

مملكة البحرين  
Kingdom of Bahrain



مفوضية

حقوق السجناء والمحتجزين  
Prisoners & Detainees Rights Commission

# 1<sup>st</sup> Annual Report

## 2014 - 2015

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## ▶ Introduction

Prisoners and Detainees Rights Commission (the "Commission") was established in the Kingdom of Bahrain in accordance with Royal Decree 61/2013 issued on September 2nd, 2013 in frame of strengthening Human Rights respect and commitment. The establishment of the Commission was stipulated on constitutional and legal standards also on international conventions such as Convention against Torture and Other Cruel, inhuman or cruel, inhuman or degrading treatment taking into account the Principals of the Optional Protocol, United Nations Standard Minimum Rules for the Treatment of Prisoners 1955 (Geneva), and the guidance of Chairman of Subcommittee against the Prevention of Torture of the United Nations.

The Commission is specialized in certain aspects based on a philosophy of observational and developmental principles. It practices a monitoring role to oversee prisons, detention centers, juvenile correctional facilities and other facilities where persons may be detained in order to assess the conditions of detention of inmates and the treatment they receive and to ensure they are not subjected to any form of torture, or inhuman or degrading treatment. It also has a role in improving the circumstances and environment of prisoners and detainees. It presents helpful practical recommendations to support rehabilitation and community integration taking into account promoting detainees' and inmates legal constitutional rights through specific duties such as; conducting interviews and speak freely with inmates at the places of their incarceration as well as other relevant persons to assess the nature and importance of their problems; notifying authorities concerned of cases of torture, cruel, inhuman or degrading treatment as may be discovered by the Commission; presenting recommendations and proposals to authorities concerned on the improvement of conditions of inmates and the treatment they receive.

The Commission shall exercise its functions with total freedom, neutrality, transparency and independence and sufficient funds shall be allocated. The Commission shall itself determine the method it follows in the performance of its functions,

freely without any interference by any entity. It shall determine the right time to visit, announced and unannounced, inmates and detainees at the places of their incarceration and check the legality of their status, assess the treatment they receive, as well as verify that they are not subjected to any form of torture, or inhuman or degrading treatment, in compliance with international human rights standards. Persons who provide information to the Commission may not be subjected to any form of punishment because of that information.

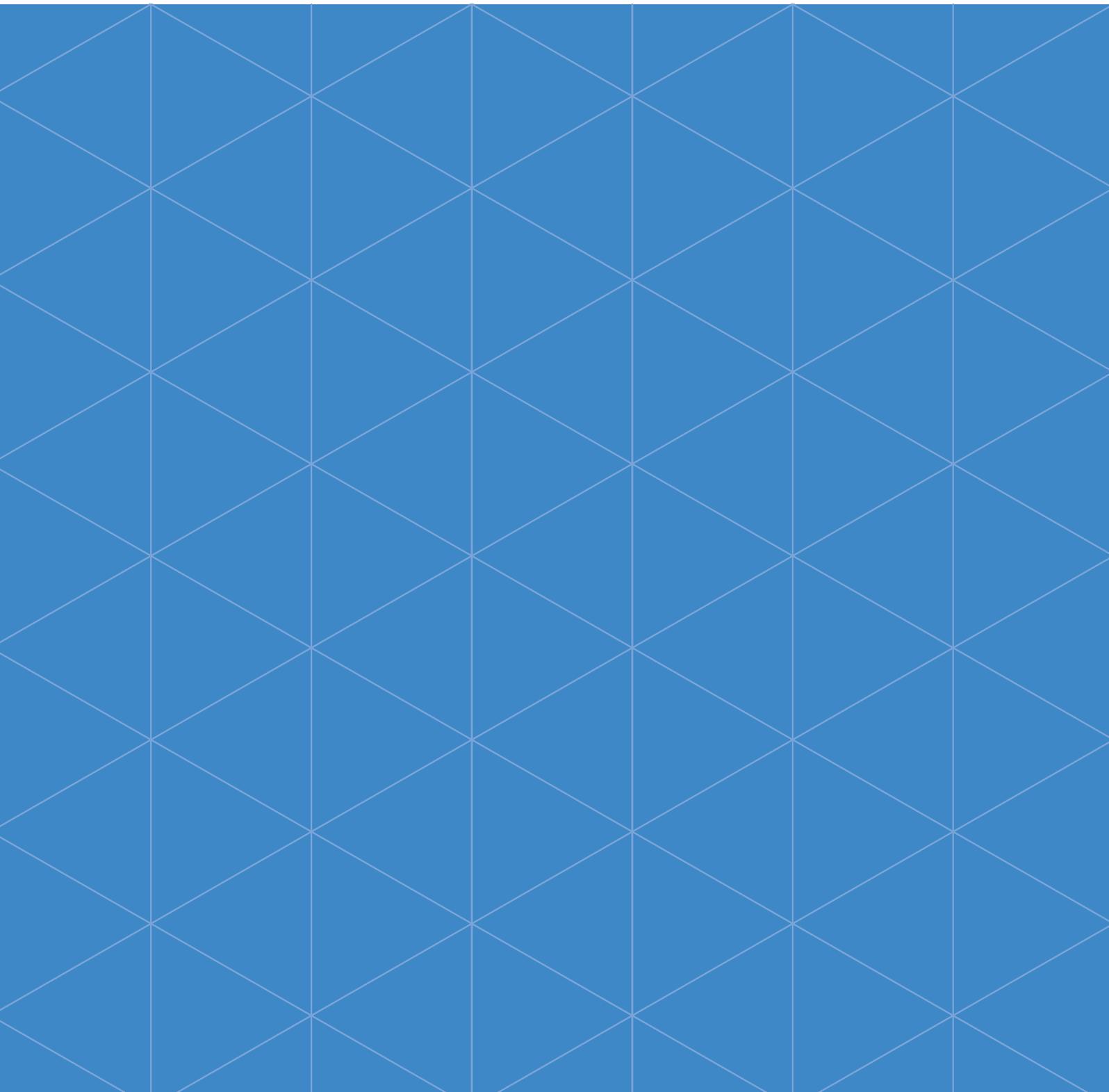
The Commission is formed and chaired by the Ombudsman and consists of 12 members nominated from Supreme Judicial Council, Attorney General, the Ombudsman, National Institution for Human Rights and includes representation of civil society, and a doctor. Members shall represent different segment and dominations in the Kingdom, shall serve and perform the functions in their personal capacity and independence. The term of their membership is three years renewable for one additional term.

The Commission began its professional journey in promoting human rights based on strategies and programs assisted by the experience of its staff in various fields. Also setting out training and developmental programs in cooperation with international specialized bodies such as Her Majesty's Inspectorate of Prisons in the United Kingdom.

The number of visits made by the Commission to various prisons and detention centers in 2014 and 2015 were nine visits. The first one was an unannounced visit to Dry Dock Detention Center (DDDC) from 21st to 24th April 2014. DDDC holds overall detainees in the Kingdom of Bahrain. The result of that visit was published in a detailed report which happens to be the Commission's first report followed by others that have been published and relating to inspection visits. All inspections were carried out in accordance with the principals, criteria and indicators adopted by the Commission. These three main principals are; Treatment and Conditions -Rights and Guarantees- and Medical Healthcare. The procedures

included documenting observations made during visits to facilities and issuing recommendations to raise the standards to be in par with international human rights guidelines and criteria. In this regard, the Commission appreciates the efforts of Ministry of Health and the Ministry of Education for their cooperation with the Ministry of Interior in giving detainees medical healthcare and education, the Commission stresses the need of further coordination to offer services in this regard in accordance with the provisions of the Institute of Reform and Rehabilitation.

In belief of transparency, the Commission has prepared this annual report and submitted it to the Cabinet. It addresses its efforts, activities and other business including overall reports that been published previously, also proposals and recommendations within the Commission's jurisdiction. The report shall also show the good practices as determined by the Commission and any comments or performance discrepancies and solutions implemented to avoid them.



# Members of

## ▶ Prisoners and Detainees Rights Commission



Mr. Nawaf Al-Ma'awda



Dr. Jawahir Al-Modahki



Mr. Osama Al-Asfoor



Ms. Maria Khoori



Dr. Waleed Al-Mani



Mr. Abdullah Al-Durazi



Mr. Saad Al-Shamlan



Mr. Ahmed Al-Maliki



Mr. Attiyatalla Rouhani



Mr. Mohammed Aman



Ms. Mai Mattar



Mr. Wael Bu Allai



Mr. Ali Al-Showaik



## ▶ The Commission's Activities and Events

▶ Prisoners and Detainees Rights Commission (the Commission) was established in accordance with Royal Order No. 13/2014. On Monday 24th February 2014, the Commission held its first meeting where members discussed various important issues such as setting up strategies and mechanisms that guarantees achieving necessary principals which the Commission follows most notably independence and neutrality through professional guidelines. In accordance with Decree No.61/2013, the Commission shall develop a regulation for its technical, administrative and financial activities to be issued by the Chairman with the majority consent of its mem-



bers. The Commission shall also develop a code of conduct for its members and staff including no conflict of interest provisions. The Commission shall exercise its functions with total independence without any interference from any party.

▶ The Commission held a professional workshop with a timeline of two days 18 and 19 March 2014 presented by experts from Her Majesty's Inspectorate of Prisons (HMIP) from United Kingdom in coordination with the British Embassy located in Manama. The workshop was held to identify the Commission with important international experiences, along with various other workshops held in Bahrain and visits made by the Commissions' members to United Kingdom to observe the work of regulatory authorities to oversee prisons and detention centers. The workshop included the procedures of visiting inmates in prisons, detention



centers, juvenile correctional facilities and other facilities where persons may be detained such as hospitals and mental health centers in order to assess the conditions and treatment received.

▶ The Commission held a training course with a timeline of two days 20 and 21 April 2014, which was coordinated with the British Embassy located in Manama. Attended the training course are experts from Her Majesty Inspectorate of prisons (HMIP), it covered all aspects regarding the mechanisms used to inspect prisons, and detention centers. As well as the main standards, which verify the treatment and conditions of the place, and the health care provided to inmates and detainees at the facilities.



## ▶ The Commission's Activities and Events

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▶ Members of the Commission attended several training courses located in the United Kingdoms, with the cooperation of Her Majesty Inspectorate (HMIP), which consisted of visits to Hewell Prison located in Worcestershire county, and Dovegate located in Stafford, as well as a visit to HMIP headquarters.



