



PUBLIC DEFENDER OF GEORGIA
საქართველოს სახალხო დამცველი

National Preventive Mechanism

Report on the Visit to Prison N2

(21-22 October 2014)

1. Introduction

The present document is a report on the visit undertaken by the National Preventive Mechanism of Georgia on 21-22 October 2014 to the Prison N2. During the preparation of this report, along with other materials, the technical reports of experts participating in the visit of the National Preventive Mechanism were also used. The documents acquired during the visit, as well as the reports of the members of the monitoring group, are stored in the Public Defender's Office of Georgia. The present report contains the main findings of the monitoring group and is structured in a way that will not allow the identification of the respondent prisoners in light of the confidential nature of interviews.

Prison N2 is a detention and imprisonment facility. The maximum capacity is 1,840 prisoners. There were 1,516 prisoners at the moment of the visit to the facility, including eight female and four juvenile prisoners. 57 convicts (3.7%) were employed by the Economic Department.

2. Ill-Treatment

During the visit, members of the Monitoring Group did not receive information from prisoners on the cases of physical violence by the employees of Prison N2. However, in 2014, there were three cases referred by the Public Defender of Georgia to the Chief Prosecutor's Office of Georgia to investigate alleged facts of ill-treatment. During the visit, there was only one prisoner, transferred from Prison N8 to Prison N2, who stated that on the 27 September 2014, he was beaten by the employees of the Security Office of Prison N8. According to his explanation, due to the psychological pressure, he had declared to the medical personnel that the injuries on his body were self-inflicted. The prisoner refused to communicate this information to the investigative body.

3. Security

During the visit, particular attention was paid to the security situation in the facility, and specifics of the operation of the security service, namely, to the practice of applying security measures.

Security includes: the prevention of violence among prisoners, fire, and other emergency situations, providing a safe working environment for prisoners and staff of the facility, as well as prevention of suicide and self-harm. To ensure a crucial goal of security, one of the optimal means is putting into practice the so-called "dynamic security" concept. The concept of "dynamic security" implies ensuring a positive relationship between the personnel of the facility and the prisoners under the conditions of just treatment, as well as access to activities that are aimed at their re-socialization and future integration into society. According to the UN Prison Incident Management Handbook, the personnel of the penitentiary facility should realize that fair and humane treatment of prisoners enhances the security and good order of a prison¹ During the visit, logbook of the Telephonograms, sent to the Penitentiary Department from Prison N2, was examined. It was ascertained that from January to 22 October 2014, there were 396 messages sent on facts of

¹ United Nations, Prison Incident Management Handbook, 2013, p21-22

self-harm by prisoners; 182 messages were sent on the admission of persons to the facility with injuries, and there were 50 cases of attempted suicide. Based on the analysis of information from various sources, it was ascertained that facts of physical conflicts among the convicts in the cells happen frequently.

Under Article 54(1) of the Imprisonment Code, in the case of probable cause, the administration is authorized to carry out surveillance and control through visual or electronic means in view of security interests of the defendants/convicts or other persons and other legal interests – for preventing suicide, self harm, violence towards himself or other persons, damage of property, as well as other offenses and violations. Electronic surveillance is carried out through audio and video means and other technical means of control. The administration is authorized to carry out recording of surveillance and control through electronic means, and of information acquired through these processes. Paragraph four of this article states explicitly that the decision on implementation on visual or electronic surveillance and control is taken in the case if the application of other means is not effective. The adopted decision should be reasoned and proportional to its goal.

Unfortunately, the National Preventive Mechanism does not have the authority to thoroughly study the practice of the implementation of the surveillance through electronic means, as the decision on surveillance through electronic means contains a small amount of information and is standardized, while any operative information that may serve as a ground for such a decision is inaccessible for the National Preventive Mechanism on the grounds of having a secret nature. Despite this fact, excessive practice of electronic surveillance on one hand, and the standard nature of decisions on the other hand, raise legitimate doubts on the proportionality of this measure and on whether surveillance is used in all necessary situations. It is noteworthy that there are 21 cells equipped with surveillance cameras in Prison N2. Three of these cells are in the medical division. Prisoners who are in isolation for security purposes, and who are placed under electronic monitoring, are on the fourth floor of building C. The Monitoring Group was not able to hear any persuasive answer as to what was the plan to handle the problems of these prisoners.

