնարավոր չէ տրանսպորտային հաղորդակցության բացակայության պատճառով: Բացի այդ, «Ձերբակալված եւ կալանավորված անձնաց պահելու մասին» ՀՀ օրենքի 6-րդ



հողվածի համաձայն, քննչական գործողություններ կատարելու կապակցությամբ կալանավորվածներին պահելու վայրից կալանավորված անձին ամեն օր փոխադրելու անհնարինության դեպքում, քննիչի, դատախազի կամ դատարանի որոշմամբ կալանավորված անձը կարող է տեղափոխվել ձերբակալվածներին պահելու վայր՝ մինչև 3 օր տևողությամբ:

Նշված բացառիկ դեպքերից բացի, կալանավորված անձանց ՁՊՎ-ներում օրենքով նախատեսված ժամկետից ավել պահելու դեպքերը կանխելու նպատակով՝ ՀՀ ոստիկանության պետի կողմից արձակվել են 29.01.2009թ. թիվ Ց-2 ցուցումը եւ 14.10.2009թ. թիվ 2625-Ա հրամանը: Մասնավորապես, վերը նշված հրամանով ՀՀ ոստիկանության տարածքային ստորաբաժանումներին հանձնարարվել է ձեռնարկել անհրաժեշտ բոլոր միջոցները բացառելու համար՝

1/ գիշերային ժամերին ձերբակալված անձանց ձերբակալվածներին պահելու վայրերից դուրս պահելու դեպքերը՝ բացառությամբ անհետաձգելի դեպքերի,  
2/ գիշերային ժամերին հանցանք կատարելու մեջ կասկածվող անձանց հետ օպերատիվ հարցումների կամ կասկածյալի /մեղադրյալի/ մասնակցությամբ քննչական գործողությունների իրականացումը՝ բացառությամբ անհետաձգելի դեպքերի,

3/ հանցանք կատարելու մեջ կասկածվող եւ բերված անձին առանց կասկածյալի դատավարական կարգավիճակի 3 ժամից ավելի պահելը,

4/ կալանավորված անձանց երեք օրվանից ավելի ձերբակալվածներին պահելու վայրերում պահելը, եթե դա պայմանավորված չէ ձերբակալվածներին պահելու վայրից քննչական մեկուսարան կամ օրենքի պահանջների համապատասխան կալանավորվածներին պահելու այլ վայրեր տրանսպորտային հաղորդակցության բացակայության պատճառով տեղափոխելու անհնարինությամբ:

Զեկույցի 11-րդ կետի վերաբերյալ.

Լիովին գիտակցելով խնդրո առարկայի կարեւորությունը, ՀՀ ոստիկանության պետի 09.12.2009թ. թիվ 3140-Ա հրամանով հաստատվել է ՀՀ ոստիկանությունում կոռուպցիոն ռիսկերի նվազեցմանն ուղղված միջոցառումների ծրագիր: Միեւնույն ժամանակ, ՀՀ ոստիկանության ղեկավարության նախաձեռնությամբ ՀՀ ոստիկանության Ակադեմիայում եւ Ուսումնական կենտրոնում դասավանդվող առարկաների ցանկում ներառվել է «Ոստիկանության էթիկա» ուսումնական առարկան: Բացի այդ, թե՛ ՀՀ-ում եւ թե՛ արտասահմանյան մի շարք երկրներում ոստիկանության ծառայողները շարունակաբար մասնակցում են նմանատիպ թեմաներով կազմակերպվող դասընթացների: Նշված թեմաները ընդգրկված են նաև

ստորաբաժանումներում անցկացվող ծառայողական պարապմունքների թեմատիկ պլաններում:

Ներկայումս ՀՀ ոստիկանությունում իրականացվող բարեփոխումների ծրագրի շրջանակներում մշակվում է ոստիկանության ծառայողների հակակոռուպցիոն վարքագծի ուղեցույց:

Այս ամենով հանդերձ, ՀՀ ոստիկանությունը հայտնում է իր պատրաստակամությունը ոստիկանության ծառայողների կողմից կոռուպցիոն դրսևորումների վերաբերյալ CPT պատվիրակության կողմից առարկայական տեղեկատվություն տրամադրելու դեպքում կատարել ծառայողական քննություններ եւ մեղավոր ծառայողներին ենթարկել համարժեք պատասխանատվության:

Զեկույցի 12-րդ կետի վերաբերյալ.

ՀՀ ոստիկանության ծառայողների կողմից քաղաքացիների նկատմամբ կոպիտ, անհարգալից վերաբերմունք դրսևորելու, առավել եւս՝ խոշտանգումների եւ անմարդկային կամ արժանապատվությունը նվաստացնող վերաբերմունքի ցանկացած դեպք ՀՀ ոստիկանությունում դառնում է լայն քննարկման առարկա, մեղավոր անձինք ենթարկվում են խիստ կարգապահական պատասխանատվության:

Այսպես, 2010 թվականի ընթացքում ստացվել է ՀՀ ոստիկանության ծառայողների կողմից քաղաքացիների նկատմամբ կոպիտ, անհարգալից եւ արժանապատվությունը նսեմացնող վերաբերմունքի վերաբերյալ 81 բողոք /2009թ.՝ 245/, որոնց քննությամբ հիմնավորվել են 19-ը /2009թ.՝ 37/: Կատարված ծառայողական քննությունների արդյունքում ոստիկանության 23 ծառայող ենթարկվել է կարգապահական պատասխանատվության /2009թ.՝ 51/, 4 ծառայող՝ քրեական պատասխանատվության /2009թ.՝ 2/: Ի դեպ, քրեական պատասխանատվության կանչված 1 ոստիկանության ծառայող դատապարտվել է ազատազրկման, 1 ծառայող՝ կալանքի, իսկ 2 ծառայողի նկատմամբ վճռվել է նշանակված պատիժը պայմանականորեն չկիրառել եւ սահմանել փորձաշրջան:

Ինչ վերաբերում է 2010թ. ապրիլի 17-ին Երեւան քաղաքի Նոր Նորք վարչական շրջանի տարածքում հանցավոր «պարզաբանմանը» մասնակից 53 անձանց բերման ենթարկելու լայնամասշտաբ օպերատիվ-կանխարգելիչ միջոցառմանը, ապա դրան մասնակից ոստիկանության ստորաբաժանումների ծառայողների համազգեստի վրա առկա են եղել համապատասխան տարբերանշաններ /տե՛ս, [www.a1plus.am](http://www.a1plus.am) լրատվամիջոցի էլեկտրոնային կայքի, 17.04.2010թ.-ին տեղադրված լուսանկարները/: Ի դեպ, բերման ենթարկված անձանց մոտից առգրավվել է 13 միավոր հրազեն, 8 միավոր սառը զենք եւ զգալի քանակությամբ ռազմամթերք:

Հասարակական կարգի պահպանությունն ապահովող ոստիկանության ծառայողների համազգեստի վրա անձնապես նույնականացնող համարանիշերի կիրառումն ապահովելու նպատակով «Ոստիկանության մասին» ՀՀ օրենքի 12-րդ հոդվածում 22.12.2010թ.-ին կատարվել է համապատասխան լրացում, իսկ 23.03.2011թ.-ին ՀՀ ոստիկանության պետի կողմից ստորագրվել է թիվ 34-Ազ հրամանը, որով սահմանվել է ոստիկանության ծառայողների նույնականացման համարանիշերի կիրառման կարգը:

Ձեկույցի 13-րդ կետի վերաբերյալ.

ՀՀ ոստիկանության Չարենցավանի բաժնում Վահան Խալաֆյանի մահվան փաստով ՀՀ ոստիկանության կողմից կատարված ծառայողական քննության արդյունքում 6 ծառայողներ /այդ թվում նաև ոստիկանապետը/ ենթարկվել են խիստ կարգապահական պատասխանատվության, որոնցից 4-ը` նաև քրեական պատասխանատվության: Ընդհանուր իրավասության դատարանի կողմից ոստիկանության նախկին 2 ծառայողի նկատմամբ կայացվել է մեղադրական դատավճիռ, որը բողոքարկվել է եւ ներկայումս քրեական գործը գտնվում է ՀՀ Վերաքննիչ դատարանի վարույթում:

Ձեկույցի 14-րդ կետի վերաբերյալ.

Տե՛ս, զեկույցի 10-րդ եւ 12-րդ կետերի վերաբերյալ ՀՀ ոստիկանության նկատառումները:

Ձեկույցի 15-րդ կետի վերաբերյալ.

2010թ. դեկտեմբերի 22-ին «Ոստիկանության մասին» ՀՀ օրենքում կատարված փոփոխության համաձայն` ոստիկանության ծառայողը պարտավոր է ֆիզիկական ուժ, հատուկ միջոցներ, հրազեն գործադրելու (օգտագործելու) հետեւանքով վիրավորվածների կամ մահվան բոլոր դեպքերի, ինչպես նաև հատուկ միջոցներ (բացառությամբ ձեռնաշղթաների եւ ռետինե մահակի) եւ հրազեն գործադրելու (օգտագործելու) յուրաքանչյուր դեպքի մասին անհապաղ զեկույցել վերադասության կարգով:

Օրենքով չնախատեսված դեպքերում ոստիկանության ծառայողի կողմից ֆիզիկական ուժի, հատուկ միջոցների եւ հրազենի գործադրումը կամ սահմանների անցումով դրանց գործադրումն առաջացնում է պատասխանատվություն` օրենքով սահմանված կարգով:

Ոստիկանության պետական կառավարման մարմնի ղեկավարը ոստիկանության ծառայողի կողմից ֆիզիկական ուժ, հատուկ միջոցներ,

հրազեն գործադրելու (Օգտագործելու) հետեւանքով վիրավորվածների կամ մահվան բոլոր դեպքերի մասին անհապաղ տեղեկացնում է դատախազին:

Ձեկույցի 16-րդ կետի վերաբերյալ.

Հատուկ միջոցների, այդ թվում՝ էլեկտրահարող սարքերի կիրառման վերաբերյալ «Ոստիկանության մասին» ՀՀ օրենքում 2010թ. դեկտեմբերի 22-ին կատարվել են փոփոխություններ եւ լրացումներ: Մասնավորապես՝ արգելվել է ոստիկանության սպառազինության մեջ հատուկ միջոցների այնպիսի տեսակներ ընդգրկելը, որոնք ըստ իրենց մարտավարատեխնիկական բնութագրերի՝ կարող են մարդու առողջությանը պատճառել ծանր վնաս կամ մարդու օրգանիզմում առաջացնել անդամնալի փոփոխություններ կամ մահ պատճառել կամ չհիմնավորված ռիսկի աղբյուր են: Բացի այդ, մարդու նկատմամբ գործադրվող հատուկ միջոցների կիրառման համար թույլատրելի չափանիշները սահմանելու պարտականությունը օրենքով վերապահվել է ՀՀ առողջապահության նախարարությանը: Օրենքով հստակեցվել են նաև էլեկտրահարող սարքերի, կայծային պարպիչների կիրառման հիմքերը (տես՝ «Ոստիկանության մասին» ՀՀ օրենքի 31-րդ հոդվածի 1-ին մասի 1-4-րդ կետերը):

Հատուկ միջոցների տեսակները ոստիկանության սպառազինության մեջ ընդգրկվել են ՄԱԿ-ի «Իրավակարգը պաշտպանող պաշտոնատար անձանց կողմից ուժի եւ հրազենի գործադրման հիմնական սկզբունքների» 2-րդ կետին համապատասխան, համաձայն որի՝ իրավապահ մարմինները նախատեսելու են ոստիկանության սպառազինության այնպիսի տեսակներ, որոնք մահացու չեն, բացառապես ունեն վտանգը չեզոքացնող եւ վնասազերծող հատկություն, եւ գործադրվում են վիրավորելու կամ մահ պատճառելու հնարավորությունները սահմանափակելու նպատակով: Ոստիկանության աշխատակիցները ֆիզիկական ուժ, հատուկ միջոցներ եւ հրազեն գործադրելու համար պարբերաբար անցնում են հատուկ պատրաստություն: Ոստիկանության կողմից կայծային պարպիչներ գործադրելու եւ դրա հետեւանքով մարմնական վնասվածքների վերաբերյալ ՀՀ ոստիկանությունում տեղեկություններ չեն ստացվել:

Ձեկույցի 17-րդ կետի վերաբերյալ.

Տե՛ս, զեկույցի 12-րդ կետի վերաբերյալ ՀՀ ոստիկանության նկատառումները:

Ձեկույցի 18-րդ կետի վերաբերյալ.

ՀՀ ոստիկանության համակարգում փորձաքննությունների համար ելակետային տվյալներ ձեռք բերելու պարտականություններ, փորձաքննություններ նշանակելու լիազորություն ունեցող ծառայողների վերապատրաստման, մասնագիտական որակների բարձրացման եւ կատարելագործման նպատակով ՀՀ ոստիկանության պետի 01.02.2011թ. թիվ 8-5 ցուցումի համաձայն ՀՀ ոստիկանության քննչական եւ հետաքննական լիազորություններ ունեցող ծառայողները սահմանված գրաֆիկին համապատասխան, տեղերում պետք է մասնակցեն «Փորձաքննությունների ազգային բյուրո» ՊՈԱԿ-ի կողմից կազմակերպվող դասընթացներին: Բացի այդ, նշված ծառայողների տեսագործական գիտելիքները բարելավելու նպատակով ՀՀ ոստիկանության Ակադեմիայում կազմակերպվում են վերապատրաստման ամենամյա դասընթացներ:

Ինչ վերաբերում է հարցաքննության տեխնիկայի կատարելագործմանը, ապա ՀՀ ոստիկանության բարեփոխումների ծրագրի 27-րդ կետով նախատեսված է ստեղծել հայելապատ սենյակներ, իսկ ՀՀ քր. դատ. օր.-ի 209-րդ հոդվածի համաձայն՝ հարցաքննվող անձի ցանկությամբ հարցաքննության ընթացքը կարող է ձայնագրվել:

Զեկույցի 19-րդ կետի վերաբերյալ.