▶ With the cooperation of the Ministry of Foreign Affairs, members from the Commission participated in the “open-ended Intergovernmental Expert Group on the Standard Minimum Rules for the Treatment of Prisoners” held in Cape Town, South Africa, with a timeline of three days from 2 to 5 March 2015. The expert group in its third meeting held in Vienna on 25 – 28 March 2014, provided the agenda of the mentioned conference, in order to look into the consolidated working document to amend the Standard Minimum Rules. It was done with the assistance of the Secretariat of the United Nations, taking into account the proposals made by Member States to revise those rules. With the assurance that the revision of the Standard Minimum Rules is a very complex process that requires a lot of time, and that any changes to those rules should not detract

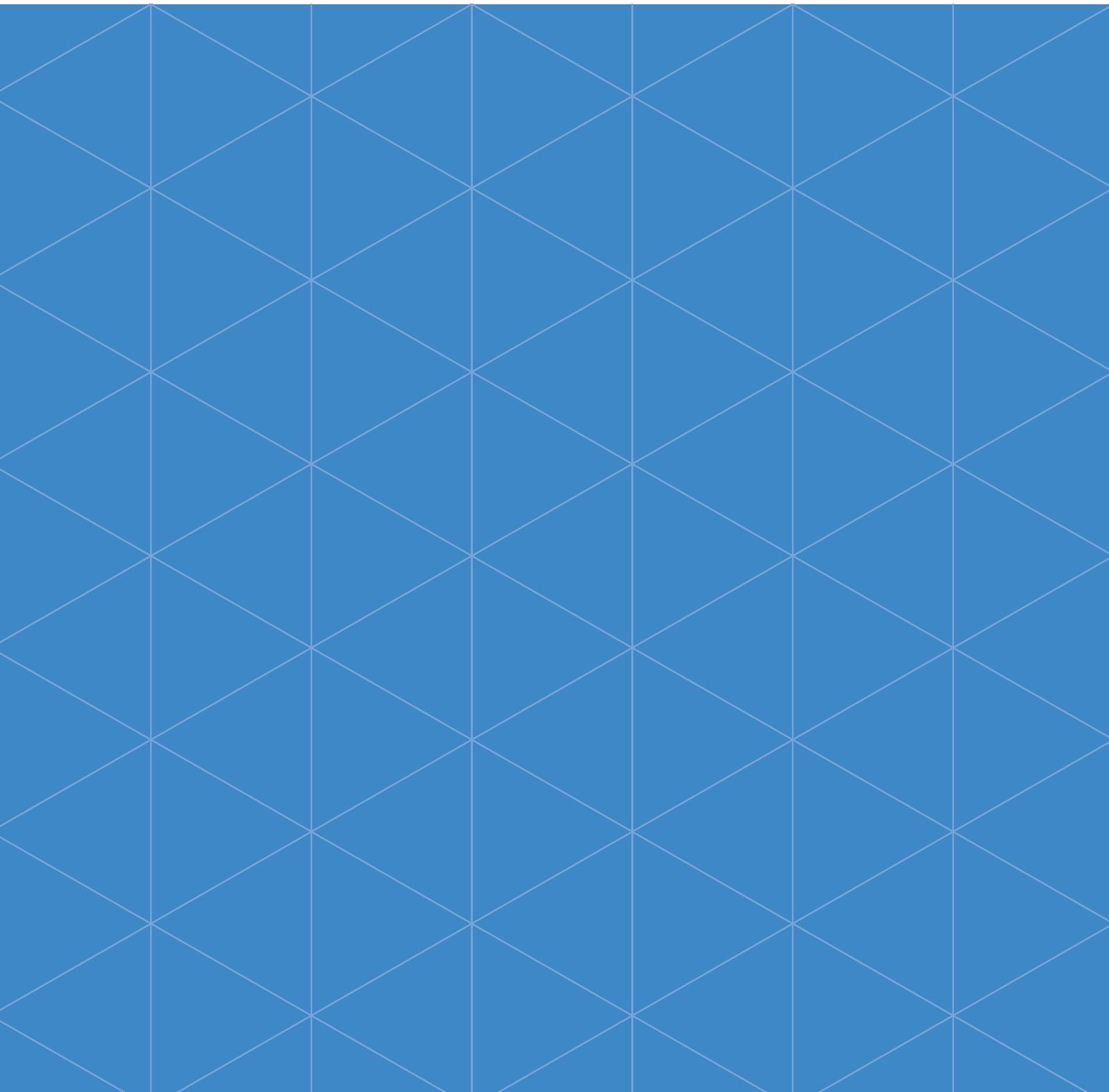


any of the existing standards, as well as reflect the latest progress achieved in the reformation and rehabilitation field. Attended the conference are delegations from 43 countries which included participants with diverse expertise relevant to the subject of the meeting.

▶ The Commission held a meeting on 2<sup>nd</sup> of August 2015, at its headquarter in Seef District. The meeting adopted the first annual report of the Commission (2014-2015) in order to be submitted to the Cabinet, where the report deals with the Commission's efforts and activities and rest of its related work, including all published reports over the past period. As well as the Commission's proposals and recommendations within terms of its specialty, and identified the good practices that have unfolded, and what may be the discrepancy in performance, and what solutions are to be adopted in order to avoid them.







## ▶ Legal Reference

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The reference points are as stipulated in:

- Constitution of the Kingdom of Bahrain.
- National Action Charter.
- Penal Code as amended.
- Code of Criminal Proceedings as amended.
- Law 18/2014 of the Institute of Reform and Rehabilitation.
- Law of Public Security Forces as amended.
- Prisons Systems.
- Child Law No.37/2012
- Decree 17/1976 in regards to Juvenile as amended.
- Decree 61/2013 in regards to establishing Prisoners Detainees Rights Commission.
- Universal Declaration of Human Rights.
- International Covenant on Civil and Political Rights.
- Convention against Torture and Other Cruel, Inhuman or cruel, inhuman or degrading treatment and in consideration of Principals of the Optional Protocol to the United Nations adopted by United Nations General Assembly Resolution No. (A/RES/57/199) at its session of 18/12/2002.
- International Convention on the Elimination of All Forms of Racial Discrimination.
- Convention on the Elimination of All Forms of Discrimination against Women.
- United Nations Convention on the Rights of the Child 1989 (unicef)
- Convention on the Rights of Persons with Disabilities.
- Charter of the United Nations.
- Arab Charter of Human Rights.
- United Nations Standards Minimum Rules for the Treatment of Prisoners 1955 (Geneva).
- United Nations Standard Minimum Rules for the Administration of Juvenile Justice (“The Beijing Rules”).
- United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (the Bangkok Rules).
- Ombudsman’s Standards for Visiting Prisons and Places of Detention.
- Standards of Her Majesty’s Inspectorate of Prisons in the United Kingdom.

# First Report

## ▶ **Unannounced visit to the Dry Dock Detention Centre (DDDC)**

April 21-24, 2014

## Section 1 Background

### Procedures:

**Date:** 21 – 24 April 2014

**Venue:** Dry Dock Detention Centre (DDDC)

**Type of visit:** Unannounced

### Legal References:

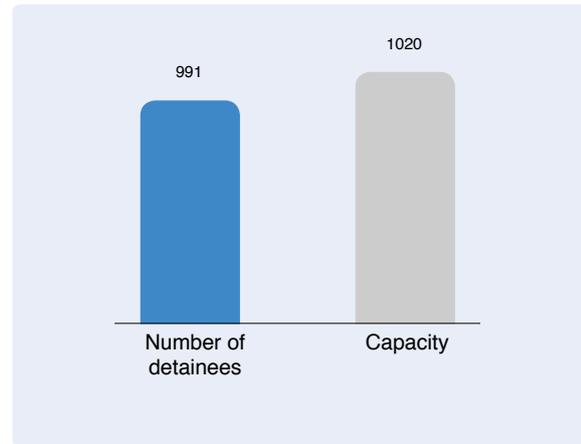
- The Constitution of the Kingdom of Bahrain.
- Royal Decree 61 /2013.
- The Ombudsman's standards for visiting prisons and places of detention.
- The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

**Visiting Team:** PDRC commissioners.

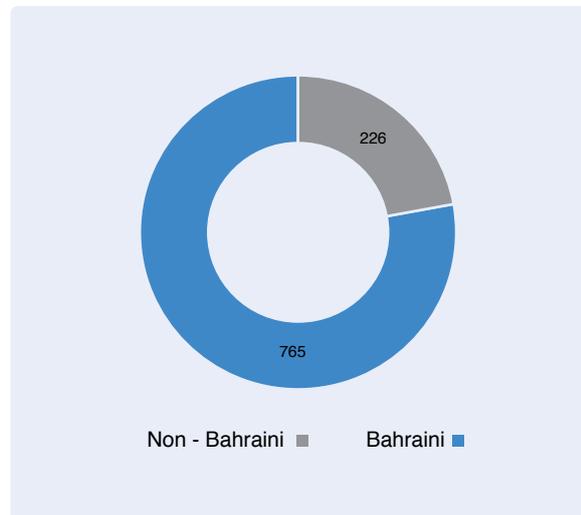
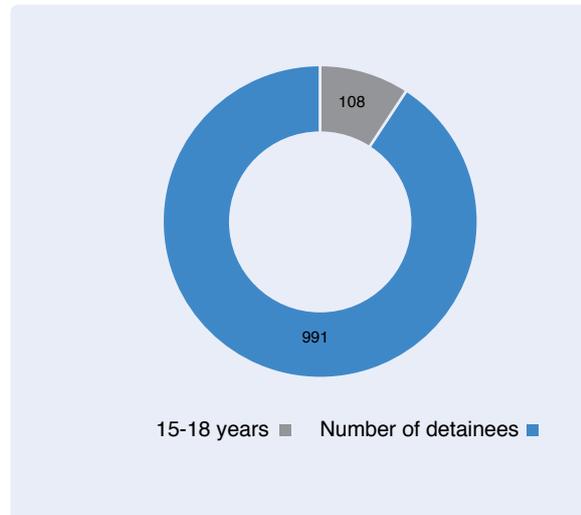
### Work Mechanism:

- **Evidence Gathering:** Evidence is derived from the DDDC staff, through access to documents and records in all sections, and from a review of the administrative system in DDDC.
- **Interviewing Detainees:** Detainees were interviewed using a random sample that provided information on detainees' names, nationalities and age. Bearing in mind that detainees are not classified according to nature of their charges.
- **Observation:** This was carried out through the observation the conditions of the facility to assess suitability and that it is well equipped to ensure its compliance with international standards.

## General Observations



- Number of detainees: 991
- DDDC Capacity: 1020 detainees
- Number of detainees: (15-18 years old)108 out of 991



## Bahrainis / Non-Bahrainis detainees in custody

Bahraini	Non- Bahraini	Total
765	226	991

- Number of officers per shift: 1
- Number of guards per shift: 22
- The number is limited to those who directly deal with detainees. It does not include supporting services staff.
- Number of facilities at the center: 11 (Administration building, wings, reception, clinic, visitation hall, shop, mosque and sport fields).

PDRC inspectors observed that other new buildings were under construction. They were informed they were part of a plan by the Reform and Rehabilitation Directorate to replace the older buildings.

## Section 2

### Assessment of Principles and Standards

#### Principle 1: Treatment and Conditions

##### Respect:

- Detainees are separated based on the age group (15 to 18 years old).
- Detention center staff are not fully aware of the diverse needs of those held in detention, including elderly, detainees and those with special needs and foreigners.
- Sufficient training programs for DDDC to develop their skills to deal with and meet the diverse needs of the detainees, particularly those in the 18-15 age group do not exist.
- There is lack of written procedures governing the process and method of searching detainees.
- There is no waiting hall for visitors.
- There is a shortage of staff at the DDDC.

##### Safety:

- Some staff have limited knowledge of their responsibilities in assessing and managing risk resulting from dealing with the detainees or from the way the detainees deal with one another.
- The staff do not receive a periodic adequate training on managing risks.
- Staff has knowledge about self-harm, but lack practical training on how to deal with such cases.
- There are no plans to assess and manage risks.
- There are surveillance cameras, but they do not cover all areas of DDDC.

##### Legal use of Force:

- There is a ministerial resolution on the fundamental principles of the legal use of force, but there are no written procedures for its use at DDDC.
- There is no theoretical and practical training on how to use force when necessary to prevent risks and maintain order.
- Medical examinations are performed on DDDC staff and detainees following the use of force to verify if there are subsequent injuries or health risks.
- There is no special record for the use of force and its degrees.

##### Conditions of the Place:

- Some of the cells are not clean.
- Detainees can call staff in case of emergency.
- There is a clear lack of maintenance in the facilities.
- The cells are free of elements that lead to self-harm.
- There is a slow implementation of procedures to improve the conditions of the cells.
- There are difficulties to evacuate some places by the staff in case of emergency.
- Inconsistency in the appropriate temperatures in the cells is observed.
- There is inadequate natural lighting and ventilation in some places.

## Care for Detainees:

- The standard of cleanliness in the cells and wings is relative, which affects comfort of the detainees.
- The basic requirements for sleeping (mattresses, pillows and blankets) are available, but there are some delays in delivery.
- There is a lack of specific and clear measures on how to change mattresses, pillows and blankets, either after a specific period of time or if they are damaged.
- Items of personal hygiene are available.
- The system used in the provision of clothing from outside does not guarantee the hygiene due to the length of time to change clothes. Specific procedures do not exist.
- There are no suitable lockers for every detainee to keep personal belongings.

## Sufficient Food and Drinks:

- Detainees are offered food and drink at meal-times.
- The amount of food is appropriate with adequate nutritional value.
- There is a suitable variety of food and drink.