According to Article 57¹ of the Imprisonment Code, the following special means can be applied against a defendant/convict: handcuffs, straightjacket, restraining chair, restraining bed, rubber baton, tear gas, pepper spray, non-lethal weapon, acoustic means, light and sound device for psychological influence, water cannon, and trained dogs.²

The Monitoring Group ascertained that out of these special means, only handcuffs are used in Prison N2. According to the Head of the Security Office of Prison N2, there are no other special means available in the facility. It is noteworthy that according to the employees of Prison N2, handcuffs are used (for up to two hours), even in those cases when a person is placed in the cell alone to prevent self-harm or damage to others health. We consider such measures to be unjustified and disproportional to the aim pursued. It is also important that the Ministry of Corrections adopts all the necessary measures to ensure that applying handcuffs does not transform in routine practice.

² This amendment of the Law entered into force on 1 August 2014.³

Recommendation to the Minister of Corrections:

- 1. Ensure long term professional training of Prison N2, as well as ensure that they are duly informed about the scope of competencies, applicable punishment for ill-treatment, abuse of powers, misuse of powers, neglect of official duties, as well as about the applicable liability for the failure to perform official duties**
- 2. Determine, with the respective order, the reasonable period for storage of recordings made by the video surveillance system, and ensure unhindered access of members of the National Preventive Mechanism to these recordings**
- 3. Take all the necessary measures to ensure that surveillance through electronic means is carried out only in cases where other means are inefficient and for the duration which is strictly necessary in view of the specific circumstance, as well as to ensure due reasoning of decisions on the implementation of electronic monitoring**
- 4. Study the practice of functioning of the Security Office of Prison N2 and take all the necessary measures to ensure security in the facility, including through appropriate training of the facility employees and capacity building for the identification of violence risk factors**
- 5. Take all the necessary measures to ensure the identification and punishment of responsible persons in case of violence among prisoners, as well as the commission of other crimes by prisoners**
- 6. Take all the necessary measures to ensure that the use of handcuffs is not a routine practice**
- 7. Take all due measures to ensure the implementation of dynamic security in practice**

4. Conditions of Confinement

4.1. Physical Environment

There are eight cells and a shower room in the quarantine section. There are central heating and ventilation systems installed in the shower room. In general, conditions in the cells are satisfactory; however, the area per prisoner is less than four square meters. All the cells are nearly identical (area of each cell amounts to approximately 15.3 square meters), and are determined for the placement of six prisoners. In the majority of cells, four or five prisoners are placed. There is sufficient daylight in the cells, and artificial lighting is also satisfactory. The ventilation system works well. There are two-story iron beds, individual wardrobes, table, and chairs in the cells. There is a separate sanitary and hygienic point in the cells. There is central heating in the cells.

In the residential buildings, the area determined per prisoner is less than four square meters in the cells. There is sufficient daylight and artificial lighting in the cells. The ventilation system malfunctions; only the fan works in the toilet. There are two-storied beds, individual wardrobes, table, and chairs in the cells. Prisoners have a television set in the cells. There is a separate sanitary and hygienic point in the cells. Prisoners can shower twice a week.

During the visit, the physical environment in the female division (Building E) of Prison N2 was examined. There are four cells in the division, each of them determined for six prisoners. There are concrete floors in the cells, and a central heating system is installed. There is a constant supply of water. There is a separate sanitary and hygienic point in the cells. Female prisoners can shower three times per week, and every day in the summer. Female prisoners have a television and radio set in the cells. During the visit, there were eight defendant women placed in two cells. There is a problem of access to the items of personnel hygiene for female prisoners in the facility.

In the juvenile division of Prison N2, there are five cells, two classrooms, one exercise room, common office of psychologist and social worker, and one shower room. There were four juvenile prisoners in the division during the visit. Two of them were remand prisoners, and two - were convicts.