Արձանագրենք, որ 2010թ. ընթացքում ոստիկանության ծառայողին ոչ վայել արարք կատարելու համար 105 ծառայողներ ենթարկվել են կարգապահական պատասխանատվության: Ընդհանուր առմամբ, կարգապահական տույժի են ենթարկվել 1014 ծառայողներ (2009թ.՝ 939), որոնցից 74-ը ազատվել են ոստիկանությունից (2009թ.՝ 44), պաշտոնն իջեցվել է 13-ի, կոչումն իջեցվել է 5-ի, զգուշացվել են պաշտոնին ոչ լրիվ համապատասխանելու մասին 30 ծառայողներ եւ այլն:

2010թ. ընթացքում ՀՀ ոստիկանության ծառայողների կողմից թույլ տրված տարբեր օրինախախտումների փաստերով հարուցվել է 46 քրեական գործ 74 ծառայողների նկատմամբ, որոնցից դատապարտվել են 15-ը:

Ոստիկանության ծառայողներից 23-ը քրեական պատասխանատվության են ենթարկվել կոռուպցիոն տարատեսակ դրսեւորումների համար: Հարկ է նշել, որ օրինախախտումների մոտ կեսը ի հայտ է բերվել ոստիկանության նախաձեռնությամբ:

Այս առումով բավականին սերտ է ՀՀ ոստիկանության եւ ՀՀ հատուկ քննչական ծառայության փոխհամագործակցությունը:

Հատուկ քննչական ծառայությունը գործում է «Հատուկ քննչական ծառայության մասին» ՀՀ օրենքով իրեն վերապահված գործառնությունների շրջանակներում:

Օրենքի 2-րդ հոդվածի համաձայն՝ ՀՔԾ-ն իրականացնում է Հայաստանի Հանրապետության քրեական դատավարության օրենսգրքով նախատեսված՝ օրենսդիր, գործադիր եւ դատական իշխանության մարմինների ղեկավար աշխատողների, պետական հատուկ ծառայություն իրականացնող անձանց իրենց պաշտոնական դիրքի կապակցությամբ հանցակցությամբ կամ նրանց կատարած հանցագործությունների, ինչպես նաեւ ընտրական գործընթացների հետ կապված քրեական գործերով նախաքննություն:

Հատուկ քննչական ծառայությունն ինքնուրույն պետական մարմին է եւ լիազորություններն իրականացնելիս անկախ է:

Ձեկույցի 20-րդ կետի վերաբերյալ.

Տե՛ս, զեկույցի 19-րդ կետի վերաբերյալ ՀՀ ոստիկանության նկատառումները:

Ձեկույցի 28-րդ կետի վերաբերյալ.

Ձերբակալված անձանց իրավունքները՝ իրենց իրավիճակի մասին մերձավոր ազգականին կամ այլ անձանց հայտնելու, պաշտպան եւ բժիշկ ունենալու վերաբերյալ, այլ իրավունքների հետ մեկտեղ, ամրագրված են «Ձերբակալված եւ կալանավորված անձնաց պահելու մասին» ՀՀ օրենքի 13-րդ հոդվածում:

Տարվա ընթացքում միջազգային կազմակերպությունների եւ տեղական հասարակական դիտորդական խմբերի կողմից կատարված ուսումնասիրությունների արդյունքում նշված իրավունքների խախտումների լուրջ դեպքեր չեն արձանագրվել:

Ձեկույցի 29-րդ կետի վերաբերյալ.

Իրոք, «Ոստիկանության մասին» ՀՀ օրենքի 5-րդ եւ ՀՀ քր. դատ. օր.-ի 63-րդ հոդվածների միջեւ առկա է հակասություն. մի դեպքում սահմանված է ծանուցման 3 ժամ, մյուս դեպքում՝ ոչ ուշ, քան 12 ժամ: Հակասությունն անհրաժեշտ է վերացնել ՀՀ քր. դատ. օր.-ում փոփոխություն կատարելով: Միեւնույն ժամանակ պետք է նշել, որ օրենսդրական նման կոլիզիայի դեպքում գործում է ձերբակալվածի համար առավել բարենպաստ նորմը՝ այսինքն 3 ժամյա ծանուցման դրույթը:

ՀՀ ոստիկանությունը երախտապարտ կլիներ, որպեսզի ոստիկանության ծառայողների կողմից պատշաճ չծանուցման դեպքերի վերաբերյալ CPT պատվիրակությունը իրազեկեր ՀՀ ոստիկանությանը՝ ծառայողական քննություններ անցկացնելու նպատակով:

Ձեկույցի 30-րդ կետի վերաբերյալ.

Ինչ վերաբերում է բերման ենթարկված եւ ձերբակալված անձանց ծանուցված լինելու եւ փաստաբան ունենալու իրավունքի իրացման խնդրին, ապա ՀՀ ոստիկանության պետի 03.04.2010թ. թիվ 12-Ց ցուցումով ՀՀ ոստիկանության հետաքննություն իրականացնող ստորաբաժանումների պետերին հանձնարարվել է՝

1) ՀՀ քրեական դատավարության օրենսգրքի 128-րդ հոդվածի հիմքով բերման ենթարկված անձանց խնդրանքով ձեռնարկել անհրաժեշտ բոլոր միջոցները փաստաբան հրավիրելու համար,

2) բերման ենթարկվածին հնարավորություն ընձեռել բացատրություն տալ փաստաբանի մասնակցությամբ, եթե մինչեւ ձերբակալման արձանագրություն կազմելը կամ խափանման միջոց ընտրելը անհրաժեշտություն է առաջացել անձից վերցնել բացատրություն կամ անցկացնել օպերատիվ հարցում,

3) անշեղորեն պահպանել ՀՀ կառավարության 14.06.2007թ. «Մարդու իրավունքների ու ազատությունների սահմանափակումից բխող՝ ծանուցման ենթակա իրավունքների ցանկը եւ ծանուցման կարգը հաստատելու մասին» թիվ 818-Ն որոշման այլ պահանջները:

Ներկայումս ձեռնարկվում են անհրաժեշտ միջոցներ թվարկված իրավական ակտերի անշեղ կատարումն ապահովելու ուղղությամբ:

Ձեկույցի 32-րդ կետի վերաբերյալ.

Փաստաբանի ներկայությամբ վկայի հարցաքննության իրավունքը ՀՀ քրեական դատավարության օրենսգրքով երաշխավորված է, սակայն, հաշվի առնելով մի շարք եվրոպական երկրների իրավական ակտերի վերլուծության արդյունքները, հնարավոր է ընդլայնել փաստաբանի դատավարական լիազորությունների շրջանակը (վկայի հարցաքննության ժամանակ)՝ վկաների իրավունքների ու օրինական շահերի պաշտպանությունն ուժեղացնելու համար:

Ձեկույցի 33-րդ կետի վերաբերյալ.

«Ձերբակալված եւ կալանավորված անձնաց պահելու մասին» ՀՀ օրենքի 13-րդ հոդվածի 4-րդ կետի համաձայն «ձերբակալված անձը իրավունք ունի առողջության պահպանման, այդ թվում՝ ստանալ բավարար սնունդ, անհետաձգելի բժշկական օգնություն, ինչպես նաեւ զննվել իր ընտրած բժշկի կողմից իր դրամական միջոցների հաշվին»: Ինչ վերաբերում է ձերբակալվածին դատաբժշկի կողմից զննվելուն, ապա նույն օրենքի 15 հոդվածի համաձայն «ձերբակալված կամ կալանավորված անձը, իսկ ձերբակալված կամ կալանավորված անձի համաձայնության դեպքում նաեւ

նրա պաշտպանը իրավունք ունեն պահանջելու անցկացնել դատաբժշկական հետազոտություն»:

ՀՀ կառավարության 05.06.2008թ. թիվ 574-Ն որոշման 13-րդ կետի համաձայն՝ «Ձերբակալվածի մոտ մարմնական վնասվածք կամ ակնհայտ հիվանդության նշաններ հայտնաբերելու կամ առողջության վերաբերյալ գանգատ լինելու դեպքում ոստիկանության մարմնի հերթապահը հրավիրում է բուժաշխատողի: Հրավիրված բուժաշխատողն անհապաղ կատարում է բուժզննություն, որին կարող է մասնակցել նաև ձերբակալված անձի ցանկությամբ ընտրված բժիշկը: Բժշկական զննությունն իրականացվում է ՁՊՎ-ի վարչակազմի ծառայողի լսողության, իսկ մինչև բժշկի կողմից հակառակը չպահանջելը՝ նաև տեսողության սահմաններից դուրս: Բուժզննության արդյունքները գրանցվում են գրանցամատյանում, անձնական գործում եւ դրա մասին իրազեկում են հիվանդին, ինչպես նաև քրեական վարույթն իրականացնող մարմնին»: Ի դեպ, «Ձերբակալված եւ կալանավորված անձնաց պահելու մասին» ՀՀ օրենքի 13-րդ հոդվածի 3-րդ կետի համաձայն ձերբակալված անձը իրավունք ունի իր իրավունքների եւ ազատությունների խախտման վերաբերյալ դիմումներով, բողոքներով, ինչպես անձամբ, այնպես էլ պաշտպանի կամ օրինական ներկայացուցչի միջոցով դիմել ձերբակալվածներին պահելու վայրի կամ կալանավորվածներին պահելու վայրի վարչակազմին, նրանց վերադաս մարմիններին, դատարանին, դատախազությանը, մարդու իրավունքների պաշտպանին, պետական եւ տեղական ինքնակառավարման մարմիններին, հասարակական միավորումներին եւ կուսակցություններին, զանգվածային լրատվության միջոցներին, ինչպես նաև մարդու իրավունքների եւ ազատությունների պաշտպանության միջազգային մարմիններին կամ կազմակերպություններին:

Ձեկույցի 34-րդ կետի վերաբերյալ.

Տե՛ս, զեկույցի 33-րդ կետի վերաբերյալ ՀՀ ոստիկանության նկատառումները:

Ձեկույցի 35-րդ կետի վերաբերյալ.

Տե՛ս, զեկույցի 33-րդ կետի վերաբերյալ ՀՀ ոստիկանության նկատառումները:

Ձեկույցի 36-րդ կետի վերաբերյալ.

Տե՛ս, զեկույցի 9-րդ կետի վերաբերյալ ՀՀ ոստիկանության նկատառումները:

Ձեկույցի 37-րդ կետի վերաբերյալ.



ՀՀ կառավարության 05.06.2008թ. «Հայաստանի Հանրապետության ոստիկանության համակարգում գործող ձեռքարկվածներին պահելու վայրերի ներքին կանոնակարգը հաստատելու մասին» թիվ 574-Ն որոշման համաձայն ՁՊՎ ընդունված յուրաքանչյուր ձեռքարկվածի վերաբերյալ հերթապահի կողմից գրանցումներ է կատարվում «ՁՊՎ-ում պահվող անձանց հաշվառման» գրանցամատյանում, որտեղ նշվում է ձեռքարկվածի անունը, ազգանունը, հայրանունը, ծննդյան թիվը, բնակության վայրը, ում կողմից է ձեռքարկվել, ՁՊՎ ընդունելու հիմքը, ձեռքարկման ամսաթիվը եւ ժամանակը, նախկին դատվածությունը, նշումներ ձեռքարկվածի տեղաշարժի մասին եւ ՁՊՎ-ից ազատելու հիմքը, ամսաթիվը, ժամը: Բացի այդ յուրաքանչյուր ձեռքարկվածի համար ՁՊՎ-ում կազմվում է անձնական գործ, որում ներառվում են ձեռքարկման եւ ազատման ամսաթվերը, անհատական քարտը, բերման ենթարկելու մասին արձանագրությունը, հագուստի եւ անձնական իրերի անվանացուցակի վերաբերյալ արձանագրությունը, նախկինում դատվածության մասին տեղեկանքը, խուզարկության արձանագրությունը, մատնադրոշման տվյալները, հանձնուքի, տեսակցության դիմումները, անձնական հաշվի գումարի շարժը եւ ձեռքարկվածին վերաբերող այլ փաստաթղթեր:

ՀՀ կառավարության 05.06.2008թ. թիվ 574-Ն որոշմամբ հաստատված կանոնակարգի համաձայն ՁՊՎ-ների գրանցամատյաններում եւ ձեռքարկվածներում թերություններով լրացումները հանգեցնում է օրենքով սահմանված պատասխանատվության:

ՁՊՎ-ները ոստիկանության առավել թափանցիկ վայրերն են, որտեղ գործող օրենսդրության համաձայն իրենց լիազորությունների սահմաններում հսկողություն եւ վերահսկողություն իրականացնող մարմիններն ու կազմակերպությունները առանձնակի ուշադրություն են դարձնում գրանցամատյանների ճիշտ լրացմանը: Նշված գործառնության բարելավումը գտնվում է ոստիկանության ղեկավարության վերահսկողության ներքո:

Ներդրվում է գերատեսչական ցանց, որով նախատեսվում է ավտոմատացնել նշված պրոցեսը, ինչը հնարավորություն կտա իրական հսկողություն սահմանել ձեռքարկված անձանց պահման ժամկետների, նրանց տեղաշարժերի նկատմամբ: /Տե՛ս, նաեւ զեկույցի 9-րդ կետի վերաբերյալ ՀՀ ոստիկանության նկատառումները/

Զեկույցի 38-րդ կետի վերաբերյալ.

Հաշվի առնելով, որ ոստիկանության ստորաբաժանումներում բերման ենթարկված անձինք կարող են գտնվել 3 ժամից ոչ ավելի /ՀՀ քր. դատ. օր.-ի 131.1 հոդված/ ուստի հասարակական մշտադիտարկման խմբին ոստիկանության բաժիններ կոնկրետ փաստերով մուտք գործելու

թույլտվությունը իրատեսական չէ: Բացի այդ, նշված խմբի գործունեությունը կարող է խոչընդոտել քննությանը, «տաք հետքերով» հանցագործության բացահայտմանը, խախտել նախաքննության տվյալների գաղտնիության սկզբունքը:

Ձեկույցի 39-րդ կետի վերաբերյալ.