## Other Needs (External Exercise, Reading Materials and the Opportunity to Have Visits and Calls):

- Detainees have access to the sports field for external exercise for a specific period.
- Some daily newspapers are provided.
- Procedures for bringing in books are not clear.
- Visits are allowed within the provisions of the law.
- There is no special treatment regarding visits to detainees aged between 15 and 18.
- There is insufficient number of telephone booths.
- Detainees are able to contact family and lawyers.

## Escorting and Transferring Detainees:

- Detainees are transferred in safe, clean and comfortable vehicles. However, those vehicles lack emergency requirements and they are not suitable for the transportation of detainees with special needs.
- Detainees are transferred from the center to courts or to the public prosecutor's office as quickly as possible. However, sometimes they are kept for a long time inside the vehicles until the end of the court hearings of the other detainees. Within the Public Prosecution building, they are kept in especially allocated rooms.
- There is willingness by DDDC to avoid making the detainees wait in vehicles for a long time.
- Detainees are allowed to carry cash only. However, detainees do not carry with them the necessary official documents and personal possessions when transferred.
- During the transfer from and to DDDC, the detainees' are cuffed, in some cases behind their backs, based on the seriousness of charges.
- The detainee is not notified in court or the prosecution office to the location of his detention.
- There are no rules or procedures to ensure that detainees can make phone calls to their lawyers and their families when they are transferred.

## Rehabilitation:

- There are no plans or programs for the rehabilitation of all categories of detainees.
- Detainees have the opportunity to continue their education at various levels according to home schooling or affiliation systems.
- There are no special programs to the reintegration of the detainees.
- There is a coordination between the management of the DDDC and the concerned medical authorities in the Kingdom to complete the treatment of the patients suffering from contagious and chronic diseases.
- Detainees with addiction problems do not get the appropriate support and the continuation of treatment after their release.
- Detainees are able to communicate with the outside world within the provisions of the laws and regulations.

- There are limited attempts to assist detainees to make an evident positive change in their lifestyle, thinking and behavior.
- There are no adequate rehabilitation programs for detainees who were victims of abuse, rape, or domestic violence.

### Learning, Work and Skills Activities:

- There are no plans to ensure the effective use of personal information of detainees and data for the development of objectives from the educational, skill acquisition and employment opportunity programs.
- There is no space provided for learning, work and skill activities.

### Principle 2: Rights and Safeguards

#### Legal Procedures:

- Detainee has a personal dossier that include all the detention documents, which guarantee the legality of the custody as issued by the Public Prosecution or court.

#### Providing Assistance for Detainees in Communication:

- A phone booth is located in every wing to enable each detainee to use it weekly on his own expense.
- The DDDC lacks of translation services.
- Information and guidance relating to the rights and duties of the detainees are available in both Arabic and English.

#### Legal Rights for Detainees:

- Detainees have the rights to consult their lawyers. Detainees have the right to contact their lawyers within allocated weekly time via telephone.
- There is a dedicated place for meetings between detainees and lawyers. However, there is no privacy due to the presence of guards during the meetings.
- Procedures allow detainees to inform their families about their detention place, sometimes such information is delayed more than one day.
- Legal rights posters are displayed on the notice board of each wing in both Arabic and English, however, copies of these posters are not distributed to the detainees.

### Complaints:

- No procedure to encourage detainees to solve problems amicably before submitting a formal complaint is available.
- A procedure exists that allows detainees to submit complaints through forms and a complaint box. The forms are collected weekly. Urgent complaints are delivered to a guard who acknowledges receiving them. However, the procedures do not guarantee privacy because the complaints are submitted in unsealed envelopes and placed in the box by the guard.
- Positive responses to some complaints are acknowledged; however, no existing records indicate how they have been dealt with.
- A specially designed complaint form does not exist, so complaints are filed via ordinary request application forms.
- A follow up mechanism and outcomes of complaints, records and clear procedures for tracking their outcome does not exist. Furthermore, no classification, or procedure to monitor the complaints or analyze the data is available.
- No posters or leaflets explaining the right of detainees to submit complaints are available.
- No clear procedure to enable the detainees to communicate with the relevant authorities to submit their complaints is in existence.
- No pressure is exerted on detainees to withdraw their complaints.
- No measures are taken to protect the detainees from staff or other detainees in the event of recriminations and complaints.
- There is no procedure to submit grievances over the decisions regarding the complaints.
- Procedure for detainees on submitting complaints about health issues is not in practice.

### Principle 3: Healthcare

#### Healthcare Services:

- Detainees have access to physical health care through the health center or transfer to public hospitals whenever is needed. Detainees often have timely access to some of the psychiatric and addiction treatment services. There are no dental care services and the waiting period for appointments is long. There are no other psychosocial services such as, psychologist, social workers, counselors, and occupational therapist.

- Continuous follow-up by nurses for the detainees medical conditions is in place. The patients are identified and their needs assessed. A wing has been allocated for patients with chronic diseases located close to the health center which allows close monitoring. However, without follow-up from the doctors or filling out the medical screening forms of chronic diseases.
- There is a lack of both a proper management and a responsible medical and administrative supervision of medical services. There are no obvious training workshops for the staff of the DDDC on the health of detainees and ways to deal with their diseases.
- The medical examination is conducted in a private room, but there is no privacy. However, confidentiality and privacy are considered when providing treatment.
- There are procedures for infection control in the facilities of the health center and among the detainees. However, there are deficiencies in the follow-up of the implementation of these procedures, especially in detainees wings.
- Medical devices and equipment are checked regularly and the necessary measures are taken to maintain them.

### Patients Care:

- Detainees face difficulties accessing health care workers and professionals.
- There is a medical record for each detainee.
- Medical information about each detainee is recorded on the day of arrival following an examination at the Qalaat Clinic and is stored electronically. The information is confidential and a health employee has the right to access only the data that concerns him and according to his medical privileges.
- Medications commonly needed by the patients are available; however, some of the medications are ordered when they are needed and they are provided only after a long time.

### Detained patients receive prescribed medication:

- Procedures ensure the process of storing and disposing of medications safely if not consumed.
- The pharmacy is managed properly and safely and medications are prescribed to detainees according to their health conditions.

- Medications that help to recover from drug and alcohol addictions are provided and delivered safely and properly at specific times.

### Mental Health:

- Patients are referred to psychiatric services whenever needed through the health center doctors or upon a request from the detainees. They are transferred to psychiatry hospital when required.
- The medical staff are aware and knowledgeable about mental health cases, but there are limitations in dealing with these cases, especially that there is only one psychiatric consultant with no team to assist him.

## Section 3 Recommendations

- Urgent action is required to ensure the cleanliness of the wings and periodic overall maintenance.
- The number of administrative staff with expertise in dealing with detainees should be increased. Special measures for detainees aged between 15 and 18 is a necessity for visits, communication, activities and motivating them to complete their studies.
- Training for DDDC staff on dealing with elderly, those with special needs, foreigners or those aged between 15 and 18 detainees should be in place. Staff should also be trained on managing and assessing risks.
- A suitable waiting area for visitors should be provided.
- Measures should be taken to ensure detainees can contact their families upon arrival to DDDC.
- Procedures to ensure detainees can inform their lawyers and families when they are transferred should be established. Risks should be assessed during transfer.
- Waiting areas should be provided for detainees at courts.
- Urgent action should be taken to install surveillance cameras to cover all the facilities of DDDC.
- Written procedures and measures for the delivery and exchange of personal necessities of detainees should be put in place.
- Educational, cultural plans and programs for all detainees should be developed. Detainees should be also motivated and encouraged to participate in such programs.

- Well trained and qualified staff to oversee the learning and skill acquisition programs should be provided with the provision of suitable places.
- Procedures for the legal use of force in DDDC should be established with the provision of proper training for the staff.
- A library should be provided as well as proper procedures to guarantee the delivery of reading materials.

## Specific Recommendation for Rights and Safeguards:

- Publications covering the rights and duties of DDDC in several languages and in Braille (for the blind) should be given to detainees upon arrival.
- Written procedures for complaints and grievances and for the protection of complainants in order to ensure privacy and follow-up should be available.

## Special Healthcare Recommendations:

- Increase the number of the medical professionals, provide a dental clinic, and a trained mental health team.
- Establish programs for health promotion and awareness among the detainees and the DDDC staff.
- Take the necessary measures to raise the level of awareness among staff and detainees on ways to deal with patients and explain the concept of medical isolation.
- Increase the number of administrative staff at the health center, provide an infection control team and activate the administrative supervision over the clinic and its staff.
- Develop measures to ensure the provision of translation services for detainees during their visit to the health center.
- Develop a mechanism to guarantee the provision of special diets for detained patients.



# Second Report

## ▷ **Unannounced visit to the Capital Governorate Police Directorate (CGPD)**

December 24-25, 2014

## CGPD:

CGPD is located on Exhibition Avenue in Hooraa, 5 kms from the capital Manama. It provides several services to the public inside the two-story building surrounded by an approximately two meter high wall. It also has administrative offices and other facilities that are used to meet the needs of the Directorate. CGPD has six cells and four double beds.

## Inspection procedures and timings:

The team visited CGPD on 24-25 December 2014 in two stages.

On the first day, the team interviewed a group of 10 detainees who were selected randomly at the Dry Dock Detention Center (DDDC). The group is under the legal custody of CGPD, but were transferred from CGPD to DDDC after the legal (48) hour detention period was over. The PDRC team interviewed a diverse group which included 15-18 years old and different nationalities.

On the second day, the team visited the headquarters of the CGPD for inspection.

The tasks were carried out through examination of documents, records and administrative procedures followed, as well as interviews with staff.

## Treatment and Conditions:

The team noted that surveillance cameras were available in the questioning rooms and in some other areas. However, cameras were not available in all facilities.

The main corridors, wings, cells, bathrooms and showers were clean, in addition, detainees had access to bathrooms and showers.

Temperature, ventilation and lighting levels were adequate. Suitable beds, blankets, washing machines, and personal hygiene kits are available. Food and drink were sufficient and varied.

Detainees had access to the external area. However, no written guidelines organizing visits are available; but visitation rights were facilitated.

The team observed that detainees between 15-18 years old were not separated according to age. Females were not kept in CGPD but are transferred to the women's detention center in Isa Town. However, there is no separate facility to serve them while waiting.

Based on records, detainees have the right to contact their families upon arrival. However, re-

petitive calls are not organized. Existing procedures enable detainees to communicate with their lawyers. In addition, foreign detainees are allowed to contact their respective embassies.

The team noted the presence of safety devices and emergency exits at the premises and evacuation tests were conducted. Safety and security elements were available in the external area, and detainees could call an officer if needed.

In general, personnel were trained on the use of legal force when necessary; albeit, there was no specialized training on the use of force inside the facility. There is no training for staff to deal with special needs and 15-18 age group detainees.

The use of force is not documented in the detainee's record, and there were no written procedures for searching detainees.

Detainees were moved in safe vehicles and were allowed to take their documents and private possessions while transferred.

Records that indicate allowing the detainee to contact relatives or lawyers when they were transferred from CGPD do not exist.

## Rights and Guarantees:

Procedures indicate that detainees are legally detained, and are informed of their location as well as the reason behind their detention. Moreover, they were allowed to inform their families about their whereabouts.

There were written bulletins in three languages regarding legal rights (Arabic, English, and Urdu). However, there were no procedures to ensure that each detainee receives a copy of the leaflet.

There was an oral process for complaints, but there were no written procedures that clarify how to file one. There is no written procedure on how to process a complaint and finalize it.

## Healthcare:

There is a medical record for each detainee that includes his health condition details, and procedures indicate detainees are medically examined.

Detainees had access to health services, but staff were not trained on providing first aid. There were no guidelines on providing, storing, dispensing and removing essential medicines and first aid requirements.

## Recommendations:

- To put in place written procedures that specify the path taken by detainees or any person summoned for questioning in the facility, and to have that path monitored by surveillance cameras.
- Formulating written procedures that organize detainees' search procedures. Training in this regard should be provided to staff.
- Introducing special, well-organized procedures for the legal use of force in CGPD and training staff on them. The use of force in the detainee's record should be documented.
- Separating 15-18 year old detainees based on their age group.
- Taking measures to document and ensure detainees can contact their families and lawyers again while at the center and before being transferred.
- Training personnel on modes of dealing with special needs and 15-18 age group detainees.
- Written procedures that clarify and document the use of restraints based on assessment of risk are required.
- Setting up a mechanism for handing out posters and leaflets vis-a-vis detainee's guarantees and legal rights in a number of languages.
- Putting in place specific guidelines that organize visits to detainees.
- Provide a suitable waiting room for female detainees awaiting transfer.
- Procedures that define the process of filing complaints should be put in place and to inform the detainee of the outcome of the complaint.
- A mechanism for providing, dispensing and removing essential medicine and first aid kits should be introduced. Training staff on first aid skills should be provided.



# Third Report

## ▷ **Unannounced visit to the Muharraq Governorate Police Directorate and Hidd Police Station (MGPD)**

December 24-25, 2014

## MGPD:

MGPD is a newly constructed building, In the Hala area, and was still being furnished during the inspection. The preparation of the cells and their facilities was not complete at the time of the visit. MGPD has seven cells and four double beds.

Due to the furnishing process, the Directorate held detainees at the police station in Hidd. Therefore, the PDRC team visited the police station in Hidd to view the cells and assess conditions, other related facilities and issues.

## Inspection procedures timings:

The team visited MGPD on 24-25 December 2014 in two stages.

On the first day, the team interviewed a group of 10 detainees who were selected randomly at the Dry Dock Detention Center (DDDC), the group is under the legal custody of MGPD but were transferred from MGPD to DDDC after the legal (48) hour detention period was over. The PDRC team interviewed a diversified group which included 15-18 years old and different nationalities.

On the second day, the team visited the head-quarter of the MGPD for inspection.

The tasks were carried out through examination of documents, records and administrative procedures followed, as well as interviews with staff.

The PDRC team also visited Hidd police station to check the status of the cells and their facilities.

## Treatment and conditions:

The team noted that surveillance cameras were available in the questioning rooms, however, cameras were not available in all facilities.

Some cells were not used due to furnishing. Female detainees are not kept in MGPD but transferred to the women's detention center in Isa Town. However, there is no separate facility to serve them while waiting.

Drinking water was clean and available in the building.

Detainees had access to the external area. No written guidelines organizing visits are available; but visitation rights were facilitated.

In general, personnel were trained on the use of legal force when required; albeit, there was no specialized training on the use of force inside the

facility. There is no training for staff to deal with special needs and 15-18 age group detainees.

The use of force is not documented in the detainee's record, and there were no written procedures for the process of searching detainees.

## Rights and Guarantees:

Procedures indicate that detainees are legally detained, and are informed of their location as well as the reason behind their detention. Moreover, they were allowed to inform their families about their location. There were no posters or leaflets detailing rights and guarantees and no written procedures to ensure that detainees receive a copy.

There was an oral process for complaints, but there were no written procedures that clarify how to file one. There is no written procedure on how to process a complaint and finalize it.

## Healthcare:

There is a medical record for each detainee that includes his health condition details, and procedures indicate detainees are medically examined.

Detainees had access to health services, but staff were not trained on providing first aid. There were no guidelines on providing, storing, dispensing and removing essential medicines and first aid requirements.

Detainees were transferred to hospital whenever it was required and they had access to their prescribed medicine.

## Visit to the cells and facilities at Hidd police station (HPS)

Since refurbishment was under way at (MGPD), detainees were transferred to HPS.

Therefore the team made an exceptional inspection visit and noted that the main hall, corridors, rooms, cells, beds and blankets were clean. Food was sufficient and varied and water was available.

Detainees had access to toilets and showers, but were not clean and needed immediate maintenance.

Some of the air conditioners and lighting fixtures needed urgent maintenance.

Fire extinguishers are available, but staff were not trained on evacuation in case of an emergency.

In general, personnel were trained on the use of legal force when required; albeit, there was no specialized training on the use of force inside the facility. There is no training for staff to deal with special needs and 15-18 age group detainees. The use of force is not documented in the detainee's record, and there were no written procedures for the process of searching detainees or risk management.

Detainees were transferred in safe vehicles and were allowed to take their documents and private possessions while transferred.

There are no records showing that detainees can contact family or lawyers upon transfer from MGPD.

PDRC received a letter from the Ministry of Interior after reviewing the report stated that MGPD has become fully operational.

### Recommendations:

- Providing staff with training on emergency evacuation.
  - Procedures that define the process of filing complaints should be put in place and to inform the detainee of the complaint's outcome.
  - A mechanism for providing, dispensing and removing essential medicine and first aid kits should be introduced. Also training staff on first aid skills should be provided.
- To put in place written procedures that specify the path taken by detainees or any person summoned for questioning in the facility, and to have that path monitored by surveillance cameras.
  - Training personnel on ways to deal with special needs and the 15-18 age group detainees.
  - Separating 15-18 year old detainees based on their age group.
  - Written procedures that explain the use of restraints based on assessment of risks are required.
  - Formulating written procedures that organize detainees' search and handcuffing according to risk assessment. Training in this regard should be provided to staff.
  - Provide a suitable waiting room for female detainees awaiting transfer.
  - Urgent maintenance is required for toilets, air conditioners, and lighting fixtures at HPS.
  - Taking measures to document and ensure detainees can contact their families and lawyers again while at the center and before being transferred.
  - Setting specific guidelines that organize visits to the detainees.
  - Setting a mechanism for handing out leaflets about detainees guarantees and legal rights in a number of languages.
  - Introducing special and well-organized procedures for the legal use of force in MGPD and training staff on them and documenting the use of force in the detainee's record.



# Fourth Report

## ▷ **Unannounced visit to the Northern Governorate Police Directorate (NGPD)**

December 24-25, 2014

## NGPD:

The NGPD is a two-story building, located in Hamad Town, roundabout 17, and is surrounded by an approximately two meter high wall. It has several rooms, with some allocated as administrative offices and others are used to meet visitors to the Directorate. It also has seven cells and four double beds.

## Inspection procedures timings:

The team visited NGPD on 24-25 December 2014 in two stages.

On the first day, the team interviewed a group of 10 detainees who were selected randomly at the Dry Dock Detention Center (DDDC). The group are under the legal custody of NGPD but were transferred from NGPD to DDDC after the legal (48) hour detention period was over. The PDRC team interviewed a diverse group which included 15-18 years old and different nationalities.

On the second day, the team visited the headquarters of the NGPD for inspection.

The tasks were carried out through examination of documents, records and administrative procedures followed, as well as interviews with staff.

## Treatment and Conditions:

The team noted that there were surveillance cameras installed in the questioning rooms. However, cameras were not available in all facilities.

Fire extinguishers, smoke detectors and emergency exits, as well as safety and security elements were available including in the external area.

The team observed that main corridors, wings, cells, bathrooms and showers were clean and private; in addition, detainees had access to bathrooms and showers.

Temperature, ventilation and lighting levels were adequate.

Detainees received clean mattresses and pillows. However, there were no clear guidelines on dispensing personal hygiene kits for detainees, but had access to washing machines. Food and drink were sufficient and varied. Water was clean and available.

Females were not kept in NGPD but are transferred to the women's detention centre in Isa Town. However, there is no separate facility to serve them while waiting.

Staff did not receive proper training on managing risks, or dealing with detainees with special needs, as well as in the age group of 15-18 years old. However, detainees could request assistance from staff when needed. Detainees were not kept separately based on their age. There was no specialized training on how to use legal force when necessary and was no documentation on the use of it.

There were no written procedures on searching detainees, in addition, there is no procedures for visits. The detainees were able to contact their families while at NGPD, but there was no documentation of phone calls to families, or lawyers before being transferred. Detainees are transported in safe vehicles.

## Rights and Guarantees:

Detainees are informed about their location and the reason behind their detention, and could inform their families of their location. All legal detention documents are included in the detainee's dossier. Posters with legal rights were available; however, there are no clear guidelines on handing them out to detainees.

Furthermore, there was an oral process for filing complaints, but there were no written procedures that clarifies how to file a complaint. There is no written procedure on how to process a complaint and inform detainees of the outcome of their complaints.

## Healthcare:

There is a medical record for each detainee that includes health condition details, and procedures indicate detainees are medically examined.

The detainees had access to health services, but the staff were not trained on providing first aid. There were no guidelines on providing, storing, dispensing and removing essential medicines and first aid requirements.

## Recommendations:

- To put in place written procedures that specify the path taken by detainees or any person summoned for questioning in the facility, and to have that path monitored by surveillance cameras.
- Training the staff on risk management and on dealing with detainees that require special treatment and detainees in the 15-18 age group.
- Written procedures that clarify and document the use of restraints based on assessment of risk are required.

- Separating 15-18 year old detainees based on their age group.
- Formulating written procedures that organize detainees' search according to risk assessment. Training in this regard should be provided to staff.
- Provide a suitable waiting room for female detainees awaiting transfer.
- Introducing special and well-organized procedures for the legal use of force in NGPD and training staff on them. The use of force in the detainee's record should be documented.
- Setting up a mechanism for handing out leaflets vis-a-vis guarantees and legal rights.
- Taking measures to document and ensure detainees can contact their families and lawyers again while at the center and before being transferred.
- Setting up specific guidelines that organize visits to the detainees.
- Establishing a mechanism to dispense personal hygiene kits to detainees.
- Procedures that define the process of filing complaints should be put in place and to inform detainees of the outcome of their complaints.
- A mechanism for providing, dispensing and removing essential medicine and first aid kits should be introduced. Also training staff on first aid skills should be provided.



# Fifth Report

## ▷ **Unannounced visit to the Southern Governorate Police Directorate (SGPD)**

December 24-25, 2014

## SGPD Location:

The SGPD is a two-story building, located in the East Riffa area at the intersection between Sheikh Salman Avenue and Wali Al Ahad avenue, surrounded by an approximately two meter wall. It has several rooms, with some allocated as administrative offices and others used to meet visitors to the Directorate. It also has cells and facilities. SGPD has five cells and three double beds.

## Inspection Procedures Timings:

The team visited SGPD on 24-25 December 2014 in two stages.

On the first day, the team interviewed a group of 10 detainees who were selected randomly at the Dry Dock Detention Center (DDDC). The group are under the legal custody of SGPD, but were transferred from SGPD to DDDC after the legal (48) hour detention period was over. The PDRC team interviewed a diverse group

The PDRC team interviewed a diverse group which included 15-18 years old and different nationalities.

On the second day, the team visited the headquarters of the (SGPD) for inspection.

The tasks were carried out through access to documents and records and identification of administrative procedures followed, as well as interviews with staff.

## Treatment and Conditions:

The team noted that surveillance cameras were available in the questioning rooms, however, cameras were not available in all facilities.

The main corridors, wings, cells, bathrooms and showers were clean and in good maintenance, in addition, detainees had access to bathrooms and showers.

Temperature, ventilation and lighting levels were adequate. Suitable beds, blankets, washing machines, and personal hygiene kits are available allocated in personal lockers. Food and drink were sufficient, varied, and provided at regular times.

Detainees had access to the external area. However, no written guidelines organizing visits are available; but visitation rights were facilitated.

The team observed that detainees between 15 -18 years old were not separated according to age. Females were not kept in SGPD but are transferred to the women's detention center in

Isa Town. However, there is no separate facility to serve them while waiting.

Based on records, detainees have the right to contact their families upon arrival, but repetitive calls are not organized. Existing procedures enable detainees to communicate with their lawyers, and foreign detainees are allowed to contact their respective embassies.

The team noted the presence of safety devices and emergency exits at the premises and evacuation tests were conducted. Safety and security elements were available in the external area, and detainees could call an officer if needed.

In general, personnel were aware of risk management and trained on the use of legal force when required; albeit, there was no specialized training on the use of force inside the facility. There is no training for staff to deal with special needs and 15-18 age group detainees.