ՁՊՎ-ների շիանարարական առանձնահատկությունները սահմանված են ՀՀ կառավարության 05.06.2008թ. թիվ 574-Ն որոշմամբ: Հարկ է նշել, որ ոստիկանությունում գործող ՁՊՎ-ների մեծ մասը ունի կառուցման 30-40 տարվա վաղեմություն, ուստի ՁՊՎ-ներում պայմանների բարելավելը կպահանջի ֆինանսական մեծ ներդրումներ:

Ինչ վերաբերվում է զբոսանքի տեղողությանը, ապա գործող օրենսդրության համաձայն այն պետք է լինի 1 ժամից ոչ պակաս, սակայն որոշ դեպքերում ընդառաջելով ձերբակալվածի ցանկությանը, այն կարող է կրճատվել, ինչի մասին համապատասխան գրառում է կատարվում գրանցամատյանում:

ՀՀ ոստիկանության տարածքային ստորաբաժանումներում մինչև 3 ժամ պահելու համար նախատեսված խցերը նախատեսված չեն գիշերելու համար, սակայն այն դեպքերում, երբ իրավախախտ անձը նշված ժամկետում հնարավոր չի լինում պարզել, ապա այդ ժամկետը կարող է երկարել: Նշված խնդիրը իր լուծումը կստանա ՀՀ քրեական դատավարության նոր օրենսգրքի շրջանակներում: /Տե՛ս, նաև զեկույցի 9-րդ կետի վերաբերյալ ՀՀ ոստիկանության նկատառումները/

Ձեկույցի 21-ից 27-րդ եւ 31-րդ կետերում արծարծվող խնդիրները ոստիկանության իրավասություններից դուրս են:

### **ՀՀ պաշտպանության նախարարություն**

2009 և 2010թթ. ընթացքում Ռազմական ոստիկանության անձնակազմի կողմից անազատության մեջ պահվող զինծառայողների նկատմամբ անմարդկային կամ վատ վերաբերմունքի դիմում-բողոքներ չեն ներկայացվել:

Երևանի կայազորի կարգապահական մեկուսարանի խցերի վատ վիճակը, սանհանգույցների կեղտոտ և քայքայված հանգամանքը վերացված է, քանի որ դրանք դեռևս 24.01.2007թ. հիմնովին վերանորոգվել են:

Խցերի չափերի բարեփոխումները պայմանավորված են ներկայումս ընթացող օրենսդրական փոփոխություններով: Այնուամենայնիվ, Ռազմական

ուստիկանության անձնակազմը կարգապահական մեկուսարանների խցերում պահվող յուրաքանչյուր զինծառայողի համար աշխատում է ապահովել նվազագույնը չորս քմ կեցության տարածք՝ խցերում տեղադրված տախտակամածների քանակից թվով քիչ զինծառայողներ պահելով:

Օրենսդրական բարեփոխումներով է պայմանավորված նաև կարգապահական մեկուսարաններում պահվող զինծառայողների պայմանների բարելավման հարցերը: Մասնավորապես, կարգապահական մեկուսացման մեջ գտնվող ազատագրվածներին գիշերվա համար ներքնակներով և բարձերով ապահովելն ու խցերում օրվա ընթացքում պատերին գամված մահճակալներից օգտվելն արգելված է գործող օրենսդրությամբ:

ՀՀ ԶՈՒ կայազորային և պահակային կանոնադրքով նախատեսված չէ կալանավորված կամ պատիժը կրող զինվորական անձնակազմին որևէ արտախցային գործունեությամբ ապահովելը:

ՀՀ Ազգային ժողովի քննարկմանը ներկայացված ՀՀ զինված ուժերի կարգապահական կանոնադրքի նախագծի դրույթների համաձայն՝ կարգապահական վաշտերը գործելու են կայազորային սկզբունքով, նման կարգապահական տույժի ենթարկված զինծառայողները կարգապահական վաշտ տեղափոխվելու են, ինչպես նաև կարգապահական վաշտից իրենց գորամաս վերադառնալու են համապատասխան գորամասի ուժերով, իսկ տեղափոխման համար միջանկյալ տեղակայման վայրեր չեն գործելու:

ՀՀ պաշտպանության նախարարությունը օրենսդրական փոփոխությունների ընթացքում հաշվի կառնի կոմիտեի առաջարկությունները:

### **ՀՀ ազգային անվտանգության ծառայություն**

Քրեական գործերով կասկածյալների հետ գործ ունեցող ՀՀ ԱԱԾ աշխատակիցները պարբերաբար հրահանգավորվում են կասկածյալների (կալանավորվածների) նկատմամբ վատ վերաբերմունքի անթույլատրելիության և դրա հետ կապված պատասխանատվության ենթարկվելու մասին: Զեկույցի 58-59-րդ կետերում նշված բացթողումների վերաբերյալ ձեռնարկվում են քայլեր՝ նշված թերությունները վերացնելու ուղղությամբ:

### **ՀՀ արդարադատության նախարարություն**

Նախնական դիտարկումներ

## 61-րդ կետի վերաբերյալ

Քրեակատարողական հիմնարկների գերբնակեցման և շենքային պայմանների հետ կապված խնդիրների լուծման ուղղությամբ ձեռնարկվել և ձեռնարկվում են համապատասխան միջոցներ: 2001 թվականին ՀՀ կառավարության կողմից հավանության արժանացած քրեակատարողական համակարգի բարեփոխումների ծրագրով նախատեսվում էր բարեփոխումների իրականացում մի քանի ուղղություններով: Բնական է, որ այդ բարեփոխումներն առաջին հերթին պետք է վերաբերեին ծառայության կարգավիճակի օրենսդրական սահմանմանը: Հենց այս իմաստով էլ՝ 2003 թվականին ընդունվեց «Քրեակատարողական ծառայության մասին» Հայաստանի Հանրապետության օրենքը, իսկ 2005 թվականին ընդունվեց հիշատակված օրենքի բարեփոխված տարբերակը: Քրեակատարողական ծառայության գործունեությունը պատշաճ կերպով ապահովելու համար ցայսօր ընդունվել են բազմաթիվ իրավական ակտեր: Բացի իրավական ապահովումից, բարեփոխումների ծրագիրը նախատեսում էր գործնական և ենթակառուցվածքային միջոցառումներ: Վերջինս ենթադրում էր քրեակատարողական ծառայության, մասնավորապես քրեակատարողական հիմնարկների նյութական բազայի համապատասխանեցում թե նոր կենսական պայմաններին, և թե միջազգային չափանիշներին: Այլ կերպ ասած, անհրաժեշտ է քրեակատարողական հին և ոչ օպտիմալ օգտագործելի հիմնարկների գործունեության դադարեցում, առկա շինությունների վերափոխում և միջազգային չափանիշներին համապատասխանեցում, ինչպես նաև միջազգային չափանիշներին համապատասխանող նոր քրեակատարողական հիմնարկների կառուցում: Բնական է, որ հիմնարկների՝ խորհրդային ժամանակներից ժառանգություն ստացած արդեն իսկ բարոյապես և ֆիզիկապես մաշված շենք-շինություններն իրենց վիճակով անբավարար են մարդու իրավունքների միջազգային չափանիշներին համապատասխան պատժի կատարման համար: Քրեակատարողական ծառայության բարեփոխումների ծրագրի սկզբնական փուլում՝ 2001-2006 թվականներին, վերանորոգվել են քրեակատարողական չորս հիմնարկներ՝ համակարգի առջև ծառայած խնդիրների ժամանակավոր լուծման համար: Իհարկե, պետք է փաստել, որ նույնիսկ վերանորոգված հիմնարկների պայմաններում չենք կարող խոսել համակարգի ենթակառուցվածքների՝ եվրոպական չափանիշներին լիարժեք համապատասխանելու մասին: Այլ կերպ ասած, մինչ այժմ կատարված բարեփոխումների արդյունքում վերանորոգված քրեակատարողական հիմնարկները կարող են համարվել միայն անցողիկ փուլ ապահովող:

Ուսումնասիրելով այլ երկրների փորձը՝ ներկայիս միջազգային չափորոշիչների համապատասխան բանտեր ունենալու գործում, կատարվել է հետևություն, որ նմանատիպ բանտեր կարելի է ունենալ ոչ թե արդեն իսկ առկա անհամապատասխան բանտերը չափորոշիչներին համապատասխանացնելով, այլ կառուցելով եվրոպական չափորոշիչներին համապատասխան բանտեր:

Այդ իսկ պատճառով, քրեակատարողական նոր հիմնարկների կառուցումն անհրաժեշտություն է և խնդրի լուծման նպատակով ՀՀ կառավարության կողմից հավանություն է տրվել քրեակատարողական ծառայության ենթակառուցվածքային բարեփոխումների ծրագրին:

Այսպիսով, քրեակատարողական ծառայության՝ օրենքով նախատեսված խնդիրների կատարումը լիարժեք և պատշաճ ապահովելու նպատակով, նախատեսվում է առաջիկա 10 տարիների ընթացքում շահագործման հանձնել չորս նոր քրեակատարողական հիմնարկներ և կապիտալ վերանորոգել ևս չորսը:

Խորհրդային տարիներից մինչև այժմ ուղղիչ հիմնարկներում դատապարտյալները բնակվում էին հիմնականում հանրակացարանային տիպի բնակելի տարածքներում, մինչդեռ անհրաժեշտություն է առաջացել անցում կատարելու ամբողջությամբ խցային տիպի բնակելի տարածքների: Խնդիրը կարևորվում է երկու տեսանկյունից: Նախ՝ այն բխում է միջազգային չափանիշներին համապատասխան՝ պատժի անհատականացման սկզբունքն իրագործելու անհրաժեշտությունից, ապահովելով պայմաններ, որպեսզի քրեակատարողական հիմնարկներում դատապարտյալները փոքր խմբերով պահվեն առանձին խցերում կամ բնակելի կացարաններում, յուրաքանչյուր խցում ապահովելով առանձնացված սանհանգույց և այլ հարմարություններ: Բացի այդ, խնդիրը կարևորվում է վարչակազմի կողմից անվտանգությունն ապահովելու առումով:

Այսպիսով, քրեակատարողական ծառայության առջև դրված խնդիրները լիարժեք կատարելու նպատակով, նախատեսվում է առաջիկա 10 տարիների ընթացքում շահագործման հանձնել փակ, կիսափակ և կիսաբաց ուղղիչ հիմնարկի, ինչպես նաև կալանավորվածներին պահելու վայրի (բաշխվածությունը՝ ըստ տարածաշրջանների) պայմաններին բավարարող քրեակատարողական հիմնարկներ:

Գերձանրաբեռնվածությունը կրճատելու ուղղությամբ նախատեսվում է իրականացնել նաև հետևյալ հրատապ միջոցառումները՝

- Պատժի կրումից պայմանական վաղաժամկետ ազատման ինստիտուտի կիրառման արդյունավետության բարձրացում,
- Բաց տեսակի ուղղիչ հիմնարկներում պատիժը կրելու չափանիշների վերանայում, որով էականորեն կավելանա բաց տեսակում պատիժ կրող դատապարտյալների թիվը:

Գերձանրաբեռնվածության վերացման ուղղությամբ նախատեսվում է նաև հետևյալ ռազմավարական խնդիրների լուծումը, որը ենթադրում է նաև օրենսդրական բարեփոխումներ`

- Ազատագրկմանը այլընտրանք հանդիսացող պատժատեսակների թվի ավելացում և կիրառման պրակտիկայի արմատավորում,
- Կալանավորումը որպես խափանման միջոց կիրառելու դեպքերի կրճատման ուղղությամբ միջոցառումների իրականացում:

Ինչպես նշվեց 2009թ. դեկտեմբերին ՀՀ կառավարության կողմից հավանության է արժանացել ՀՀ արդարադատության նախարարության քրեակատարողական ծառայության ենթակառուցվածքային բարեփոխումների հայեցակարգը, որով նախատեսվում է մինչև 2018 թվականը կառուցել նոր` միջազգային չափանիշներին համապատասխանող քրեակատարողական հիմնարկներ և փակել որոշ հին քրեակատարողական հիմնարկներ, ինչով էապես կբարելավվեն կալանավորված անձանց և դատապարտյալների պահման պայմանները:

Այս խնդիրների լուծման նպատակով 2011 թվականի մարտ ամսին ՀՀ արդարադատության նախարարության և Եվրոպայի խորհրդի համագործակցությամբ Երևանում կազմակերպվեց գիտաժողով, որին հրավիրված էին մասնակցելու ԵՄ հեղինակավոր փորձագետներ, որտեղ քննարկվեց պատիժների առումով ՀՀ քրեական օրենսդրությունը վերափոխելու անհրաժեշտությունը` առավել շատ այլընտրանքային պատժատեսակներ նախատեսելու, վերափոխելու հետ կապված և այլ էական խնդիրներ, որոնց լուծումը անհրաժեշտ է համակարգում առկա թերությունները վերացնելու առումով:

## 62-րդ կետի կապակցությամբ

Կալանավորված անձանց և դատապարտյալների զբավածության առումով հարկ է նշել, որ սույն թվականի հունվար ամսին «Աջակցություն դատապարտյալին» հիմնադրամին արդեն ներկայացվել է դատապարտյալների մասնագիտական հմտությունների անվանացանկ, որոնք ուղղված են ըստ արհեստագործական ունակությունների դատապարտյալներին աշխատանքի ներգրավելուն: Այդ աշխատանքերում կներգրավվեն ինչպես դատապարտյալները այնպես էլ կալանավորված անձինք:

Բացի այդ, 2011թ. ապրիլի 6-ին <<Աբովյան>> քրեակատարողական հիմնարկում բացվել է արտադրական նոր մասնաշենք, որն ունի հրուշակեղենի և հացամթերքի արտադրամասեր, այդ աշխատանքներում ներգրավվելու են տասնյակից ավել կալանավորված անձինք և

դատապարտյալներ, ինչը որոշակի առումով կլուծի այդ հինարկում զբաղվածության խնդիրը, նախատեսվում է առաջիկայում ընդլայնել նշված արտադրության ծավալները՝ բացելով նոր արտադրամասեր:

Այժմ նախագծման փուլում է գտնվում լամպերի արտադրամասի իրականացման ծրագիրը, որում ներգրավված կլինեն մոտ 2 տասնյակ դատապարտյալներ և կալանավորված անձինք: ՀՀ քրեակատարողական ծառայությունը <<Աջակցություն դատապարտյալին հիմնադրամի>> հետ համագործակցությամբ մշտապես փնտրում է արդյունավետ եղանակներ դատապարտյալների և կալանավորված անձանց զբաղվածության ապահովման ուղղությամբ:

### 63-րդ կետի կապակցությամբ

ՀՀ քրեակատարողական ծառայությունում առկա կոռուպցիոն ռիսկերը կրճատելու ուղղությամբ ՀՀ <<Իրավաբանական ինտիտուտում>> պարբերաբար իրականացվում է վերապատրաստման և ուսուցման դասընթացներ քրեակատարողական ծառայողների համար, որը նպատակ ունի կատարելագործել նրանց գիտելիքները և հմտությունները, ինչպես նաև աջակցել նրանց իրավագիտակցության բարձրացմանը, կոռուպցիայի կրճատման ուղղությամբ միջոցառումներ են նախատեսված նաև <<Քրեակատարողական ծառայության ենթակառուցվածքային բարեփոխումների ծրագրում>>: <<2009-2012թ.թ. Կոռուպցիայի դեմ պայքարի ազգային ծրագրում>> ևս նախատեսված են մի շարք միջոցառումներ քրեակատարողական համակարգում կոռուպցիայի դեմ պայքարի ուղղությամբ: Վերջին երեք տարիների ընթացքում արձանագրվել է քրեակատարողական ծառայությունում կաշառք վերցնելու երկու դեպք, որոնցով հարուցվել են քրեական գործեր, և անձինք ենթարկվել են քրեական պատասխանատվության, և հեռացվել են համակարգից:

### 2. Դաժան վերաբերմունք

#### Ձեկույցի 64-րդ 65-րդ կետերի կապակցությամբ

Քրեակատարողական ծառայողի օրինական պահանջները չկատարելու կամ պարտականությունների կատարմանը խոչընդոտելու դեպքերում քրեակատարողական ծառայողն իրավունք ունի գործադրելու ֆիզիկական ուժ, հատուկ միջոցներ և զենք:

Ձեկույցում նշված այն դիտարկման կապակցությամբ, ըստ որի ՀՀ ԱՆ «Նուբարաշեն» քրեակատարողական հիմնարկում ազատազրկման դատապարտված դատապարտյալներից ոմանք ենթարկվել են մահակներով ծեծի, պետք է նշել, որ քրեակատարողական հիմնարկներում անազատության