The use of force is not documented in the detainee's record, and there were no written procedures for the process of searching detainees.

Detainees were transferred in safe vehicles and were allowed to take their documents and private possessions while transferred.

There are no records that show that the detainee is allowed to contact relatives or lawyers when they were transferred.

## Rights and Guarantees:

Each detainee had a personal file that includes detention documents; and a dedicated place for detainees to meet with lawyers is provided.

Posters listing the legal rights in three languages are available in the wing; however, there were no procedures to ensure that each detainee receives a copy of the leaflet.

There was a complaints box in the wing, but there were no specially prepared forms for this purpose to be filled by detainees. There was an oral process for filing complaints, but there were no written procedures that clarify how to file a complaint. There is no written procedure on how to process a complaint and informing the complainants of the outcome of the complaints.

## Healthcare:

There is a medical record for each detainee that includes his health condition details, and procedures indicate detainees are medically examined.

The detainees had access to health services, but the staff were not trained on providing first aid or

on dealing with emergency medical cases. There were no guidelines on providing, storing, dispensing and removing essential medicines and first aid requirements.

### Recommendations:

- To put in place written procedures that specify the path taken by detainees or any person summoned for questioning in the facility, and to have that path monitored by surveillance cameras.
- Introducing special and well-organized procedures for the legal use of force in SGPD and training staff on them. The use of force in the detainee's record should be documented.
- Formulating written procedures that organize detainees' search.
- Training personnel on ways to deal with special needs and the 15-18 age group detainees, as well as risk management.
- Taking measures to document and ensure detainees can contact their families and lawyers again while at the center and before being transferred.
- Setting specific guidelines that organize visits to the detainees.
- Setting a mechanism for handing out leaflets about guarantees and legal rights.
- Provide a suitable waiting room for female detainees awaiting transfer.
- Procedures that define the process of filing complaints should be put in place.
- A mechanism for providing, dispensing and removing essential medicine. Also, training staff on first aid skills should be provided.



# Sixth Report

## ▷ **Unannounced visit to the General Directorate of Criminal Investigation and Forensic Science (GDCIFS)**

December 24-25, 2014

## GDCIFS:

GDCIFS is located in Adliya in the capital Manama, surrounded by an approximately three-meter high wall.

It comprises of two General Directorates: The General Directorate of Anti-Corruption, Economic and Electronic Security; and the General Directorate of Criminal Investigation and Forensic Science.

The PDRC visited the General Directorate of Criminal Investigation and Forensic Science (GDCIFS) that has general and qualitative prerogatives to follow up all crimes committed in the Kingdom of Bahrain.

The General Directorate comprises of the Directorate of Criminal Investigation, the Anti-Narcotics Directorate and the Directorate of Forensic Science.

## Inspection procedures timings:

The team visited the GDCIFS on 24-25 December 2014 in two stages.

On the first day, the team interviewed a group of 10 detainees who were selected randomly at the Dry Dock Detention Center (DDDC). The group is under the legal custody of GDCIFS, MGPD but were transferred from GDCIFS to DDDC after the legal (48) hour detention period was over. The PDRC team interviewed a diverse group which included 15-18 years old and different nationalities.

On the second day of the inspection, the team visited GDCIFS headquarters.

The tasks were carried out through access to documents, records and identification of administrative procedures followed and interviewed staff.

PDRC took into account human rights reports published regarding CGPDS as well as reports that a detainee had been tortured by officers from Anti-Narcotics Directorate.

According to reports, officers took the detainee into custody to GDCIFS, tortured and coerced him into confessing Drug Trafficking.

The Special Investigation Unit and the Ombudsman's Office investigated the case and five members of the Anti-Narcotics Directorate, including an officer, were referred to the High Criminal Court. The case is currently in the courts and the next hearing will take place on 4 June 2015.

## Treatment and conditions:

The team noted that surveillance cameras were available, however, were not in all the facilities.

Safety equipment and emergency exits were available and clear. Evacuation tests were also conducted.

Main halls, corridors were clean; but there is only one bathroom used by all those being questioned. The bathroom provides privacy.

The team noted that there were two rooms in the same building allocated for questioning and were used by the three directorates. Two rooms are equipped with cameras, but questioning in other rooms without cameras can take place.

Suspects were handcuffed during their stay at the premises. The explanation given was that there was no secure dedicated waiting area at the general directorate for suspects to wait in before transferring to police stations. There is no separate facility to serve females while waiting.

The team investigated the conditions of the premises. Water was available, food was sufficient and varied. However, it was provided at irregular timings.

Calls to the families and lawyers can be made upon arrival to the premises, but they could not call them before their transfer. The suspects were transported in safe vehicles. Foreign nationals could meet representatives from their embassies.

In general, personnel were trained on the use of legal force when required; although, there was no specialized training on the use of force inside the facility. There is no training for staff to deal with suspects of those with special needs and 15-18 age group.

The use of force is not documented in the suspect's record, and there were no written procedures for the process of conducting body searches.

Suspects were transferred in safe vehicles and were allowed to take their documents and private possessions while transferred.

## Rights and guarantee:

Procedures indicate that suspects were in custody legally, and are informed of their location as well as the reason behind their detention

The team noted that all documents related to legal custody were completed and but leaflets regarding legal rights was only available in a single language.

There is no procedure to ensure suspects are informed of their legal rights and there were no clear procedures for filling complaints.

## Healthcare:

The team checked the level of healthcare at the premises and took into account that GDCIFS was not a place for detention or jail. Therefore, health services differ. Regardless there is no system for the provision, storage and disposal of medicines or first aid.

## Recommendations:

- To put in place written procedures that specify the path taken by suspects or any person summoned for questioning in the facility, and to have that path monitored by surveillance cameras.
- More questioning rooms should be allocated and equipped with surveillance cameras.
- Introducing special and well-organized procedures for the legal use of force in GDCIFS and training staff on them. The use of force in the suspect's record should be documented.
- Provide a suitable waiting room for male and female suspects pending their transfer.
- Setting procedures to ensure the regularity of providing meals to suspects.
- Formulating written procedures that organize body searches.
- Written procedures that clarify and document the use of restraints based on assessment of risks are required.
- Setting up a mechanism for handing out bulletins vis-a-vis suspect's guarantees and legal rights.
- Procedures that define the process of filing complaints should be put in place.
- Establish a mechanism to enable the suspect to communicate with his family and lawyer upon transfer.
- A mechanism for providing, dispensing and removing essential medicine and first aid kits should be introduced. Training staff on first aid skills should be provided.



# Seventh Report

## ▷ **Unannounced visit to the Juveniles Care Center (JCC)**

January 18-20, 2015

## Section I Background

### Procedures:

**Date of visit:** 18 – 20 January 2015

**Location:** JCC – Isa Town.

**Type of Visit:** Unannounced.

**Inspection Team:** PDRC Commissioners and staff.

**Work Mechanism:** According to approved standards and guidelines which include:

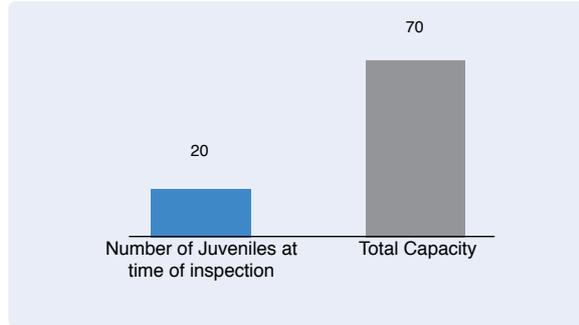
- A. Evidence Gathering:** Evidences were gathered on location from staff interviews according to specialty as well as analyzing available records and documents in various departments. The administrative system was examined and juveniles were involved throughout the process.
- B. Juveniles Interviews:** All juveniles at the JCC were interviewed
- C. Direct Observation:** was through monitoring conditions of the place to ensure facilities are suitable for juveniles and are in accordance with local and international laws and guidelines.

### General Observation:

- JCC was founded in 1984 and under the direction of the Ministry of Interior.
- JCC consists of several facilities:
- Ground floor: administrative offices, library, visitation room, reception, classrooms, indoor gym, food hall, outdoor and sports yard. There is a separate section for male juveniles who are kept temporarily.
- First Floor: separate section for female juveniles who are kept temporarily, various rehabilitation rooms (cooking skills, computer training and beautician skills), entertainment rooms and a separate section for male juveniles.

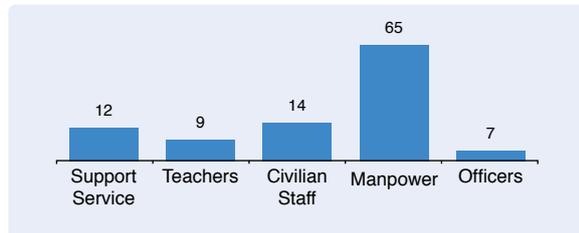
There is health clinic in a separate external building that offers medical services to JCC, Women’s Reformation and Rehabilitation Center (WRRC) and Women’s Detention Center (WDC).

### Center Capacity:



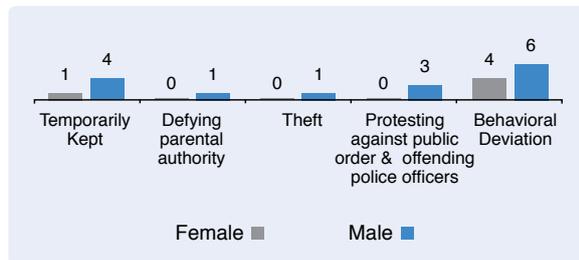
- Total Capacity: 70 Juveniles with 70 Beds
- Number of Juveniles at time of inspection: 20

### Facility Staff:



Sections	Total
Officers	7
Manpower	65
Civilian Staff	14
Teachers	9
Support Service	12
<b>Total of Personnel</b>	<b>107</b>

### Reason of Confinement:



Reason	Male	Female
Behavioral Deviation	6	4
Protesting against public order and offending police officers	3	0
Theft	1	0
Defying parental authority	1	0
Temporarily Kept	4	1
<b>Total</b>	<b>15</b>	<b>5</b>

## Section 2

# Assessment of Principles and Standards

### Treatment and Conditions:

During the visit the inspection team confirmed that guidelines and indicators were implemented and observed that juveniles were treated with respect by staff. The administration prohibits staff from wearing police uniforms inside the center. Staff have an understanding and awareness of juveniles special needs. However, there is a lack and shortage in training staff on how to specifically deal effectively with juveniles. Temporarily kept male juveniles are separate from others. Procedures allow juveniles easy access to safety lockers and are allowed to freely practice religious rituals.

Safety criteria and place conditions were verified and it was apparent that juveniles are treated positively and exceptionally well from day one. Staff have knowledge and awareness on risk management, self-harm situations and any danger of juveniles against each other. However, staff do not receive ongoing training on risk management methods. It was noticed that no evaluation plans and follow-up procedures are in place. In general, there is comprehensive supervision on juvenile gatherings and the emergency alarm is routinely checked and evacuation tests are regularly conducted. There are no surveillance cameras in all facilities of the center.

Juveniles are kept in clean rooms with appropriate temperature, ventilation and lighting. However, there is no special consideration to reducing lights at night upon a juvenile's request. There is a weakness and shortage in maintaining facilities and restrooms. Rooms were safe and do not contain any self-harm objects. Access to wash rooms and restrooms is easy and personal hygiene kits are available. Clean mattresses and bed covers are available. Family are allowed to bring in clothes, laundry services and telephone are accessible. Main meals are served in regular times, and food is varied and sufficient. Although, clean drinking water exists in coolers, not enough drinking glasses were offered. Juveniles can call staff immediately when needed and staff can evacuate the place safely in cases of emergency.

Juveniles may call their parents but there are no procedures that organize visits and call times. Privacy is not permitted during visitation because there is only one visiting room. Juveniles are allowed daily exercise time, however, there are no procedure that organizes outdoor exercise. The library is equipped with various books and juveniles are encouraged to regularly attend. Educa-

tional staff are qualified and specialized. There is co-ordination between psychological specialist, social workers and teachers to guarantee using juvenile available data in an effective way to achieve objectives. Classrooms are available and juveniles have an opportunity to continue education in various levels. There are rehabilitation strategies but there is no measurement of its effectiveness. Moreover, there are psychological and social evaluation plans and ideas are used to offer suitable treatment. Parents are not involved in their children's rehabilitation plans and ideas.

Juveniles are transported/ transferred in civilian vehicles and are accompanied by civilian women police. Anyone in violation of the procedure is warned by the Directorate. Both juveniles and parents are informed of the location they will be kept. There is communication and coordination between the Juvenile Judge and the Center Director upon receiving juveniles. A juvenile is not received at the center without proper official documents. The center staff are not properly trained in the legal use of force to minimize risk when needed.

### Rights and guarantees:

All records, documents and administrative procedures are legal and updated to ensure the pertinence of keeping a juvenile in the Center. Juveniles are allowed to inform family of their whereabouts and receive a copy of their rights and obligations. Juveniles are made aware of reasons they are being kept and are well informed of their situation. Promotional posters on how to file a complaint and boxes are available. Juveniles are encouraged to amicably solve complaints before filing an official one. Complaints are handled, however, there are no written procedures on complaint management. A safe and encouraging environment to ensure juvenile good behavior is observed and juveniles are motivated to maintain their personal cleanliness and that of the place. Routine chores and services are explained and there is a social record for psychological and behavioral development. There is no clear mechanism on coordination with concerned parties and parents as it relates to behavior correction and care.

### Health care:

There is a common Health Clinic that serves JCC, WRRC and WDC.

- The Health Clinic is open 24 hours. In the morning it is covered by a female doctor and a nurse. The rest of the day, weekends and official holidays only one nurse is in attendance. Pharmaceutical services are not available in the center.

- Dental and psychological care services are offered by transfer to the main health center in the Police Fort of the Ministry of Interior.
- Other medical services, examinations and children vaccination are offered nearby at government hospitals and health centers.
- Psychological and social support services are provided by a specialized team.
- An ambulance is requested when needed from government hospitals.

## Comments on medical services

Juveniles have access to medical care through the health center or by transfer to hospitals when needed. Most of the time, psychological and addiction care is offered in a timely manner. Medical care is provided by professionals and follow up is done by health supervisors (members of the women police force). Patients are accounted for and cases are documented at the nursing station. There is lack of supervision regarding services and administrative procedures on location, as it was noticed that all administration was handled at the Police Fort. The doctor and the nursing staff in the center, organizationally report to the medical center in the Police Fort. There is no specialized training for staff on juvenile health or the diseases they might be suffering from. Medical examination is done in private and it guarantees confidentiality. There is only one specialist in the Ministry of Interior that covers infectious diseases, which is a weak point. There is an evaluation form, which can be submitted by management, but there is no proper follow-up. No awareness procedures were found on countering contagious diseases. Medical equipment are examined regularly, while medical staff do not have proper knowledge on operating the resuscitation devices.

There is a clear procedure on how to access medical care. Medical information is documented by women's police force in the juvenile's record from day one after they are medically examined in the Police Fort. The information is electronically saved which ensures confidentiality as access is available only to those concerned. Confidentiality and privacy are preserved when it comes to psychological and social care. There is no pharmacy in the health center so general medicines are not available for common diseases but are requested from outside health centers and provided on the same day. Medicines are stored in police-women's offices in an unsafe manner and are not dispensed appropriately, the distribution and record of medicines including controlled medicines is done by the women's police force and not by nursing or pharmaceutical staff. Storage and distribution procedures that are followed in the Kingdom of Bahrain are not observed.

Regarding psychiatric health, juveniles are transferred to the psychiatric hospital through the health center doctor. There is limited awareness on psychological health and care by the medical team due to shortages in staff. All juveniles are evaluated by the social and psychological support specialists and a plan is put in place on how to deal with various psychological symptoms and in preparation to transfer to psychiatric hospital when needed.

## Section 3 Recommendations

- Ministry of Health to coordinate with the Ministry of Interior for the provision of healthcare services.
- The Ministry of Education should be responsible for the provision of education for juveniles, in coordination with the Ministry of Interior.
- Periodic staff training on management and assessment of risk should be put in place.
- Install surveillance cameras in all the facilities and hallways according to approved international standards.
- Provide specialized child psychology training to all staff without limiting it to counselors only.
- Train staff on the legal use of force in the Center.
- Observe and consider proper lighting during nighttime.
- Establish written rules that organize outdoor recreational timings.
- Formulate written procedures that organize visits and provide privacy taking into account suitable timings for parents.
- Involve parents in the rehabilitation plans.
- Introduce various purposeful activities, which improve skills and provide beneficial programs during daytime after school hours.
- Procedures that define the process of filing complaints should be put in place.
- Introduce measures that promote juvenile rehabilitation in the event of misbehavior.
- Increase medical staff, to inclusively provide all juvenile health needs, especially dental and psychological care and to establish a department that specializes in administrative supervision, medical follow-up and complaints.
- Develop a mechanism to transfer patients to general government dental service to reduce the waiting period.

- Set up developmental and training plans for health workers according to written procedures to coordinate and evaluate work.
- Develop educational and health awareness programs given that maintaining a healthy life style is important.
- Establish a pharmacy in the health center administrated by a pharmacist to distribute and dispense medicine as needed.
- Provide a dedicated full time nurse in JCC.
- Train medical staff on operating the resuscitation device in the Health Center.



# Eighth Report

## ▷ **Unannounced visit to the Women's Reformation and Rehabilitation Center (WRRC)**

January 18-20, 2015

## Section 1 Background

### Procedures:

**Date of visit:** 18 – 20 January 2015

**Location:** Women’s Reformation and Rehabilitation center – Isa Town

**Type of Visit:** Unannounced.

**Inspection Team:** PDRC Commissioners and staff.

**Work Mechanism:** According to approved standards and guidelines which include:

**A. Evidence Gathering:** Evidences were gathered on location from staff according to specialty as well as analyzing available records and documents in various departments. The administrative system was examined and prisoners were involved throughout the process.

**B. Prisoners Interviews:** A random selection of prisoners were interviewed based on records available at the time of the visit. The sample was diversified to guarantee proper coverage.

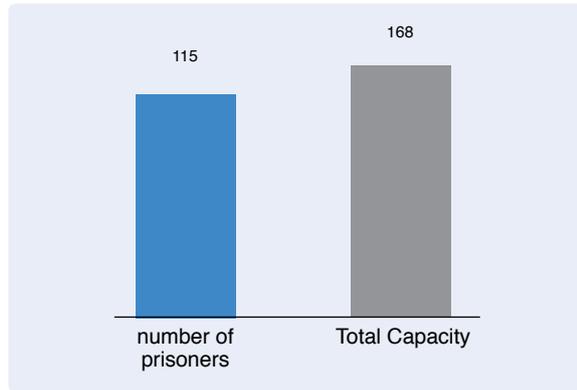
**C. Direct Observation:** Was through monitoring conditions of the place to ensure facilities are suitable for prisoners and is in accordance with local and international laws and guidelines.

### General Observation:

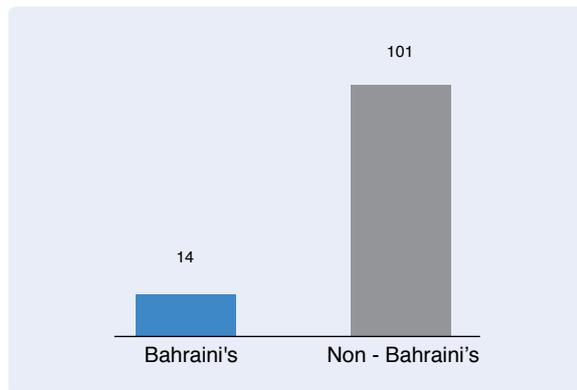
The Center was opened in 2014.

- Total Capacity: 168.
- Number of the prisoners at time of visit: 115, Mother and Child: 4, release: 6, total: 119.
  - Including: hypnotic prisoner at psychiatric hospital, and one in process at Salmaniya hospital.

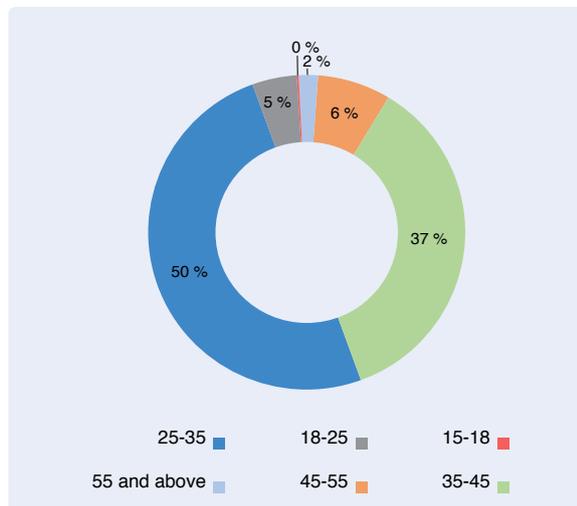
- Total Capacity:



- The number of prisoners in terms of nationality:

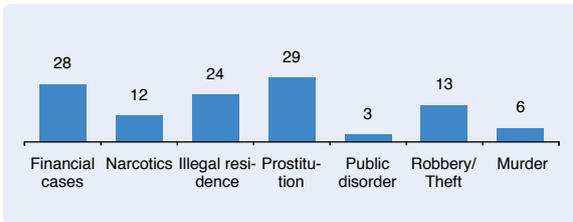


- Number of prisoners based on age groups:



Age category	Number
15-18	None
18-25	6
25-35	58
35-45	42
45-55	7
55 and above	2
<b>Total</b>	<b>115</b>

- Crime Category:



Crime	Number
Murder	6
Robbery/Theft	13
Public disorder	3
Prostitution	29
Illegal residence	24
Narcotics	12
Financial cases	28
<b>Total</b>	<b>115</b>

- Number of officers: (5) police members: (79). The numbers are limited to those who directly deal with prisoners excluding those working as security guards and other support staff.

## Section 2 Assessment of Principles and Standards

### Treatment and Conditions:

The team inspected the place and observed there are procedures that separates prisoners in the age group of 15-18 years old. Moreover, Mother and Child are allocated special cells, with clean beds and bedding, and take into consideration the environment and requirements of the child. and Staff are aware of the various needs of prisoners; there are developmental training courses that enhance staff dealings with prisoners and various needs. A waiting room is available for visitors and there are written procedures that organize prisoners search methods. Prisoners are transferred from and to the Center in clean and safe vehicles. Staff receive prisoners immediately to avoid long delays in vehicles. Prisoners are not handcuffed during their transfer and are allowed to carry cash only. However, they are prohibited from carrying official documents and personal belongings. The Centre Administration organizes visits of various religious clergy to meet prisoners. The inspection team saw a visit that occurred during the inspection.

With respect to existing safety standards in the place, the presence of surveillance cameras in hallways and common areas for prisoners was noted as well as in some staff offices but the entire place is not covered. Employees are have limited awareness of and understand the concept of self-harm but do not undergo training on the management of risk, and therefore unaware of the risk some prisoners might pose on themselves or others. Some female staff have limited knowledge on their responsibility towards assessing and managing the risks arising from dealing with prisoners. In general, there are no plans to assess and manage risk. In a related context, the team checked the use of force procedures –in case such a need should arise- taking into account that there is a administrative decision regarding the basic principles of the use of force inside the Center and concluded that there is no training on the matter.

In case a prisoner is involved in an incident which led to the use of force, there is no special record for the use of force and its degrees. Procedures included medical examinations on prisoners and employees in case legal force was used.