մեջ պահվող որևէ անձ ծեծի չի ենթարկվում: «Քրեակատարողական ծառայության մասին» ՀՀ օրենքի համաձայն քրեակատարողական հիմնարկում գտնվող անձի կողմից քրեակատարողական ծառայողի օրինական պահանջները չկատարելու կամ պարտականությունների կատարմանը խոչընդոտելու դեպքում քրեակատարողական ծառայողն իրավունք ունի գործադրելու ֆիզիկական ուժ և հատուկ միջոցներ: Ֆիզիկական ուժ և հատուկ միջոցների կիրառման յուրաքանչյուր դեպքում կազմվում է արձանագրություն, անհրաժեշտության դեպքում ցուցաբերվում է բժշկական օգնություն, ինչի մասին սահմանված կարգով իրազեկվում է հսկողություն իրականացնող համապատասխան մարմիններին:

Ձեկույցի 66-ից 68-րդ կետերի կապակցությամբ

Դատապարտյալների միջև ոչ ֆորմալ աստիճանակարգված հարաբերությունները հանդիսանում են սովետական ժամակաշրջանից մնացած երևույթներ, որոնց դեմ ՀՀ քրեակատարողական ծառայության ղեկավարությունը իրականացնում է ակտիվ միջոցներ: Այդ հարաբերությունների վերացմանը կնպաստի նաև ապագայում կառուցվելիք քրեակատարողական հիմնարկների տեխնիկական հագեցվածությունը և խցային պայմանները, որոնք էականորեն կկրճատեն ցանկացած ոչ ֆորմալ հարաբերություններ բանտարկյալների միջև:

Ինչ վերաբերվում է հոմոսեքսուալիստ բանտարկյալներին, ապա դրանց մեկուսացումը պայմանավորված է իրենց իսկ անվտանգության նկատառումներով, և շատ հաճախ արվում է իրենց իսկ խնդրանքով:

Քրեակատարողական օրենսգրքի 8-րդ հոդվածի համաձայն պատիժը կատարելու կարգն ու պայմանները տարածվում են բոլոր դատապարտյալների վրա՝ անկախ սեռից, ռասայից, մաշկի գույնից, լեզվից, քաղաքական և այլ համոզմունքից, ազգային և սոցիալական ծագումից, ազգային փոքրամասնությանը պատկանելուց, ծննդից, գույքային կամ այլ դրությունից: Վերոհիշյալ հոդվածի պահանջները, ինչպես նաև կալանավորված անձանց կամ դատապարտյալների միջանձնային հարաբերությունները քրեակատարողական հիմնարկներում ապահովվում և հսկվում են համապատասխան ծառայությունների կողմից:

Այնուամենայնիվ լրացուցիչ անգամ ցուցում կտրվի քրեակատարողական ծառայողներին առավել աչալուրջ հսկելու բանտարկյալների միջև ոչ ֆորմալ հարաբերությունների կանխարգելման խնդրի իրականացման ուղղությամբ:

3. Ցմահ դատապարտվածներ



Ձեկույցի 69-րդ և 70-րդ կետերի կապակցությամբ

<<Նուբարաշեն>> քրեակատարողական հիմնարկի 77 և 79-րդ խցերում մետաղյա ճաղավանդակների առկայությունը պայմանավորված է անվտանգության նկատառումներով, ինչպես նաև այդ խցերի տեղակայմամբ: Հաշվի առնելով գերծանրաբեռնվածությունը՝ այժմ ուղիներ են փնտրվում այդ խցերում պահվող դատապարտյալներին այլ խցեր տեղափոխելու ուղղությամբ, սակայն տվյալ հարցը էականորեն կապված է բանտերի ծանրաբեռնվածության հարցի լուծման հետ: Հարցի լուծումը վերջնականապես կկարգավորվի <<ՀՀ քրեակատարողական ծառայության ենթակառուցվածքային բարեփոխումների ծրագրի>> իրականացման արդյունքում: Ինչ վերաբերվում է <<Նուբարաշեն>> քրեակատարողական հիմնարկում պահվող ցմահ դատապարտյալների կրությանը, ապա օրենքով կրթության հնարավորությունը ապահովված է և դատապարտյալներից միայն երկուսն են ցանկություն հայտնել ներգրավվել կրթական ծրագրերում և այժմ անցնում են հեռակա ուսուցում: Աշխատանքի հետ կապված խնդիրները պայմանավորված են օբյեկտիվ հանգամանքերով, այն է շենքային պայմաններ, սոցիալ տնտեսական վիճակ և այլն, սակայն ՀՀ քրեակատարողական ծառայությունը ուղիներ է փնտրում նաև այս կատեգորիայի դատապարտյալներին աշխատանքով ապահովելու ուղղությամբ: ՀՀ քրեակատարողական ծառայության սոցիալական, հոգեբանական և իրավական աշխատանքների ստորաբաժանումը ակտիվորեն ներգրավված է ցմահ դատապարտյալների հետ տարվող աշխատանքներում:

Ձեկույցի 69-րդ, 70-րդ և 71-րդ կետերի կապակցությամբ

<<Երևան-Կենտրոն>> քրեակատարողական հիմնարկում պահվող երկու ցմահ դատապարտյալներին հեռուստացույցով ապահովելու կապակցությամբ, հարկ է նշել, որ ըստ ՀՀ օրենսդրությամբ քրեակատարողական ծառայությունը չունի դատապարտյալին հեռուստացույցով ապահովելու պարտականություն, նշված հիմնարկի ղեկավարությունը չի արգելում դատապարտյալին ունենալ հեռուստացույց, սակայն միևնույն ժամանակ պարտավոր չէ ապահովել դրանով:

Դատապարտյալներին թույլատրվում է իրենց հաշվին կամ հարազատների միջոցով ձեռք բերել հեռուստացույց: Ձեկույցում նշված «Երևան-Կենտրոն» ՔԿՀ-ի երկու դատապարտյալների կողմից իրենց կամ հարազատների միջոցներով ձեռք բերելու վերաբերյալ առաջարկ չի եղել:

Ինչ վերաբերվում է նրանց խցային պայմաններին, ապա <<ՀՀ քրեակատարողական ծառայության ենթակառուցվածքային բարեփոխումների ծրագրով>> նախատեսվում է ընդհանրապես դադարեցնել <<Երևան-Կենտրոն>> քրեակատարողական հիմնարկի գործունեությունը: Ինչ

վերաբերվում է նրանց այլ վայր տեղափոխելու խնդրին, ապա այն գտնվում է քննարկման փուլում:

#### Ձեկույցի 72-րդ կետի կապակցությամբ

Ցմահ ազատազրկման դատապարտվածները դատապարտվում են առանձնապես ծանր հանցագործություններ կատարելու համար և որպես կանոն ունեն ռիսկայնության բարձր աստիճան, նրանց ռիսկի գնահատումը յուրաքանչյուր դեպքում կատարվում է առանձնացված, սակայն որոշակի գնահատական ստանալու համար անհրաժեշտ է բավարար ժամանակ, որի ընթացքում կհաստատվի տվյալ դատապարտյալի առավել ցածր ռիսկայնության աստիճանը: Տեխնիկապես առավել հագեցված հիմնարկներ ունենալու դեպքում, երբ զգալիորեն կկրճատվի դատապարտյալի փախուստի կամ այլ հակաօրինական քայլեր կատարելու հավանականությունը, առավել լայն հնարավորություններ կստեղծվեն առանց ձեռնաշղթաների դատապարտյալների խցերից դուրս բերելու համար: Դատապարտյալներին ձեռնաշղթաներով խցերից հանելու պրակտիկան պայմանավորված է նաև հենց իրենց անվտանգությամբ:

#### Ձեկույցի 73-րդ կետի կապակցությամբ

ՀՀ օրենսդրությամբ տեսակցությունների առավելագույն քանակի սահմանափակում չկա, օրենքով նախատեսված է միայն նվազագույն չափը, ինչը բխում է դատապարտյալի շահերից:

ՀՀ օրենսդրության համաձայն դատապարտյալին կարճատև տեսակցություն տրամադրվում է ամսվա ընթացքում առնվազն մեկ անգամ՝ մինչև չորս ժամ տևողությամբ, իսկ համատեղ բնակվելու իրավունքով և միայն մերձավոր ազգականների հետ երկարատև տեսակցություն տրամադրվում է երկու ամսվա ընթացքում առնվազն մեկ անգամ՝ մինչև երեք օր տևողությամբ:

Առանձնապես ծանր հանցագործության համար որոշակի ժամկետով ազատազրկման կամ ցմահ ազատազրկման դատապարտված անձանց տրամադրվում է տարվա ընթացքում առնվազն երեք կարճատև և մեկ երկարատև տեսակցություն: Կալանավորված անձին ամսվա ընթացքում տրամադրվում է առնվազն երկու տեսակցություն՝ մինչև երեք ժամ տևողությամբ: Այսինքն, ՀՀ օրենսդրությամբ տեսակցությունների թվի սահմանափակում չկա, այն առաջանում է միայն այն դեպքում, երբ անազատության մեջ գտնվող անձը ունի գործող կարգապահական սույժ: Տեսակցությունների տրամադրման թույլտվությունը տալիս է քրեակատարողական հիմնարկի պետը կամ նրան փոխարինող անձը:

Ինչ վերաբերում է բաժանարար միջնորմերով տեսակցություններ կազմակերպելուն, ապա պետք է նշել, դատապարտյալներին

տեսակցություններից հավասար պայմաններով օգտվելու հնարավորությունը ՀՀ ԱՆ «Նուբարաշեն» քրեակատարողական հիմնարկում ապահովված է, իսկ բաժանարար միջնորմերով տեսակցությունները տրամադրվում են անվտանգության ապահովման նկատառումներից ելնելով, քանի որ հիմնարկն ունի հնարավորություն նաև տրամադրելու տեսակցություն առանց միջնապատերի, այդ թվում երակրատն տեսակցություններ և տրամադրում է այդ տեսակցությունները: Միջնապատով տեսակցությունները տրամադրվում են միայն, երբ առկա է անվտանգության խնդիր:

#### Ձեկույցի 74-րդ կետի կապակցությամբ

Առանձնապես ծանր հանցագործությունների համար դատապարտված անձանց միասին պահելու պահանջը սահմանված է օրենքով, սակայն միևնույն ժամանակ օրենքը նախատեսում է ցմահ ազատազրկման դատապարտված անձի մեկուսացվածության առավել ցածր աստիճանի հիմնարկ տեղափոխելու հնարավորություն, մասնավորապես պատժի առնվազն 20 տարին կրելուց հետո: Խնդրին առավել ամբողջական լուծում տալու համար օրենսդրական փոփոխությունների անհրաժեշտությունը կքննարկվի ՀՀ արդարադատության նախարարությունում:

#### 4. Օտարերկրյա դատապարտյալներ

##### Ձեկույցի 75-րդ և 76-րդ կետի կապակցությամբ

Գերծանրաբեռնվածության խնդիրն առկա է բոլոր քրեակատարողական հիմնարկներում, և դրա վերացման ուղղությամբ ձեռնարկվում են համապատասխան միջոցներ (տես՝ Ձեկույցի 61-րդ կետի կապակցությամբ ներկայացված մեկնաբանությունը):

Քրեակատարողական հիմնարկներում պահվող անձը ապահովվում է օրգանիզմի կանոնավոր կենսագործունեության համար անհրաժեշտ սննդով: Սննդի որակը և սննդարարությունը սահմանված չափաբաժիններից որևէ կերպ պակասեցնելը, այդ թվում՝ որպես տույժի միջոց, արգելվում է: Հղի, կերակրող մայր, անչափահաս կամ հիվանդ դատապարտյալն ապահովվում է հավելյալ սննդով:

Բացի այդ, ՀՀ կառավարության 2011 թվականի գործունեության միջոցառումների ծրագրում և գերակա խնդիրներում նախատեսվել է վերանայել ՀՀ ԱՆ քրեակատարողական հիմնարկներում պահվող անձնաց սննդի օրական միջին չափաբաժինները, որով պետք է նախատեսվի հատուկ սննդակարգ օտարերկրյա այն քաղաքացիների համար, ովքեր ունեն հատուկ սննդակարգի կարիքներ:

#### Զեկույցի 78-րդ կետի կապակցությամբ

Օտարերկրյա դատապարտյալների գործունեության ծրագրերի, օտարալեզու գրականության բացակայության, օտարերկրյա դատապարտյալների համար հասկանալի լեզուներով ընթերցանության նյութեր ապահովելու նպատակով նախատեսվում է 2011 թվականի մայիս ամսից պարբերաբար համագործակցել դեսպանատների հետ՝ նրանց միջոցով օտարերկրյա գրականություն ստանալու և «Նուբարաշեն», «Վարդաշեն» ՔԿՀ-ին հանձնելու համար:

Օտարերկրացի դատապարտյալների ըստ խցերի տեղաբաշխման ընթացքում հնարավորինս հաշվի է առնվում միջանձնային հաղորդակցման հնարավորությունները, մշակութային յուրահաստկությունները, ինչպես նաև նրանց ազգությունը, այն առումով, որ միևնույն ազգի ներկայացուցիչները հնարավորինս տեղաբաշխվում են նույն խցերում: ՀՀ քրեակատրոլական ծառայության սոցիալական, հոգեբանական և իրավական աշխատանքների ստորաբաժանումը հատուկ ուշադրություն է դարձնում օտարերկրացի ազատազրկվածների հետ տարվող աշխատանքներին:

#### Զեկույցի 79-րդ կետի կապակցությամբ

Համաձայն օրենքի յուրաքանչյուր դատապարտյալի մեկ հեռախոսային խոսակցության տևողությունը չի կարող գերազանցել 15 րոպեն, բացի այդ, հաշվի առնելով ազատազրկված կողմից ներկայացված հիմնավոր պատճառաբանությունը, այդ ժամկետը կարող է երկարացվել ևս 10 րոպեով:

Ինչ վերաբերվում է Կոմիտեի այն առաջարկին, որ օտարերկրյա դատապարտյալների դեպքում տեսակցությունների իրավունքը փոխարինվի հեռախոսային խոսակցություններով, ապա այն ընդունելի է և կքննարկվի օրենքում համապատասխան փոփոխությունների կատարելու հարցը:

5. Դատապարտյալների մնացած մասին պահելու պայմանները

ա. Այց Նուբարաշեն քրեակատարողական հիմնարկ

#### Զեկույցի 81-րդ կետի կապակցությամբ

Չնայած Նուբարաշեն քրեակատարողական հիմնարկում առկա գերբնակեցվածությանը, բոլոր ազատազրկվածները ապահովված են անհատական քնելու տեղերով: Գերբնակեցվածության, ինչպես նաև խցերի վատ վիճակի հետ խնդրի հետ կապված ՀՀ իշխանությունները ձեռնարկում են համապատասխան միջոցներ (տես՝ 61-րդ կետի մեկնաբանությունը):