Cells are new, clean and free of any objects that may lead to self-harm. The temperature and lighting are appropriate and prisoners can call staff if needed. Training is available on evacuation plans in case of an emergency. Bed sheets, blankets, and pillows are clean and there are clear procedures in replacing and changing linens. Lockers are available to store personal hygiene kits and there are procedures that allow prisoners the right to receive clothing from outside the Center. Food and drink is varied, sufficient, nutritious and available in regular timings. Special food is provided for Mother and Child and inmates who are nursing that is suitable to their needs.

Prisoners have easy access to external areas and can exercise for limited periods. Visits are available to prisoners at legal regular timings and can contact parents and lawyers, but phone booths are not sufficient. Books and newspapers are available and varied with login procedures. Rehabilitation programs are available and prisoners have an opportunity to continue their studies in various educational levels based on homeschooling or distance learning. However, limited support is given to prisoners to improve their lifestyle, thoughts and behavior positively. There are no programs on rehabilitation for prisoners who suffer from mistreatment, sexual assault or domestic violence. Prisoners can freely communicate with the outside world in accordance with rules and regulations. There are classes to participate in various activities such as education, skills, and work. Prisoner's available data and information is not effectively used to achieve desired objectives for skills and the provision of employment.

## Rights and guarantees:

It was established that each prisoner has a personal file and record that includes documents to verify legal imprisonment. Leaflets and posters that show prisoner's legal rights are available in every wing in Arabic and English. There are procedures that guarantee access to legal assistance and a room is available for prisoners to meet lawyers.

Prisoners have easy access to submit complaints; by filling out forms and there is a box for collection. There are procedures that encourage prisoners to solve their complaints amicably before filing one. However, there are no written guidelines to manage complaints and no specific procedures are available on health complaints.

## Health care:

There is a common healthcare that serves WRRRC, Juvenile Care Center, and Women's Detention Center.

- A healthcare center serves the three above-mentioned centers and is open 24 hours. In the morning it is covered by a female doctor and a nurse. The rest of the day, weekends and official holidays only one nurse is in attendance. Pharmaceutical services are not available in the Center.
- Dental and psychological care services are transferred to the main health center in the Police Fort in the Ministry of Interior.
- Other medical services, examinations and children vaccination are covered in close by government hospitals and health centers.
- Psychological and social support services are provided by a specialized team.
- An ambulance is requested when needed from government hospitals.

## Comments on medical services

Prisoners have access to medical care through the health center or by transfer to hospitals when needed. Psychological and addiction care is offered in a timely manner. Medical care is provided by professionals and follow up is done by health supervisors (members of the women police force). Examinations and children vaccination are covered in close by government hospitals and health centers. Patients are accounted for and cases are documented at the nursing station. There is lack of supervision regarding services and administrative procedures on location. As it was noticed that all administration was handled at the Police Fort. The doctor and the nursing staff in the center, organizationally report

to the medical center in the Police Fort. There is no specialized training for staff on prisoners' health or the diseases they might be suffering from. Medical examination is done in private and it guarantees confidentiality. There is only one specialist in the Ministry of Interior that covers infectious diseases. There is a long waiting period for accessing dental services at government health clinics. There is an evaluation form, which can be submitted by management, but there is no proper follow-up. No awareness procedures were found on counting contagious diseases. Medical equipment are examined regularly, while medical staff do not have proper knowledge on operating the resuscitation devices.

There is a clear procedure on how to access medical care. Medical information is documented by women's police force in the prisoner's record from day one after they are medically examined in the Police Fort. The information is electronically saved which ensures confidentiality as access is available only to those concerned. Confidentially and privacy are preserved when it comes to psychological and social care. There is no pharmacy in the health center so general medicines are not available for common diseases but are requested from outside health centers and provided on the same day. Medicines are stored in policewomen's offices in an unsafe manner and are not dispensed appropriately, the distribution and record of medicines including controlled medicines is done by the women's police force and not by nursing or pharmaceutical staff. Storage and distribution procedures that are followed in the Kingdom of Bahrain are not observed. After examination by a psychiatrist, prisoners with drug and alcohol addictions are provided with medication to treat withdrawal symptoms.

Regarding psychiatric health, prisoners are transferred to the psychiatric hospital through the health center doctor or upon their own request. There is limited awareness on psychological health and care by the medical team due to shortages in staff. All prisoners are evaluated by the social and psychological support specialists and a plan is put in place on how to deal with various psychological symptoms and in preparation to transfer to psychiatric hospital when needed.

## Section 3 Recommendations

- Ministry of Health to coordinate with the Ministry of Interior for the provision of healthcare services.
- The Ministry of Education should be responsible for the provision of education to inmates in coordination with the Ministry of Interior.

- Train staff on modes of dealing with 15-18 age group prisoners and those with special needs. Training on management and assessment of risk should be provided, including pregnant inmates and mothers accompanied by their child.
- Install surveillance cameras in all the facilities, wings and hallways according to approved international standards.
- Provide additional educational, learning programs, reading materials and try to motivate prisoners to participate in these activities.
- Increase staff that supervise activities that improve learning skills, and provide areas for such activities.
- Train staff on the use the legal use of force and risk management in the Center.
- Written procedures that define the process of filing complaints that guarantees confidentiality and follow up should be put in place.
- Increase the number of phone booths.
- Increase medical staff to inclusively provide for all prisoners health needs, especially dental and psychological care.
- Establish a department that specializes in administrative supervision, medical follow-up and submitted complaints.
- Set up developmental and training plans for health workers according to written procedures to coordinate and evaluate work.
- Develop a mechanism to transfer patients to general government dental services to reduce the waiting period.
- Develop educational and health awareness programs given that maintaining a healthy life style is very important.
- Establish a pharmacy in the Health Center administrated by a pharmacist to distribute and dispense medicine as needed.
- Train medical staff on operating the resuscitation device in the Health Center.



# Ninth Report

## ▷ **Unannounced Visit to the Women's Detention Center (WDC)**

January 18-20, 2015

## Section 1 Background

### Procedures:

**Date of visit:** 18 - 20 January 2015

**Location:** Women's Detention Center (WDC) - Isa Town

**Type of Visit:** Unannounced

**Inspection Team:** PDRC Commissioners and staff.

**Work Mechanism:** According to approved standards and guidelines which include:

**A. Evidence Gathering:** Evidences were gathered from staff on location according to specialty as well as analyzing available records and documents in various departments. The administrative system was examined, women detainees and temporarily detained were involved throughout the proper process.

**B. Detainees and temporarily detained Interviews:** A random selection of detainees and temporarily detained were interviewed based on records available at the time of the visit. The sample was diversified to insure proper coverage.

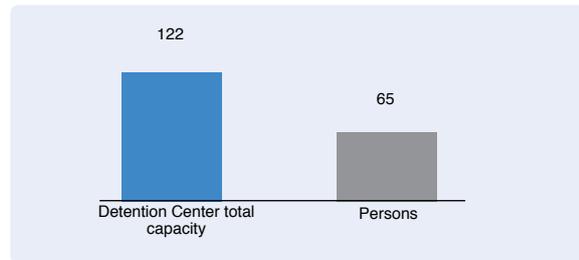
**C. Direct Observation:** Through monitoring conditions of the place to ensure the facilities are suitable for women detainees and temporarily detained, and is in par with local and international laws and guidelines.

### General Observation:

WDC was founded in 2005, it consists of:

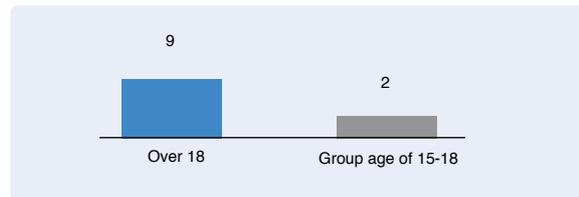
- Administration
- Two wings
- Health Clinic
- Visiting Cabin
- Convenience store
- External area
- Social workers office
- Archives
- Safe Deposits

- Persons and Detention Center total capacity:



Group age of 15-18	
Detainees	2
Persons held 48 hours Under Police Custody	0
Group age Over 18	
Detainees	47
Persons held 48 hours Under Police Custody	16
<b>Total</b>	<b>65</b>

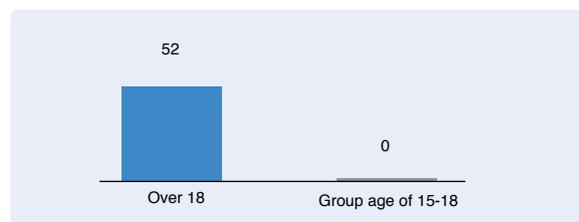
- Mother and Child: 1
- Detention Center total capacity: 122
- Category of Detainees and Temporarily Detained based on nationality:



- Number of Bahrainis:

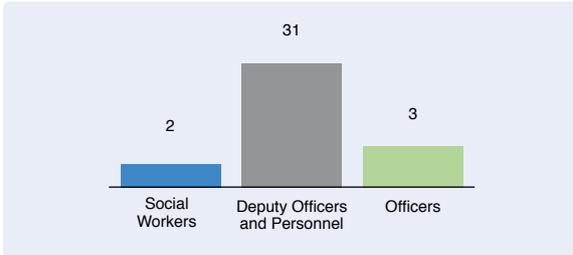
Age	Number
Group age of 15-18	2
Over 18	9
<b>Total</b>	<b>11</b>

- Non-Bahraini:



Age	Number
Group age of 15-18	0
Over 18	52
<b>Total</b>	<b>52</b>

- Facility Staff:



Age category	Number
Officers	3
Deputy Officers and Personnel	31
Social Workers	2
<b>Total</b>	<b>36</b>

Numbers mentioned are of members of staff that directly interact with detainees as prison or support services staff.

## Section 2

### Assessment of Principles and Standards

#### Treatment and Conditions:

Staff have an understanding and awareness of the needs of pregnant women and mothers. The team noticed that staff are not properly trained on dealing with elderly, special needs, and the age group of 15-18. There are written guidelines for inspection, but there is only one visiting cabin, without a waiting area. Some of the staff have limited understanding of risk assessment, and the risk that detainees may pose on each other. Staff are aware of self-harm situations, but there is no training on how to deal with such incidents. Therefore, staff should receive proper training on managing the risk that detainees may impose on each other and assessing risk. There are surveillance cameras, but are not available in all facilities.

There are procedures which organize the legal use of force, but staff are not trained. Detainees and temporarily detained are medically examined after legal use of force, and incidents are documented in personal files. Cells were safe and do not contain any self-harm objects, staff were also available in case any detainee or temporarily detained needed help. Conditions of ventilation, temperature, and lighting were appropriate, but some cells were not clean, with shortage in maintenance in some facilities. Personal hygiene kits and basic sleeping requirements such as pillows, sheets, and beds were available. A procedure is in place to receive clothing; and a personal locker is provided for both the detainees and tempo-

rarily detained. Main meals are served in regular times, food is varied and sufficient, with special meals provided for babies. Convenience store is available.

The inspection involved other needs and requirements, such as: outdoor exercise, reading, visitation, and phone calls. Detainees and temporarily detained had access to outdoor exercise for a specific time, but not regularly due to shortage in supervision staff. Visitation is available to detainees and temporarily detained at the legal allowed timing. There is no special management in regards to organizing visits to the age group of 15-18. Calling cabins are available to call families and lawyers. Daily newspapers are provided, but there is no variety in books. Transfer is done in safe and clean vehicles. While being transferred from WDC to Courts or Public Prosecution; they are received quickly to avoid prolonged waiting. There is a lack in rules and procedures in facilitating calls to families and lawyers while being transferred.

The inspection included rehabilitation, educational activities, developing skills, and work. Detainees and temporarily detained have the opportunity to continue education in various levels, in accordance to home schooling and distance learning. There are limited efforts to assist detainees in making any positive behavioral and attitude changes. There is a coordination between WDC and medical centers to treat patients with dangerous, contagious and chronic diseases. Communication with the outside world is provided according to rules and regulations.

#### Rights and guarantees:

Each detainee and temporarily detained has a personal record which consists of documents that guarantees lawful detention. Phone calls are made available to contact family and lawyers to inform them of their location. Information posters that show detainee's legal rights are available in two languages Arabic and English, but they are not distributed. There is a dedicated place for detainees and temporarily detained to meet their lawyers or embassy representatives. Detainees have an easy access to filing complaints. Procedures consist of filling out forms and a drop box for collection and there are posters to inform of their right to submit complaints. There is also a procedure which encourages detainees and temporarily detained to solve their complaints amicably with the help of a social worker before submitting a complaint. Over all, there is a mechanism which allows the detainee and temporarily detained to file a complaint, but there are no written guidelines.

## Health care:

There is a common Health Clinic that serves JCC, WRRC and WDC.

- The health center is open 24 hours. In the morning it is covered by a female doctor and a nurse. The rest of the day, weekends and official holidays only one nurse is in attendance. Pharmaceutical and other medical support services are not available in the center.
- Dental and psychological care services are transferred to the main health center in the Police Fort of the Ministry of Interior.
- Other medical services, examinations and children vaccination are offered at close by government hospitals and health centers.
- Psychological and social support services are provided by a specialized team.
- An ambulance is requested when needed from government hospitals.

## Comments on medical services

Detainees and temporarily detained have access to medical care through the health center or by transfer to hospitals when needed. Most of the time, psychological and addiction care is offered in a timely manner. Medical care is provided by professionals and follow up is done by health supervisors (members of the women police force). Patients are accounted for and cases are documented at the nursing station. There is lack of supervision re-services and administrative procedures on location. As it was noticed that all administration was handled at the Police Fort. The doctor and the nursing staff in the center, organizationally report to the medical center in the Police Fort. There is no specialized training for staff on detainees and temporarily detained health or the diseases they might be suffering from. Medical examination is done in private and it guarantees confidentiality. There is only one specialist in the Ministry of Interior that covers infectious diseases, which is a weak point. There is an evaluation form, which can be submitted by management, but there is no proper follow-up. Medical equipment are examined regularly, while medical staff do not have proper knowledge on operating the resuscitation devices.

There is a clear procedure on how to access medical care. Medical information is documented by women's police force in the detainees record from day one after they are medically examined in the Police Fort. The information is electronically saved which ensures confidentiality as access is available only to those concerned. Confidentiality and privacy are preserved when it comes to

psychological and social care. There is no pharmacy in the health center so general medicines are not available for common diseases but are requested from outside health centers and provided on the same day. Medicines are stored in policewomen's offices in an unsafe manner and are not dispensed appropriately, the distribution and record of medicines including controlled medicines is done by the women's police force and not by nursing or pharmaceutical staff. Storage and distribution procedures that are followed in the Kingdom of Bahrain are not observed. After examination by a psychiatrist.

Regarding psychiatric health, Detainees and temporarily detained are transferred to the psychiatric hospital through the health center doctor or upon their own request. There is limited awareness on psychological health and care by the medical team due to shortages in staff. All Detainees and temporarily detained are evaluated by the social and psychological support specialists and a plan is put in place on how to deal with various psychological symptoms and in preparation to transfer to psychiatric hospital when needed.

## Section 3 Recommendations

- Ministry of Health to coordinate with the Ministry of Interior for the provision of healthcare services.
- The Ministry of Education should be responsible for the provision of education to inmates in coordination with the Ministry of Interior.
- Train staff on dealing effectively with the elderly, those with special needs and age group 15-18. Training on risk management and assessment should be provided.
- Establish written guidelines allowing the detainee to inform family and lawyers while being transferred. Risk assessment while being transferred should be considered.
- Increase surveillance cameras in the facilities according to local, international laws and guidelines.
- Improve periodic maintenance of the Center.
- Train staff on the legal use of force and risk management.
- Guidelines which guarantee detainees and those temporarily detained have organized access to external area should be established.
- Provide a suitable visitation and waiting room.
- Provide rights and obligations leaflets in several languages and in Braille to be handed to each detainee and temporarily detained upon arrival.

- Develop a written mechanism that guarantees privacy and protection of the complainer upon submitting complaints.
- Increase medical staff to provide all detainees and temporarily detained health needs especially dental and psychological care.
- Create a specific administrative area to supervise medical reference and follows up on all detainees and temporarily detained health issues and to propose plans for health workers development.
- Develop an effective referral system to Dental Clinics.
- Develop educational and health awareness programs given that maintaining a healthy life style is important.
- Establish a pharmacy in the health center administrated by a pharmacist to distribute and dispense medicine as needed.
- Train medical staff on operating the resuscitation device in the Health Center.



## ▷ Appendices

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### ▷ Principles and Standards of the Visit

<b>Principle 1</b> Humane Treatment and Conditions	<b>Principle 2</b> Rights and Safeguards	<b>Principle 3</b> Healthcare
<b>Standards</b>		
Respect	Legality of detention	Health services
Safety	Providing assistance for detainees in communication	Healthcare for detained patients
The legal use of force	Legal rights	Health care for detainees with prescribed medication
Conditions of the place	Complaints	Mental care
Detainees care		
Food and drinks		
Other needs (External exercise, reading materials, visits and calls)		
Escorting and transferring detainees		
Rehabilitation		
Learning, work and skill activities		

## ▶ Royal Decree of Prisoners and Detainees Rights Commission

**DECREE NO. (61) OF 2013  
on the Formation and Functions of the  
Commission for the Rights of Prisoners and Detainees**

We, Hamad Bin Isa Al Khalifa, King of Bahrain

Having reviewed the Constitution,

The Prisons Code of 1964,

Public Security Forces Law, issued by Legislative Decree No. (3) of 1982, as amended,

Legislative Decree No. (4) of 1998 to accede to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted by the General Assembly of the United Nations on 10 December 1984, as amended by Legislative Decree No. (34) of 1999,

The Code of Criminal Procedure issued by Legislative Decree No. (46) of 2002, as amended,

Royal Order No. (46) of 2009 to establish the National Institution for Human Rights, as amended by Royal Order No. (28) of 2012,

Decree No. (27) of 2012 to establish an independent Ombudsman's Office at the Ministry of Interior, as amended by Decree No. (35) of 2013,

In consideration of the Principles of the Optional Protocol to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted by United Nations General Assembly Resolution No. (A/RES/57/199) at its session of 18.12.2002,

and as proposed by the Prime Minister,

and as approved by the Cabinet,

**We have decreed as follows:**

**Article (1)**

An independent commission named "The Commission for the Rights of Prisoners and Detainees" (referred to herein as the "Commission") shall be established to oversee prisons, detention centers, juvenile correctional facilities and other facilities where persons may be detained, such as hospitals and mental health centers, in order to assess the conditions of detention of inmates and the treatment they receive, and to ensure that they are not subjected to any form of torture, or inhuman or degrading treatment.

The Commission shall exercise its functions with total freedom, neutrality, transparency and independence.

## ▷ Appendices

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### ▷ Royal Decree of Prisoners and Detainees Rights Commission

#### **Article (2)**

The Commission shall be chaired by the Ombudsman, with members as follows:

- Three members nominated by the Ombudsman.
- Four members nominated by the National Institution for Human Rights, provided they include representation of civil society organizations.
- Two members nominated by the Supreme Judicial Council.
- Two members nominated by the Attorney General.

The Ombudsman may nominate for Commission membership two physicians, one of whom shall be a psychiatrist.

The nominated members shall be persons recognized for their competence and integrity, and shall perform their roles independently.

The formation of the Commission shall ensure representation of different segment and denominations in the Kingdom of Bahrain.

Persons selected for Commission membership shall be fully competent, reputable and of good behavior, with no prior criminal or disciplinary record for honor or breach of trust offences.

The Commission shall be formed by Royal Order for a term of three years, renewable for one additional term. The Royal Order shall specify the remuneration of Commission members.

Commission members shall serve and perform the functions in their personal capacity, and shall enjoy the privileges and guarantees required for independently fulfilling the Commission's mandate.

A member of the Commission may be removed by resolution of the Chairman of the Commission based on a majority vote of the members, if such member is determined to be in breach of his/her membership obligations, fails to carry out his/her duties, or for any other reason affecting his/her ability to carry out his/her duties or gain confidence in his/her person.

If a seat on the Commission becomes vacant for any reason, a replacement member shall be appointed in the same manner, to complete the term of his/her predecessor.

## ▶ Royal Decree of Prisoners and Detainees Rights Commission

### **Article (3)**

To carry out its mandate, the Commission shall:

1. Visit inmates at prisons, detention centers, juvenile correctional facilities, and other places where persons may be detained, such as hospital and mental health institutions, and assess the conditions of their incarceration and the treatment they receive.
2. Inspect places of incarceration of the aforementioned inmates to ascertain compliance with relevant international standards.
3. Conduct interviews and speak freely with inmates at the places of their incarceration, as well as other relevant persons, to assess the nature and importance of their problems.
4. Notify authorities concerned of cases of torture, cruel, inhuman or degrading treatment as may be discovered by the Commission.
5. Present recommendations and proposals to authorities concerned on the improvement of conditions of inmates and the treatment they receive.

### **Article (4)**

The Commission shall itself determine the method it follows in the performance of its functions, freely and without any interference by any entity. It shall determine the right time to visit, announced and unannounced, inmates and detainees at the places of their incarceration, and check the legality of their status and assess the treatment they receive, as well as verify that they are not subjected to any form of torture, or inhuman or degrading treatment, in compliance with International Human Rights Standards.

Persons who provide information to the Commission may not be subjected to any form of punishment because of that information.

### **Article (5)**

Officers in charge of prisons, detention centers and other places referred to in Article (1) hereof, shall enable the Commission to carry out its functions, and shall provide it with information on inmates and detainees as it may require.

### **Article (6)**

The Commission shall meet at least once every month and when required, by invitation from its Chairman.

The quorum requirements of the Commission shall be satisfied with the attendance of the majority of its members, provided the attendees include the Chairman of the Commission. The

## ▷ Appendices

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### ▷ Royal Decree of Prisoners and Detainees Rights Commission

Commission's resolutions shall be issued by majority vote of the members present. The Chairman of the Commission shall have a casting vote.

The Commission may invite persons to attend its meetings as it deems necessary to benefit from their opinions or expertise in the subject matter under review or discussion, but without allowing such persons the right to vote.

#### **Article (7)**

The Commission shall have an administrative staff consisting of a sufficient number of employees to be appointed by a resolution of the Chairman of the Commission.

The Commission shall develop a regulation to for its technical, administrative and financial activities, to be issued by the Chairman with the majority consent of its members. The Commission shall also develop a code of conduct for its members and staff, including no conflict of interest provisions.

#### **Article (8)**

Except for reports prepared by the Commission, the Commission and its staff shall safeguard the confidentiality of information and findings of the Commission.

#### **Article (9)**

Sufficient funds shall be allocated to the Commission, included in the budget funds of the Office of the Ombudsman.

#### **Article (10)**

The Commission shall prepare a report following each visit it conducts to prisons, jails and other places referred to in Article (1) hereof. Such report shall include recommendations on the conditions of inmates and detainees, and preventive measures designed to improve their conditions. The draft report shall be presented to the authorities concerned, which will be required to respond to its contents within a reasonable time period to be agreed upon between the Commission and the concerned authority.

The Commission shall also prepare an annual report on its efforts, activities and other business, containing proposals and recommendations within its jurisdiction. The report shall also show the good practices as determined by the Commission, and any comments or performance discrepancies, and solutions implemented to avoid them. The Commission shall submit its annual report to the Cabinet.

The Commission shall ensure, in its reports and recommendations, compliance with United Nations rules on prevention of torture and other forms of degrading treatment, as well as international rules related to human rights.

## ▶ Royal Decree of Prisoners and Detainees Rights Commission

All reports shall be published in the manner deemed appropriate by the Commission.

### **Article (11)**

This Decree shall go into effect as of the date of its issue, and shall be published in the official gazette.

**King of Bahrain**  
**Hamad bin Isa Al Khalifa**

**Prime Minister**  
**Khalifa bin Salman Al Khalifa**

Issued at Riffa Palace:  
Date: 26<sup>th</sup> Shawal 1434H  
Corresponding to: 2<sup>nd</sup> September 2013G