Ինչ վերաբերվում է հոմոսեքսուլ դատապարտյալների խցերին, ապա <<Նուբարաշեն>> քրեակատարողական հիմնարկում բոլոր խցերն ունեն վերանորոգման լուրջ կարիք: Էլեկտրականության անջատումները <<Նուբարաշեն քրեակատարողական հիմնարկում>> տեղի են ունենում շատ հազվադեպ և տևում են շատ կարճ:

Ձեկույցում նշված, ՀՀ ԱՆ «Նուբարաշեն» ՔԿՀ-ում կատարված դիտարկման կապակցությամբ պետք է նշել, որ կալանավորվածներին պահելու վայրի մասնաշենքը 2007թ.-ին կապիտալ վերանորոգվել է, սակայն կիսաքանդ սանհանգույցները անբարեխիղճ շահագործման արդյունք են: Լոգարաններն ապահովված են համապատասխան գույքով, լոգանքը տրամադրվում է ներքին կանոնակարգին համապատասխան:

Այժմ <<Նուբարաշեն>> քրեակատարողական հիմնարկում ջրամատակարարումն ապահովում է օրը 12-ից 14 ժամ:

#### Ձեկույցի 82-րդ կետի կապակցությամբ

Ոչ աշխատանքային օրերին կալանավորված անձանց և դատապարտյալներին բացօթյա զբոսանք տրամադրելու իրավունքի իրացման նպատակով ՀՀ ԱՆ քրեակատարողական ծառայության կողմից ձեռնարկվել են համապատասխան միջոցներ և ներկայումս քրեակատարողական հիմնարկներում պահվող անձանց ոչ աշխատանքային օրերին ևս սահմանված կարգով տրամադրվում է բացօթյա զբոսանք:

#### Ձեկույցի 83-րդ կետի կապակցությամբ

Նշված կարճաժամկետ նպատակների հետ կապված խնդիրները ընդունելի են դրանց մի մասի պատասխանները ներկայացվեցին նախորդող կետերում: Ինչ վերաբերվում է միջնաժամկետ նպատակներին, ապա դրանց լուծումները նախատեսվում է տալ <<Քրեակատարողական ծառայության ենթակառուցվածքային բարեփոխումների ծրագրի>> իրականացմամբ:

#### Ձեկույցի 84-րդ կետի կապակցությամբ

Բացի սույն պատասխանների 61-րդ կետում նշվածից անհրաժեշտ է ավելացնել նաև, որ ՀՀ արդարադատության նախարարության քրեակատարողական ծառայության ենթակառուցվածքային բարեփոխումների ծրագրի հիմնական խնդիրներից մեկը քրեակատարողական հիմնարկների խցերի և կացարանների սանիտարական բոլոր պահանջներին համապատասխանեցնելն է, ընդ որում, այս ծրագրի շրջանակներում ուշադրություն է դարձվում այդ կառույցների ծավալներին, նվազագույն

մակերեսի ապահովմանը, լուսավորությանը, բավարար ջերմության ապահովմանը և օդափոխմանը: Հատկապես կարևորվում է նաև բանտային կառույցները սանիտարական տեսակետից ճիշտ կառուցելու գործոնը: Խցերում կամ դրան կից տեղակայված զուգարանները պետք է ունենան կափարիչով զուգարանակոնքեր և պետք է գոնե միջնապատով առանձնացված լինեն բնակելի շինությունից: Դա հատկապես կարևոր է այլ հիմնարկներում, որտեղ ազատությունից զրկված անձինք ճաշում են խցերում:

Նախատեսվող բարեփոխումների շրջանակում ստեղծվող քրեակատարողական հիմնարկները միջազգային չափանիշներին համապատասխանելու և կառավարելիության բարձր աստիճան ունենալու համար պետք է բավարարեն կառուցվածքային որոշակի պահանջների, մասնավորապես՝ անհրաժեշտ է, որ քրեակատարողական հիմնարկների բոլոր շինություններն ունենան քրեակատարողական հիմնարկին համապատասխան ջրամատակարարման և ջրահեռացման, ջեռուցման, օդափոխության, բնական և արհեստական լուսավորության, էլեկտրական սնուցման, կապի և այլ հնարավորություններ՝ հակահրդեհային, սանիտարահիգիենիկ կանոնների պահպանմամբ: Միաժամանակ, բոլոր նշված հանգույցները գործառությանը իմաստով պետք է լինեն միմյանցից տարանջատված, սակայն ծավալային իմաստով պետք է լինեն մեկ ամբողջություն: Հիմնարկները պետք է ապահովված լինեն անվտանգության ապահովման ժամանակակից տեխնոլոգիաներով՝ իրենց տեսակին համապատասխան: Անհրաժեշտ է, որ ազատությունից զրկված անձանց բնակեցման համար նախատեսված բնակելի մասնաշենքն ունենա հետևյալ հանգույցները՝

- կացարանային,
- ստացիոնար բուժապասարկման,
- խոհանոցային,
- կարանտինային,
- պատժախցային
- կարճատև և երկարատև տեսակցությունների կազմակերպման:

Կացարանային հանգույցը անհրաժեշտ է նախատեսել այնպես, որ յուրաքանչյուր անձին բաժին հասնի առնվազն 5 քառակուսի մետր խցային կամ կացարանային տարածք: Կացարանային հանգույցում անհրաժեշտ է զբոսանք կազմակերպել յուրաքանչյուր բլոկում՝ պահպանելով միջազգային՝ բաց «երկինք և բացօթյա» չափանիշը: Տարածքային պահանջները պետք է համապատասխանեն եվրոպական չափանիշներին, խցերը և կացարանները պետք է ունենան սանհանգույց և լոգանքի հարմարություններ: Ստացիոնար բուժապասարկման հանգույցի կազմակերպումը պետք է նախատեսված լինի տվյալ հիմնարկի լրակազմի 10%- ի հաշվարկով, յուրաքանչյուր խցում կացարանում՝ 2-3 հոգու հաշվարկով: Յուրաքանչյուր անձին պետք է բաժին հասնի առնվազն 5 քառակուսի մետր տարածք: Բլոկները պետք է ունենան

զբոսանքի կազմակերպման հնարավորություն: Պատժախցային հանգույցը պետք է կազմակերպվի տվյալ հիմնարկի 5%-ի հաշվարկով, (ընդ որում՝ մեծ մասը մենախուց): Յուրաքանչյուր անձին պետք է բաժին հասնի առնվազն 5 քառակուսի մետր խցային տարածք: Բլոկը պետք է ունենա զբոսանքի կազմակերպման հնարավորություն: Յուրաքանչյուր խուց պետք է ունենա սանհանգույց, սակայն լոգանքի հնարավորությունը պետք է ապահովվի բլոկի ընդհանուր լոգարանում: Կարանտինային բլոկը պետք է կազմակերպել տվյալ հիմնարկի 2,5%-ի հաշվարկով, երկու, չորս և վեց տեղանոց: Յուրաքանչյուր անձին պետք է բաժին հասնի առնվազն 5 քառակուսի մետր խցային տարածք: Բլոկը պետք է ունենա զբոսանքի կազմակերպման հնարավորություն: Խոհանոցային հանգույցը անհրաժեշտ է նախատեսել կալանավորվածներին պահելու վայրերի, փակ, կիսափակ և բուժական ուղղիչ հիմնարկների համար սնունդը խուց մատակարարելու սկզբունքով, իսկ կիսաբաց և բաց ուղղիչ հիմնարկներում՝ ճաշարանային ձևով՝ իր ֆունկցիոնալ և պահեստային համապատասխան հարմարություններով: Երկարատև տեսակցությունների կազմակերպման հանգույցը պետք է ներառի սանիտարահիգիենիկ և խոհանոցային պայմաններ ունեցող սենյակներ՝ յուրաքանչյուրն առնվազն 12 քառակուսի մետր (ՀՀ քրեակատարողական ծառայության ենթակառուցվածքային բարեփոխումների ծրագրի ժամանակացույցը կցվում է):

<<Կոշ>> քրեակատարողական հիմնարկ

Ձեկույցի 86, 87 , 88-րդ, 89-րդ և 90-րդ կետերի կապակցությամբ

<<Կոշ>> քրեակատարողական հիմնարկում առկա թերությունների հաղթահարումը ևս նախատեսվում է ՀՀ քրեակատարողական ծառայության ենթակառուցվածքային բարեփոխումների ծրագրով, որի կապակցությամբ մեկնաբանությունները տրվել են նախորդ կետերում:

<<Կոշ>> քրեակատարողական հիմնարկում սննդի որակի հետ կապված խնդիրը կքննարկվի ՀՀ քրեակատարողական ծառայության ղեկավարության կողմից և կառնվի հատուկ ուշադրության տակ:

<<Կոշ>> քրեակատարողական հիմնարկում բաղնիքները հիմնովին վերանորոգվել են:

Ձեկույցի 91-րդ կետի կապակցությամբ

Ձեկույցում նշված դիտարկումը քրեակատարողական հիմնարկների կրթական ծրագրերի, ոչ բավարար քանակությամբ հեռուստացույցների առկայության, աղքատիկ գրադարանի, դատապարտյալների աշխատելու հնարավորության, սպորտային խաղերի և ժամանցի ծրագրերի

բացակայության վերաբերյալ, հարկ է նշել, որ սույն թվականի հունվար ամսին «Աջակցություն դատապարտյալին» հիմնադրամին արդեն ներկայացվել է դատապարտյալների մասնագիտական հմտությունների անվանացանկ, որոնք ուղղված են ըստ արհեստագործական ունակությունների դատապարտյալներին աշխատանքի ներգրավելուն: Տարվա ընթացքում նախատեսվում է մարզական և մշակութային միջոցառումների կազմակերպում, մասնավորապես՝ թենիսի, ֆուտբոլի առաջնությունների, ինտելեկտուալ խաղ մրցույթի կազմակերպում, գրադարանների համալրում:

#### Ձեկույցի 92-րդ կետի կապակցությամբ

Ոչ միայն հոմոսեքսուալ այլ ընդհանրապես բոլոր ազատագրկվածների աշխատանքի անցնելը իրականացվում է բացառապես նրանց դիմումի հիման վրա: Աշխատանքում ներգրավված բոլոր դատապարտյալներն ունեն հանգստյան օրեր:

Հոմոսեքսուալ ազատագրկվածների նկատմամբ այլ դատապարտյալների որոշակի բացասական վերաբերմունքն իրոք առկա է քրեակատարողական հիմնարկներում, այդ վերաբերմունքը ունի անցյալից եկող արմատներ, որի վերացման համար անհրաժեշտ է մենթալիտետի որոշակի փոփոխություն և բնականաբար որոշակի ժամանակ: Քրեակատարողական հիմնարկների ղեկավարության կողմից ձեռնարկվում են բոլոր հնարավոր միջոցները խտրական ցանկացած վերաբերմունք նրանց նկատմամբ բացառելու ուղղությամբ:

#### գ. Վարդաշենի քրեակատարողական հիմնարկ

##### Ձեկույցի 93-րդ և 94-րդ կետերի կապակցությամբ

<<Վարդաշեն>> քրեակատարողական հիմնարկի գործունեության դադարեցումը նախատեսվում է իրականացնել 2018 թվականին, երբ շահագործման կհանձնվի նորակառույց <<Երևան>> քրեակատարողական հիմնարկը: Հիմնարկի գերծանրաբեռնվածության և նյութակենցաղային որոշ խնդիրներ կլուծվեն նշված նոր քրեակատարողական հիմնարկի շահագործմամբ, չնայած մինչ այդ ևս կձեռնարկվեն հնարավոր բոլոր քայլերը այդ թերությունները վերացնելու ուղղությամբ:

Այժմ առկա շենքային պայմանները թույլ չեն տալիս որոշ քրեակատարողական հիմնարկներում ապահովել շաբաթական նվազագույնը 2 անգամ լոգանքի ընդունումը, սակայն ձեռնարկվում են քայլեր առկա սուղ պայմաններում այդ հնարավորությունն ապահովելու համար: Այդ հնարավորությունն ունենալուց հետո ՀՀ օրենսդրության մեջ կկատարվի համապատասխան փոփոխություն



լոգանք ընդունելու իրավունքը շաբաթական նվազագույնը մեկ անգամից դարձնելով 2 անգամ:

Ձեկույցի 95-րդ և 96-րդ կետերի կապակցությամբ

Ինչ վերաբերվում է «Վարդաշեն» քրեակատարողական հիմնարկի փակ տիպում պահվող ազատազրկվածներին օրվա մեծ մասը խցում անցկացնելուն, ապա այդ հանգամանքը պայմանավորված է փակ տիպի առանձնահատկությամբ: Ջրաղվածության խնդիրը առկա է ոչ միայն քրեակատարողական համակարգում այլ ողջ հասարակության մեջ: Բացի այդ, «Վարդաշեն» քրեակատարողական հիմնարկում պահվում են հիմնականում իրավապահ մարմինների նախկին աշխատակիցները, որոնց մասնագիտական առանձնահատկությունների պատճառով, աշխատանքով ապահովելը ներկայացնում է որոշակի դժվարություն:

Ձեկույցի 97-րդ կետի կապակցությամբ

Անձնական անվտանգության շահերից ելնելով մեկուսացված դատապարտյալների նկատմամբ տարվում են առավել խորը սոցիալ-հոգեբանական աշխատանքներ, այնուամենայնիվ նշված դեպքի հետ կապված հանձնարարական կտրվի կազմել անհատական գործողությունների ծրագիր և առաջնորդվել այդ մասնագիտական ծրագրով:

6. Առողջապահություն

ա. բժշկական անձնակազմի միջոցներն ու հնարավորությունները

Ձեկույցի 98-րդ, 99-րդ, 100-րդ, 101-րդ և 102-րդ կետերի կապակցությամբ Քրեակատարողական հիմնարկների բժշկական անձնակազմի, ստորաբաժանման միջոցների և հնարավորությունների հետ կապված պետք է նշել, որ ՀՀ ԱՆ «Կոշ» ՔԿՀ-ի 2 թափուր հաստիքներից համալրվել է 1-ը: «Կոշ» և «Վարդաշեն» ՔԿՀ-ների 3-րդ կարգի մասնագետների թափուր հաստիքների համալրման ուղղությամբ տարվում են աշխատանքներ: Բժշկական աշխատողների գիշերային և շաբաթ-կիրակի օրերին հերթապահությունների հարցը կատարվում է առկա անձնակազմի ուժերով: «Կոշ» ՔԿՀ-ի ատամնաբույժի համալրման հարցը ընթացքում է, իսկ այդ ծառայությունը ժամանակավորապես մատուցվում է նեղ մասնագիտացված բուժակի կողմից:

Ձեկույցի 103-րդ և 104-րդ կետերի կապակցությամբ

2009-2010 թվականներին նախատեսված էր «Կոշ» ՔԿՀ-ին հատկացնել ստերիլիզացիոն սարք, սակայն ֆինանսական միջոցների բացակայության պատճառով այն չի կատարվել: Հարցը ներառված է 2011 թվականի բժշկական սարքերի ձեռքբերման ծրագրում:

Ինչ վերաբերվում է Ջեկույցում նշված այն դիտարկմանը, ըստ որի բժշկական հաստատություններում պահվել են մի քանի դատապարտյալներ, որոնք չեն ունեցել այնպիսի առողջական խնդիրներ, որոնց առկայության պարագայում անհրաժեշտ լիներ նրանց հիմնարկի բժշկական հաստատությունում պահելը, ինչպես նաև «Դատապարտյալների հիվանդանոց» ՔԿՀ տեղափոխելու լուրջ հետաձգումներին, ապա ՀՀ ԱՆ ՔԿՎ բժշկական սպասարկման բաժնի և բժշկական աշխատանքային հանձնաժողովի կողմից պարբերաբար կատարվել են այցելություններ քրեակատարողական հիմնարկներ, որոնց արդյունքում ներկայումս ստացիոնար բուժում են ստանում միայն դրա կարիքը ունեցող կալանավորված անձինք և դատապարտյալները: «Դատապարտյալների հիվանդանոց» և «Նուբարաշեն» ՔԿՀ-ների բժշկական սպասարկման բաժնի ստացիոնար ընդունվում են բացառապես ստացիոնար բուժման կամ հետազոտման կարիք ունեցողները: Ինչ վերաբերվում է հետաձգումներին, ապա նման երևույթներ չեն արձանագրվել, անհապաղ ստացիոնար բուժման կարիք ունեցողների տեղափոխությունները կատարվում են շտապ կարգով:

Ջեկույցի 105-րդ կետի կապակցությամբ

Չնայած այն հանգամանքին, որ դեղորայքի ձեռք բերման հետ կապված առկա են որոշակի ֆինանսական դժվարություններ, այնուամենայնիվ աճող ֆինանսավորման հետ մեկտեղ ՀՀ ԱՆ քրեակատարողական վարչությունը ձեռք է բերում նորանոր դեղորայք և բժշկական պարագաներ:

բ. բժշկական գնություն ընդունելիս/բռնության կանխարգելում

Ջեկույցի 106-րդ և 107-րդ կետերի կապակցությամբ

Ինչ վերաբերում է քրեակատարողական հիմնարկներ մուտք գործած անձանց մակերեսային բժշկական գնություն կատարելուն («Կոշ»), հիմնարկի անձնակազմի կամ ուղեկցող ոստիկանական անձնակազմի ներկայությամբ («Նուբարաշեն», «Վարդաշեն»), բժշկական գնություն կատարելուն պետք է նշել, որ ՀՀ ԱՆ ՔԿՎ պետի կողմից 2010 թվականին բոլոր քրեակատարողական հիմնարկներին հանձնարարվել է պատշաճ ձևով կատարել կալանավորված անձանց և դատապարտյալների առաջնային բժշկական գնումը և արդյունքները գրանցել բժշկական մատյանում:

ՀՀ ԱՆ ՔԿՎ բժշկական սպասարկման բաժնի կողմից քրեակատարողական հիմնարկների բժշկական ստորաբաժանումներին հանձնարարվել է խստորեն պահպանել ՀՀ կառավարության 26.05.2006 թվականի թիվ 825-Ն որոշման 37-րդ կետի պահանջները, այն է՝ բոլոր բժշկական զննությունները պետք է անցկացվեն քրեակատարողական կամ այլ ծառայությունների լսողության սահմաններից դուրս, կալանավորվածներին պահելու վայր ընդունելիս (այդ թվում՝ տարանցմամբ), անձինք անցնում են նախնական բժշկական զննություն, որի արդյունքներն արձանագրվում են համապատասխան մատյանում՝ բժշկական օգնություն ցույց տալու և մարմնական վնասվածք կամ առողջական վիճակի վերաբերյալ այլ գանգատ արձանագրելու նպատակով: Կալանավորված անձի կամ դատապարտյալի բժշկական զննության արձանագրումը պետք է ներառի՝

1. բժշկական զննության ենթակա անձի կողմից արված բոլոր հայտարարությունների ամբողջական պատկերը (ներառյալ իր առողջական վիճակի նկարագրությունը և վատ վերաբերմունքի մասին ցանկացած հայտարարություն),
2. օբյեկտիվ բժշկական զննության արդյունքների ամբողջական պատկերը,
3. բժշկի եզրակացությունը՝ հիմնված սույն կետի 1-ին և 2-րդ ենթակետերի վրա:

Եթե բժշկական զննության արդյունքում հայտնաբերված մարմնական վնասվածքը կամ առողջության վիճակի վերաբերյալ գանգատը կալանավորված անձի կամ դատապարտյալի հայտարարության հետևանք է, նրա նկատմամբ հանցագործության հատկանիշներ պարունակող որևէ արարք, ապա բժշկական զննություն իրականացնող անձը դրա մասին տեղյակ է պահում կալանավորվածներին պահելու վայրի կամ ուղղիչ հիմնարկի վարչակազմին:

Կալանավորվածներին պահելու վայրի կամ ուղղիչ հիմնարկի վարչակազմը դրա մասին տեղյակ է պահում իրավասու մարմիններին:

Ցանկացած բժշկական զննության արդյունքները, ինչպես նաև կալանավորված անձի հայտարարությունները և բժշկի եզրակացությունները պետք է մատչելի լինեն կալանավորված անձի կամ դատապարտյալի և վերջինիս կողմից լիազորված անձի համար:

գ. տուբերկուլյոզ

Զեկույցի 108-րդ կետի կապակցությամբ

Վերջին չորս տարիների կտրվածքով քրեակատարողական հիմնարկներում տուբերկուլյոզի հիվանդության աճի և մահացության դեպքերի վերաբերյալ վիճակագրության տվյալներ,

N Տարի Ռեգուլյար ՏԲ Բազմադեղորայքային

թվում նոր դեպքեր	Քանակ		Այդ				
	Մահ	Քանակ	Այդ				
1.	2007	39	16	0	17	0	0
2.	2008	61	33	1	20	3	1
3.	2009	70	43	0	27	12	0
4.	2010	45	28	0	25	7	0

դ. այցելած բանտային հաստատություններում առկա հոգեբուժական և հոգեբանական օգնությունը

Ձեկույցի 109-րդ կետի կապակցությամբ

Ձեկույցում նշված կալանավորված անձանց և դատապարտյալների հոգեբուժական օգնության տրամադրման անբավարար վիճակի, ՀՀ ԱՆ «Կոշ» և «Վարդաշեն» քրեակատարողական հիմնարկներում հոգեբույժների բացակայության կապակցությամբ պետք է նշել, որ քրեակատարողական հիմնարկներին հոգեբուժական օգնություն մատուցվում է պարբերաբար՝ «Դատապարտյալների հիվանդանոց» և «Նուբարաշեն» ՔԿՀ-ների հոգեբույժների կողմից: Բժշկական աշխատանքային հանձնաժողովի կազմում ընդգրկված է հոգեբույժ: Հոգեբուժական բնույթի ստացիոնար բժշկական օգնություն ստանալու նպատակով կալանավորված անձինք կամ դատապարտյալները տեղափոխվում են «Դատապարտյալների հիվանդանոց» ՔԿՀ-ի հոգեբուժական բաժանմունք: Անհրաժեշտության դեպքում դատապարտյալները տեղափոխվում են նաև ՀՀ առողջապահության նախարարության Նուբարաշենի հոգեբուժական կլինիկա:

ե. Երևանի բանտային հիվանդանոցի հոգեբուժական մեկուսարանը

Ձեկույցի 112-րդ, 113-րդ և 114-րդ կետերի կապակցությամբ

Ինչ վերաբերում է այն դիտարկմանը, որ ՀՀ ԱՆ «Դատապարտյալների հիվանդանոց» քրեակատարողական հիմնարկի հոգեբուժական բաժանմունքում հոգեկան խանգարումներով հիվանդները պահվում են ստմատիկ հիվանդների հետ, հոգեբուժական բաժանմունքի սենյակները վերանորոգման կարիք ունեն, չեն պահպանվում անձնական հիգիենայի

կանոնները, հիվանդների զբաղմունքի հնարավորությունները տարրական են, չկան համապատասխան որակավորում ունեցող մասնագետներ, ապա պետք է նշել, որ ԱՆ «Դատապարտյալների հիվանդանոց» քրեակատարողական հիմնարկի հոգեբուժական բաժանմունքում ներկայումս բուժում են ստանում միայն հոգեկան խանգարում ունեցող հիվանդներ, իսկ սոմատիկ հիվանդները տեղափոխվել են համապատասխան բաժանմունքներ: Պահպանվում են յուրաքանչյուր հիվանդի համար սահմանված անհրաժեշտ տարածքային նորմատիվները: Վերանորոգվել են սենյակները, նորացվել և փոխվել է սանհանգույցը, հիվանդներին տրամադրվում են հիգիենայի պարագաներ: Բաժանմունքի սանիտարին հանձնարարվել է կատարել հիվանդների ամենօրյա համայն՝ պարբերաբար անցկացնել սանիտարական գրազիտության աշխատանքներ անձնական հիգիենայի կանոնների պահպանման վերաբերյալ: Հիվանդներին տրված է ոչ մոլուցքային խաղերի և հեռուստացույց դիտելու հնարավորություն, նրանք օգտվում են գեղարվեստական գրականությունից:

ՀՀ առողջապահության նախարարության հետ սերտ համագործակցության շրջանակներում կազմակերպվում են հանրապետության առաջատար հոգեբույժների կողմից խորհրդատվություններ:

Զեկույցի 115-րդ և 116-րդ կետերի կապակցությամբ

Դատապարտյալների հիվանդանոց հոգեբուժական բաժանմունքի համալրման ուղղությամբ ձեռնարկվել և ձեռնարկվում են համապատասխան միջոցներ: Առողջապահության նախարարության 2010թ. մայիսի 3-ի կարգավորումներով նախատեսված գրանցամատյաին վերաբերյալ տեղեկություններ չկան: Քայլեր կձեռնարկվեն ճշտելու նման կարգավորումների գոյության փաստը և կքննարկվի դրանցով առաջնորդվելու նպատակահարամարությունը:

զ. ինքնասպանության կանխարգելումը

Զեկույցի 117-րդ կետի կապակցությամբ

Նշված կետում ներկայացված դիտողությունը ընդհանուր առմամբ ընդունելի է, սակայն պետք է նշել, որ ինքնասպանությանը հակված ազատազրկվածների հետ մշտապես իրականացվում են հոգեբանական աշխատանքներ համապատասխան մասնագետների միջոցով: Այնուամենայնիվ, ոլորտը կանոնակարգելու անհրաժեշտությունն առկա է և թերևս անհրաժեշտ է ունենալ հստակ կանոնակարգ-ուղեցույց, որը կօգնի համապատասխան մասնագետներին ադեկվատ կերպով արձագանքելու ինքնասպանության հակում ունեցող ազատազրկվածներին, ինչպես նաև կկարգավորի այդ խնդիրները:

է. հացադուլ

Զեկույցի 118-րդ կետի կապակցությամբ

Հացադուլավոր ազատազրկվածները մշտապես գտնվում են բժիշկների հսկողության ներքո: Ըստ օրենքի նրանք պահվում են մյուս ազատազրկվածներից առանձին: Ինչ վերաբերվում է նրանց կարգապահական բաժնի ներսում պահելուն, ապա պետք է նշենք, որ օրենսդրությամբ կարգապահական խցերը (պատժախցերը) սովորական խցերից տարբերվում են միայն նրանով, որ ցերեկային ժամերին կարգապահական խցերից հավաքվում են անկողնային պարագաները: Բնականաբար հացադուլավորների դեպքում նման բան չի արվում: Այդուամենայնիվ, նշված ոլորտը ևս ունի կանոնակարգման կարիք:

7. CPT մանդատին վերաբերվող այլ խնդիրներ

ա. բանտի անձնակազմ

Զեկույցի 119-րդ կետի կապակցությամբ

Քրեակատարողական համակարգի կադրային հագեցվածության վիճակը հետևանք է սոցիալ տնտեսական պայմանների, որոնք էլ ավելի սրվեցին համաշխարհային տնտեսական ճգնաժամի հետևանքով: Այնուամենայնիվ, այդ խնդիրը մշտապես գտնվում է ՀՀ կառավարության ուշադրության ներքո, ՀՀ կառավարության ապրիլի 14-ի որոշմամբ ՀՀ քրեակատարողական ծառայությունում ավելացվել է 100 նոր հաստիքային միավոր, որի նպատակն է հենց զեկույցի նշված պարագրաֆում առաջ քաշված խնդիրների որոշակի չափով լուծումը:

բ. կարգապահություն

Զեկույցի 120-րդ կետի կապակցությամբ

Կալանավորված անձանց և դատապարտյալների նկատմամբ «պատժախուց տեղափոխում» կարգապահական տույժի կիրառման ժամանակային սահմանափակումները մշտապես պահպանվում են և օրենսդրությամբ նախատեսված ժամանակահատվածից ավել ոչ մի անազատության մեջ պահվող անձ տույժի չի ենթարկվում: Ինչ վերաբերում է զեկույցում նշված դեպքերին, որ դատապարտյալները պատժախցում պահվել են 20 օր ժամկետով, ապա պետք է նշել, որ այս դեպքում ոչ թե դատապարտյալին տրվել է մեկ կարգապահական տույժ՝ 20 օր ժամկետով պատժախուց տեղափոխելու վերաբերյալ, այլ վերջիններս տարբեր խախտումների համար ենթարկվել են 2 կամ ավելի կարգապահական տույժերի և դրանց կրման արդյունքում պատժախցում գտնվելու ժամանակահատվածը կազմել է 20 օր: Այսինքն,

դատապարտյալը կատարել է կարգապահական խախտում, կատարած խախտման համար նրա նկատմամբ կիրառվել է, օրինակ, 10 օր ժամկետով «պատժախուց տեղափոխում» կարգապահական տույժը և պատժախցում գտնվելու ընթացքում դատապարտյալը թույլ է տվել նոր կարգապահական խախտում, որի համար ևս նրա նկատմամբ կիրառվել է 10 օր ժամկետով պատժախուց տեղափոխում կարգապահական տույժը, արդյունքում դատապարտյալը պատժախցում է հայտնվել 20 օրով, բայց ոչ թե մեկ, այլ մի քանի տարբեր կարգապահական խախտումների համար:

#### Ձեկույցի 121-րդ կետի կապակցությամբ

Կատարված խախտման կապակցությամբ կալանավորված անձից կամ դատապարտյալից պահանջվում է գրավոր բացատրություն, իսկ այն տալուց հրաժարվելու դեպքում կազմվում է համապատասխան արձանագրություն: Իրավունքի այս ամրագրումը հանգեցնում է կալանավորված անձին կամ դատապարտյալին վերագրվող խախտումների կատարման կապակցությամբ նախապես վերջինիս տեղեկացնելու հանգամանքին, ինչպես նաև նրա լսված լինելու, անհրաժեշտության դեպքում վերջինիս կողմից մատնանշված անձանց որպես վկա ներգրավելու և այլ անհրաժեշտ գործողություններ կատարելու համար: Բացի այդ՝ ՀՀ օրենսդրությամբ ամրագրված է նաև, որ տույժը պետք է լինի արդարացի և պետք է կիրառվի միայն համապատասխան ուսումնասիրությունների արդյունքում ընդունված որոշման հիման վրա: Կատարված կարգապահական խախտումը քննելիս կարգապահական տույժ նշանակելիս կալանավորվածներին պահելու վայրի կամ ուղղիչ հիմնարկի պետք ծանոթանում է կատարվածի վերաբերյալ կալանավորվածներին պահելու վայրի կամ ուղղիչ հիմնարկի ծառայողի ներկայացրած գրավոր նյութերին, ընդունում համապատասխան որոշում, որը կցվում է կալանավորված անձի կամ դատապարտյալի անձնական գործին: Կարգապահական տույժի տեսակն ընտրելիս հաշվի են առնվում կատարված խախտման պայմանները, կալանավորված անձի կամ դատապարտյալի անձը, վարքը մինչև խախտում կատարելը և ընդհանուր բնութագիրը: Տրվող տույժը պետք է համապատասխանի կատարված խախտման ծանրությանը և բնույթին: Տույժի կիրառման մասին որոշմանը ծանոթանում է կալանավորված անձը կամ դատապարտյալը: Կալանավորված անձի կամ դատապարտյալի նկատմամբ տույժի միջոցի կիրառումը կարող է բողոքարկվել կալանավորվածներին պահելու վայրի կամ ուղղիչ հիմնարկի նկատմամբ հսկողություն և վերահսկողություն իրականացնող մարմիններին, ինչպես նաև դատական կարգով:

Պատժախուց տեղափոխելուց առաջ ազատագրվածին բժշկական գննության ենթարկելը բխում է նախ և առաջ հենց նրա շահերից, և նպատակ

ունի կանխել այն դեպքերը, երբ պատժախուց կտեղափոխվի այն անձը, ով ունի պատժախցում պահվելու հետ անհամատեղելի հիվանդություններ: Պատժախուց տեղափոխելուց առաջ ազատագրկվածին բժշկական հետազոտության ենթարկելու անհրաժեշտությունը շեշտվել է նաև ՀՀ մարդու իրավունքների պաշտպանի կողմից:

Այնուամենայնիվ, ՀՀ օրենսդրությունը մասնավորապես, <<Կալանավորված անձնաց և դատապարտյալների բուժսանիտարական և բուժկանխարգելիչ օգնությունը կազմակերպելու, առողջապահական մարմինների բուժական հիմնարկներից օգտվելու և այդ նպատակով դրանց բժշկական անձնակազմերի ներգրավելու կարգը>> նման պարտադիր պահանջ չի նախատեսում:

#### Ձեկույցի 122-րդ կետի կապակցությամբ

<<Կոշ>> քրեակատարողական հիմնարկի պատժախցերի վիճակի բարելավման ուղղությամբ նախատեսվում է ձեռնարկել համապատասխան միջոցներ: Ինչ վերաբերվում է <<Վարդաշեն>> և <<Նուբարաշեն>> քրեակատարողական հիմնարկներին, ապա ՀՀ ԱՆ «Վարդաշեն» ՔԿՀ-ի գերբնակեցման պատճառով երեք պատժախցերը օգտագործվում են որպես սովորական խցեր կամ կարանտինային խցեր և մշտապես զբաղված են, այդ իսկ պատճառով «պատժախուց տեղափոխում» կարգապահական տույժը կիրառելու համար դատապարտյալները տեղափոխվում են ՀՀ ԱՆ «Էրեբունի» քրեակատարողական հիմնարկի պատժախուց: <<Նուբարաշեն>> քրեակատարողական հիմնարկի պատժախցերում իրականացվել են շին. վերանորոգման աշխատանքներ հետևյալ ուղղություններով՝

1. կապիտալ վերանորոգվել են խցերի պատերը
2. խցերից տարանջատվել և վերանորոգվել են սանհանգույցները
3. կապիտալ վերանորոգվել են կոյուղագծերը և ջրամատակարարման խողովակաշարը,
4. խցերում մոնտաժվել են էլեկտրամատակարարման նոր հաղորդալարեր:

#### Ձեկույցի 123-րդ կետի կապակցությամբ

<<Նուբարաշեն>> քրեակատարողական հիմնարկի պատժախցում պահվող ազատագրկվածներն այժմ օգտվում են նվազագույնը օրական մեկ ժամ բացօթյա զբոսանքից ամեն օր:

Ինչ վերաբերվում է պատժախցում պահվողներին ընթերցանության համար անհրաժեշտ նյութեր չտրամադրելուն, տեսակցություններ և հեռախոսային խոսակցություններ ունենալու և նամակներ ուղարկելու և ստանալու իրավունքից զրկելուն, ապա դա սահմանված է <<Քրեակատարողական



ծառայության կալանավորվածներին պահելու վայրերի և ուղղիչ հիմնարկների ներքին կանոնակարգի>> 231-րդ կետով, ինչպես նաև ՀՀ քրեակատարողական օրենսգրքի 98-րդ հոդվածով, ինչպես նաև <<Ձերբակալված և կալանավորված անձանց պահելու մասին>> ՀՀ օրենքով:

Պատժախուց տեղափոխելը պետք է իր մեջ պարունակի պատժի որոշակի տարրեր, այլապես կկորցնի իր իմաստն ու նշանակությունը, մանավանդ որ անձը պատժախցում կարող է պահվել առավելագույնը 10 կամ 15 օր:

Ձեկույցի 124-րդ կետի կապակցությամբ

Տես` 73-րդ կետի կապակցությամբ արված մեկնաբանությունը:

Ձեկույցի 125-րդ կետի կապակցությամբ

<<Կոշ>> քրեակատարողական հիմնարկի անսարք հեռախոսն արդեն փոխարինվել է նորով, բացի այդ հիմնարկի ղեկավարությունը քայլեր է ձեռնարկում հեռախոսների թիվն ավելացնելու ուղղությամբ:

Ձեկույցի 126-րդ կետի կապակցությամբ

Կալանավորված անձանց տեսակցությունների կամ հեռախոսազանգերի արգելման խնդիրը դուրս է ՀՀ արդարադատության նախարարության իրավասությունների շրջանակներից, այն գտնվում է կոնկրետ քրեական գործով վարույթն իրականացնող անձի կամ մարմնի իրավասության ներքո:

դ. բողոքները, հսկողություն իրականացնելու ընթացակարգերը

Ձեկույցի 127-րդ կետի կապակցությամբ

ՀՀ օրենսդրության համաձայն անազատության մեջ պահվող անձն իրավունք ունի իր իրավունքների և ազատությունների խախտման վերաբերյալ դիմումներով, բողոքներով, ինչպես անձամբ, այնպես էլ պաշտպանի կամ օրինական ներկայացուցչի միջոցով դիմելու պատիժը կատարող մարմնի կամ հիմնարկի վարչակազմ, նրանց վերադաս մարմիններ, դատարան, դատախազություն, մարդու իրավունքների պաշտպանին, պետական և տեղական ինքնակառավարման մարմիններ, հասարակական միավորումներ և կուսակցություններ, զանգվածային լրատվության միջոցներ, ինչպես նաև մարդու իրավունքների և ազատությունների պաշտպանության միջազգային

մարմիններ կամ կազմակերպություններ: Քրեակատարողական հիմնարկում պահվող անձն իր առաջարկությունները, դիմումները և բողոքները կարող է ներկայացնել ամեն օր ինչպես գրավոր, այնպես էլ բանավոր: Գրավոր բողոքները ոչ ուշ, քան մեկ օրվա ընթացքում, ուղարկվում են հասցեատերերին: Դատապարտյալի առաջարկությունները, դիմումներն ու բողոքները գրաքննության ենթակա չեն: Արգելվում է որևէ ձևով հետապնդումը անազատության մեջ պահվող անձի նկատմամբ իր իրավունքների և օրինական շահերի խախտումների վերաբերյալ առաջարկություններ, դիմումներ, բողոքներ ներկայացնելու դեպքում: Նման հետապնդում իրականացնող անձինք կրում են օրենքով սահմանված պատասխանատվություն: Օրենսդրության նշված պահանջները խստագույնս պահպանվում են:

Այնուամենայնիվ, քրեակատարողական հիմնարկների ղեկավարներին մեկ անգամ ևս խստագույնս կհանձնարարավի պահպանել վերը նշված դրույթները և պատշաճ հսկողություն կիրականացվի դրանց պահպանության նկատմամբ:

## **ՀՀ առողջապահության նախարարություն**

Նախնական նկատառումներ

- Նորքի հոգեբուժական կլինիկայի վերաբերյալ հայտնում եմ, որ հոգեբուժական ստացիոնար ընդունվելիս հիվանդները տալիս են իրենց գրավոր համաձայնությունը, բացառությամբ այն հիվանդների, որոնք ընդունվում են ոչ հոժարակամ՝ դատարանի որոշման համաձայն:
- Հաշվի առնելով, որ նշված կլինիկայի բաժանմունքներում բուժվում են ինչպես կամավոր ընդունված, այնպես էլ և դատարանի որոշմամբ ոչ հոժարակամ հիմունքներով բուժվող սոցիալապես վտանգավոր հիվանդները, բաց դռների սկզբունքը իրագործելի չէ:

Հիվանդների կենցաղային պայմաններ

- Կլինիկաների մետաղական ճաղերը հանվել են:
- Հատուկ տիպի հարկադիր բուժման բաժանմունքում բուժվող երկու կանայք տեղափոխվել են այլ հիվանդասենյակ, որտեղ պայմանները ավելի բարվոք են:
- Նախատեսվում է կլինիկայում կատարել վերանորոգման աշխատանքներ և բարելավել հիվանդների կենցաղային պայմանները՝ համապատասխան ֆինանսավորման դեպքում:

Անձնակազմ

- ՀՀ ԱՆ հրավերով Ֆրանսիայից ժամանած մասնագետները ներկայումս անց են կացնում թվով 25 բուժքույրերի վերապատրաստում:
- Անձնակազմի թիվը և կառուցվածքը հաստատվում է ՀՀ առողջապահության նախարարության կողմից համաձայն գոյություն ունեցող կարգի:

#### Բուժում

- 6-րդ բաժանմունքին կից կառուցվել է ցանկապատ տարածք, որտեղ փորձաքննվողները զբոսնում են և կարող են զբաղվել մարմնամարզությամբ:
- Չսպման միջոցները օգտագործվում են հազվադեպ՝ համաձայն ՀՀ ԱՆ հրամանով հաստատված կարգի:

#### Պահակախումբ

- ՀՀ ոստիկանության պարետային ծառայության աշխատակիցները դեկավարվում են ՀՀ օրենքներով և ենթաօրենսդրական ակտերով:
- Բոլոր կլինիկաներում հոգեկան խանգարում ունեցող հիվանդները ծանոթանում են անվճար իրավաբանական ծառայությունների հետ կապված իրենց իրավունքներին և նշանակված բուժման հետ, ինչի համար ստորագրում են և նշված փաստաթուղթը կցվում է հիվանդության պատմագրի մեջ:
- Հոգեկան խանգարումներով հիվանդների բուժումը և խնամքը կազմակերպվում է համաձայն <<Հոգեբուժական օգնության մասին>> ՀՀ օրենքի պահանջներին:
- Նորքի և Ավանի կլինիկաներում այժմ տեղադրվել են վճարովի հեռախոսներ:

#### **ՀՀ աշխատանքի և սոցիալական հարցերի նախարարություն**

Ի պատասխան Վարդենիսի նյարդահոգեբանական տուն-ինտերնատի գործունեության վերաբերյալ բարձրացված հարցադրումների, ի սկզբանե հարկ ենք համարում շեշտել, որ որ վերջինս բժշկական հաստատություն չէ, այլ համաձայն ՀՀ Կառավարության 2007թ. դեկտեմբերի 7-ի թիվ 1874-Ն որոշման, նախատեսված է 18 տարին լրացած քրոնիկ հոգեկան հիվանդություն կամ մտավոր հետամնացություն ունեցող հաշմանդամների, ծերունական փսիխոզով, ծանր արտահայտված սկլերոզով տառապող անձանց շուրջօրյա խնամքի, սոցիալական սպասարկման և մշտական բնակության համար:

Զեկույցում բարձրացված խնդիրների ու հիմնահարցերի կապակցությամբ հայտնում ենք.

Տուն-ինտերնատի անձնակազմի ընտրությունը

Անձնակազմի ընտրությունը և նրանց աշխատանքի ընդունումը սկսած 2009թ-ից կատարվում է տուն-ինտերնատի տնօրենի կողմից ստեղծված հանձնաժողովի եզրակացության հիման վրա:

Աշխատակիցների վերապատրաստումը

Խնամքի ծառայություններ տրամադրող աշխատակիցները և մասնագետները տարին մեկ անգամ մասնակցում են ՀՀ աշխատանքի և սոցիալական հարցերի նախարարության Աշխատանքի և սոցիալական հետազոտությունների ազգային ինստիտուտի կողմից կազմակերպվող վերապատրաստման դասընթացներին: Դասընթացների ավարտին նրանք ստանում են համապատասխան հավաստագրեր: Վերապատրաստման դասընթացների ծրագրով աշխատակիցները ձեռք են բերում գիտելիքներ սոցիալական աշխատանքի, օրենսդրության /սոցիալական պաշտպանության բնագավառի և հոգեբուժական օգնության վերաբերյալ/, հոգեբանության, հոգեկան առողջության խնդիրներ ունեցող անձանց հետ աշխատանքի առանձնահատկությունների վերաբերյալ:

Աշխատակիցների վերաբերմունքը խնամվողների նկատմամբ

Աշխատանքի ընդունվելիս, բոլոր աշխատակիցները զգուշացվում են խնամվողների նկատմամբ հարգալից վերաբերմունքի, նրանց անձի արժանապատվության նկատմամբ հարգանքի դրսևորման անհրաժեշտության մասին, ինչպես նաև ծանոթանում են աշխատողների էթիկայի կանոններին ու նորմերին: Նշված հարցերը մաս են կազմում նաև համակարգի աշխատակիցների վերապատրաստման ծրագրերի: Խնամվողների նկատմամբ կոպտություն կամ անհարգալից վերաբերմունք դրսևորող աշխատակիցները պատժվում են կարգապահական տույժի սահմանված կարգով:

Մտավոր և հոգեկան խնդիրներ ունեցող խնամվողների միմյանցից առանձին պահելը

Մտավոր խնդիրներ ունեցող խնամվողները տեղավորվում են առանձին մասնաշենքում: Ելնելով շենքային պայմաններից ոչ բոլոր դեպքերում են տարբեր կարիքներ ունեցող խնամվողներ բնակվում առանձին, սակայն սոցիալ-հոգեբանական ծառայությունները, այդ թվում՝ աշխատանքի թերապիան, տրամադրվում է ըստ իրենց կարիքների և կարողությունների: Հնարավորինս առանձնացվում են նաև հոգեկան առողջության տարբեր խնդիրներ ունեցող անձինք:

Բնակելի մակերեսով ապահովվածությունը, խնամվողների թվի ավելացումը 40-ով

Ելնելով շենքային պայմաններից, իրոք, բնակելի մակերեսով յուրաքանչյուր խնամվողի ապահովվածությունը լիովին չի համապատասխանում ՀՀ Կառավարության սահմանած չափորոշիչներին` 5 մ2: Վերոհիշյալ խնդիրը կարգավորելու նպատակով 2010թ.-ին 40 տեղով ավելացվել է տուն-ինտերնատում խնամվողների տեղերի թիվը: Այդ նպատակով ոչ թե կառուցվել է նոր մասնաշենք, այլ վերանորոգվել է 7-րդ մասնաշենքի երկրորդ հարկը: Արդյունքում ավելացվել է 5 սենյակ, որտեղ տեղավորվել են նոր ընդունված խնամվողները:

Խնամվողների իրերը առանձին փակ պահարանում պահելու անհրաժեշտությունը

2010թ.-ին տուն-ինտերնատը ձեռք է բերել անհրաժեշտ քանակով պահարաններ և յուրաքանչյուր խնամվող ունի իր առանձին պահարանը, որտեղ պահում է իր իրերը:

#### Սննդի չափորոշիչների մասին

Տուն-ինտերնատի խնամվողների սննդապահովումը կազմակերպվում է ՀՀ Կառավարության 2007թ. մայիսի 31-ի թիվ 730-Ն որոշմամբ հաստատված չափորոշիչներին համապատասխան, ըստ որի հատուկ տիպի տուն-ինտերնատում խնամվողներին տրամադրվող սննդի օրական սպառման նվազագույն էներգետիկ արժեքը չպետք է պակաս լինի 2200 կկալ-ից /Վարդենիսի տուն-ինտերնատում այն փաստացի կազմում է 3500կկալ/: 2010 թվականին սննդի բյուջեն եղել է 194,3 մլն. դրամ: Վարդենիսի տուն-ինտերնատում յուրաքանչյուր խնամվողի մեկ օրվա ծախսը 2011թ.-ին կազմում է 5066,3 դրամ, որից 1579,6 դրամը սննդի համար /2010թ.-ին` համապատասխանաբար` 5021,1 դրամ և 1387,0 դրամ/, այստեղից հետևում է, որ սննդի համար տրամադրվող միջոցները տարեց-տարի ավելացվում են: Ամենօրյա ճաշացանկը կազմվում և ստորագրվում է տուն-ինտերնատի տնօրենի և գլխավոր բժշկի կողմից և փակցվում է ճաշարանում` տեսանելի տեղում: Ստանդարտ ճաշացանկերի օրինակները կցվում են:

#### Հոգեբույժների թափուր տեղերը

Տուն-ինտերնատում առկա է հոգեբույժի թափուր հաստիքներ: Տուն-ինտերնատի տնօրինությունն ու ՀՀ աշխատանքի և սոցիալական հարցերի նախարարությունը դիմել էին համապատասխան մարմիններին` անհրաժեշտ մասնագետներ Վարդենիս գործուղելու խնդրանքով, սակայն նկատի ունենալով տեղն ու աշխատավարձի չափը, դիմողներ չեն եղել:

Աշխատանքները շարունակվում են: Ներկայումս տուն-ինտերնատում նախատեսված հոգեբույժի 4 հաստիքից զբաղված է հոգեբույժի 2 հաստիքը:

Խնամվողների անհատական բուժման գրավոր պլաններ Ինչպես արդեն ի սկզբանե պարզաբանվել է՝ Վարդենիսի նյարդահոգեբանական տուն-ինտերնատը բժշկական հաստատություն չէ, այլ համաձայն ՀՀ Կառավարության 2007թ. դեկտեմբերի 7-ի թիվ 1874-Ն որոշման, նախատեսված է 18 տարին լրացած քրոնիկ հոգեկան հիվանդություն կամ մտավոր հետամնացություն ունեցող հաշմանդամների, ծերունական փսիխոզով, ծանր արտահայտված սկլերոզով տառապող անձանց շուրջօրյա խնամքի, սոցիալական սպասարկման և մշտական բնակության համար, տուն-ինտերնատի յուրաքանչյուր խնամվողի համար լրացվում է սոցիալ-հոգեբանական անհատական վերականգնման քարտ, որտեղ նշվում են թե վերականգնման ինչ միջոցառումներ են իրականացվում սոցիալական աշխատողի և հոգեբանի կողմից: Ինչ վերաբերում է խնամվողի բժշկական քարտին, ապա բոլոր խնամվողներն ունեն անհատական բժշկական քարտեր, որտեղ բժշկի կողմից կատարվում են համապատասխան գրառումներ նշանակված բուժական միջոցառումների, դեղորայքի վերաբերյալ: Անհատական բժշկական քարտերը պահվում են բժշկի մոտ:

Մեկուսարանների վերաբերյալ  
Տուն-ինտերնատն ունի երկու մեկուսարան, որոնք բացվել են 7-րդ մասնաշենքում 2010թ.-ին, վերանորոգումից հետո:

Ֆիզիկական կամ քիմիական զսպման միջոցների կիրառումը /զսպաչապիկ և այլն/

Համաձայն <<Հոգեբուժական օգնության մասին>> ՀՀ օրենքի, հոգեբուժական կազմակերպություններում գտնվող՝ ոչ հոժարակամ հոսպիտալացված հոգեկան խանգարմամբ տառապող անձի նկատմամբ կարող են կիրառվել ֆիզիկական զսպման /գոտիներ, հատուկ հագուստներ/ ու մեկուսացման միջոցներ և հանդարտեցման բժշկական մեթոդներ միայն հոգեբույժի պատճառաբանված որոշմամբ, որոնց կիրառման և տևողության մասին բժշկական փաստաթղթերում կատարվում են համապատասխան գրառումներ: Վարդենիսի տուն-ինտերնատում ևս պահպանվում է վերը նշված կարգը, բացառությամբ գոտինների և հատուկ հագուստների կիրառման: Տուն-ինտերնատում հիմնականում զսպման միջոցները քիմիական են, այսինքն՝ դեղորայքային, որը նշանակվում հոգեբույժի որոշմամբ և ինչի մասին կատարվում է համապատասխան գրառում հատուկ մատյանում, որը պահվում է գլխավոր բժշկի մոտ: Ելնելով խնամվողի ագրեսիվ վարքագծից կարող է որոշվել նաև նրան ժամանակավորապես մեկուսացնել:

## Հարազատների հետ կապը

Խնամվողների հարազատների կողմից տուն-ինտերնատում խնամվողների վերաբերյալ հարցումներին տրամադրվում է անհրաժեշտ տեղեկատվություն: Սոցիալական աշխատողների և խնամք իրականացնող այլ աշխատակիցների միջոցով մշտական կապ է պահպանվում խնամվողների հարազատների հետ: Անհրաժեշտության դեպքում սոց. աշխատողները այցելում են հարազատներին, ինչի վերաբերյալ համապատասխան գրառում է կատարվում խնամվողի անձնական գործում:

Տուն-ինտերնատում կան նաև տեսակցության գրքեր, որոնցում հարազատների կողմից այցելությունների ժամանակ կատարվում են գրառումներ, այդ թվում գրանցվում են բողոքներ:

Տուն-ինտերնատում առկա է խնամվողների համար նախատեսված 8 հեռախոս:

## Խնամվողների ընդունելության կարգը

Վարդենիսի տուն-ինտերնատ, որպես բնակչության սոցիալական պաշտպանության հատուկ հաստատություն, քաղաքացիների ընդունելությունը կազմակերպվում է արդեն հիշատակված ՀՀ Կառավարության 2007թ. դեկտեմբերի 7-ի թիվ 1874-Ն որոշմամբ հաստատված կարգին համապատասխան: Այսպես՝ խնամք ստանալու համար դրա կարիքն ունեցող հաճախորդը կամ նրա խնամակալը /եթե անձը դատարանի կողմից ճանաչվել է անգործունակ/ դիմում է հաճախորդի բնակության վայրի սոցիալական ծառայությունների տարածքային մարմին, ներկայացնելով համապատասխան փաստաթղթերը:

Դիմումը հաճախորդի խնամակալի կողմից ներկայացվելու դեպքում ներկայացվում են նաև՝

ա/խնամակալի անձը հաստատող փաստաթուղթը և դրա պատճենը,

բ/ քաղաքացուն անգործունակ ճանաչելու մասին դատարանի որոշման պատճենը,

գ/քաղաքացու նկատմամբ խնամակալություն սահմանելու մասին խնամակալության և հոգաբարձության մարմնի որոշման պատճենը:

Վարդենիսի տուն-ինտերնատ ոչ հոժարակամ հոսպիտալացում, որպես այդպիսին չի իրականացվում, քանի որ այնտեղ հիմնականում ընդունվում են դատարանի կողմից անգործունակ ճանաչված անձինք, որոնց համաձայնությունը չի պահանջվում: Եղել են դեպքեր, երբ Վարդենիսի տուն-ինտերնատ է ընդունվել անգործունակ չճանաչված անձը՝ իր դիմումի համաձայն, այսինքն՝ իրականացվել է հոժարակամ հոսպիտալացում: Այս դեպքում խնամվողը կարող է դուրս գրվի իր կամքով, հոգեբույժի եզրակացության հիման վրա:

## Լրացուցիչ հարցեր

- Անհրաժեշտ է մշակել մտավոր առողջության ազգային համապարփակ ծրագիր, որը կլրացնի հոգեբուժական բժշկա-սոցիալական հաստատություններում առկա բացերը

Մտավոր առողջության ազգային համապարփակ ծրագիր մշակելու հարցը կքննարկվի ՀՀ առողջապահության նախարարության հետ:

- Դատարան դիմելու` խնամվողի իրավունքը

Ինչպես վերը նշվեց, Վարդենիսի տուն-ինտերնատում խնամվում են հիմնականում անգործունակ քաղաքացիներ, նրանք քաղաքացիական օրենսդրության համաձայն որևէ իրավական գործողություն կատարելու իրավասություն չունեն, նրանց փոխարեն կարող են դատարան դիմել նրանց խնամակալները: Իսկ եթե տուն-ինտերնատի խնամվողը դատարանի որոշմամբ անգործունակ ճանաչված չէ, ապա ինքը կարող է դիմել և իրացնել իր իրավունքներն առանց սահմանափակման:

- Տուն-ինտերնատից դուրս գրման հնարավորությունը կապված խնամվողի վիճակի փոփոխության հետ

Անգործունակ չճանաչված անձինք իրենց դիմումի և հոգեբույժի եզրակացության հիման վրա կարող են դուրս գրվել տուն-ինտերնատից: Նման դեպք եղել է տուն-ինտերնատում` 2008թ. և 2010 թ. տուն-ինտերնատից դուրս են գրվել խնամվողներ` կապված իրենց առողջական վիճակի փոփոխության հետ:



Ժ Ա Մ Ա Ն Ա Կ Ա Ց Ո Ւ Յ Ց

Հայաստանի Հանրապետության քրեակատարողական ծառայության ենթակառուցվածքային բարեփոխումների ծրագրի

ՀՀ արդարադատության նախարարության քրեակատարողական հիմնարկի անվանումը	1-ին փուլ 2009-2012թթ.				2-րդ փուլ 2013-2015թթ.			3-րդ փուլ 2016-2018թթ.		
	2009թ.	2010թ.	2011թ.	2012թ.	2013թ.	2014թ.	2015թ.	2016թ.	2017թ.	2018թ.
Էջմիածին՝ (անվանումը՝ պայմանական, ստեղծվելիք)	Կապիտալ շինարարության կատարում	Կապիտալ շինարարության կատարում	Կապիտալ շինարարության ավարտ և շահագործման հանձնում							
Մեղրի՝	Գործունեության դադարեցում									
Գորիս՝	Հողատարածքի ձեռք բերում Գորիսին հարակից վայրում և նախագծան ախահաշվային աշխատանքների կատարում	Նախագծանախահաշվային աշխատանքների ավարտ, Կապիտալ շինարարության կատարում	Կապիտալ շինարարության կատարում	Կապիտալ շինարարության ավարտ և շահագործման հանձնում						
Սևան՝	Ներկայիս հիմնարկին հարակից և անհրաժեշտ հողատարածքի ձեռք բերման	Ներկայիս հիմնարկին հարակից և անհրաժեշտ հողատարածքի ձեռք բերում	Նախագծանախահաշվային աշխատանքների կատարում	Կապիտալ շինարարության կատարում	Կապիտալ շինարարության կատարում	Կապիտալ շինարարության կատարում	Կապիտալ շինարարության ավարտ և շահագործման հանձնում			

	հարցի ուսումնասի- րում									
Կոշ								Գործունե ության դադարե- ցում՝ Սևան՝ ՔԿՀ-ի շահաօր- ծումից հետո		
Երևան՝ (անվանումը՝ պայմանական, ստեղծվելիք)				Անհրա- ժեշտ հողա- տարածքի ձեռք բեր- ման հրնա- րավորու- թյան ու- սումնասի- րում	Անհրաժեշտ հողատա- րածքի ձեռք բերում	Նախագծա նախահաշ- վային աշխատան քների կատարում	Կապիտալ շինարարու թյան կատարում	Կապիտալ շինարարու թյան կատարում	Կապիտա լ շինարար ության կատարու մ	Կապիտալ շինարար ության ավարտ և շահագործ ման հանձնում
Նուբարաշեն										Գործու- նեության դադարե- ցում Երևան՝ ՔԿՀ-ի շահաօրծ ումից հետո
Էրեբունի										Գործու- նեության դադարե- ցում Երևան՝ ՔԿՀ-ի շահաօրծ ումից հետո

Վարդաշեն									Գործունեության դադարեցում Երևան քաղաքի շահագործումից հետո
Դատապարտյալների հիվանդանոց									Գործունեության դադարեցում Երևան քաղաքի շահագործումից հետո
Երևան-կենտրոն									Գործունեության դադարեցում Երևան քաղաքի շահագործումից հետո
Արուսյան				Նախաձեռնախառնակային աշխատանքների կատարում	Կապիտալ շինարարության վերանորոման կատարում				
Վանաձոր									Կապիտալ վերանորոգման նախագծա նախահաշվային

										աշխատանքների կատարում
Արթիկ										Կապիտալ վերանորոգման նախագծանախահաշվային աշխատանքների կատարում
Հրազդան										Կապիտալ վերանորոգման նախագծանախահաշվային աշխատանքների կատարում