There are two, two-storied beds, one iron table, and two iron chairs without a back in the cells; there is also a television and radio set. There are concrete floors in the cells. A central heating system is installed in the cells. There is a constant supply of water. There is a separate sanitary and hygienic point in the cells. Juvenile prisoners can shower three times per week, and every day in the summer. Their families provide the beddings.

The area of solitary confinement cells, excluding solitary confinement cells in Building D, amounts to 4.5-5.5 square meters. There is a bed made out of boards, chair, and table in the cells. A central heating system and ventilation system is installed in the cells. Lighting is satisfactory. The toilet is partially separated in the cell. Sanitary and hygienic situation is not satisfactory in the cell. The cells are narrow. In some of the cells, there are surveillance cameras installed. It is noteworthy that the area of 16 solitary confinement cells, located in Building D, amounts to 11 square meters. Therefore, conditions in these cells are relatively better. Despite this, the solitary confinement cells are used only for placing prisoners who are inmates of building D. In light of the unsatisfactory conditions in the solitary confinement cells of other building of the facility, the Monitoring Group considers that in all cases when persons are placed in solitary confinement as a disciplinary sanction, only solitary confinement cells of Building D should be used.

Recommendations to the Director of the Prison N2:

- 1. Ensure female prisoners have all the items necessary for personal hygiene**
- 2. Create conditions that comply with respect of human dignity in solitary confinement cells; temporarily, use only solitary confinement cells of Building D for placement under solitary confinement, as a disciplinary sanction**

Recommendation to the Chairman of the Penitentiary Department:

- 1. Ensure all the prisoners with area of four square meters**
- 2. Ensure proper ventilation in all buildings of the facility.**

4.2. Daily Schedule and Program of Activities

Building A has 24 yards to walk (18 square meters), building C has 15 yards (18 square meter), and building D has 36 yards (23 square meters). The yards are partially covered from above, and there are long wooden benches and trash-cans inside. There are also surveillance cameras installed. Prisoners are in the open air every day for one hour. Juvenile prisoners can exercise every day.

Recommendation to the Director of the Prison N2:

- **Take all the necessary measures to ensure that the prisoners are in the open air longer than one hour during the day**

Recommendation to the Chairman of the Penitentiary Department:

1. **Create conditions necessary for sport activities in the facility**

There are nine social workers, two psychologists, and one lawyer in the Social Department of the Facility. The Social Department has developed a questionnaire to identify the needs of the prisoners. According to the employees of the Social Department, there is a problem of lack of interpreters, which makes it impossible to communicate with prisoners who cannot speak Georgian. The employees of the social Department of the facility have no access to electronic legislative databases.

There are two psychologists employed in the facility. There are no working conditions provided for the psychologists. Psychologists have to converse with prisoners mostly in the library or investigative rooms, where it is impossible to provide a comfortable atmosphere for the prisoners. Two psychologists have individual desks; however, they have only one computer. The major part of the working time of psychologists is devoted to preparing the characterizations for early release from imprisonment, which negatively affects the process of psychological rehabilitation.

There are a number of non-governmental organizations that work in the facility for rehabilitation. Rehabilitation programs are carried out for groups of 15-20 persons. The participants are selected according to their will. It is noteworthy that no courses were provided for the minorities present in the facility.

The daily schedule of juveniles includes exercise (if they wish so), and educational activities. Each prisoner meets a social worker, as well as a psychologist, every day, and they draft individual plans. Four times per week, two teachers come to the facility and provide juvenile prisoners with lessons on technical and humanitarian subjects. According to the explanation of the social worker, participation level is low. There is also minimal interest in art therapy provided as part of re-socialization.

Data on the activities carried out in the facility is provided in the table below.

N	Month	Activity	Number of Participants
1.	January	1. Lecture on the topic: "Problem of authorship by William Shakespeare and General Analysis of his works".	13
		Sport activity – table tennis	8
2.	February	Artisan education, wood carving	13
		Art-therapy	17 (juveniles)
		Competition – the best five essays	6
		Study of hymns	12
		English language	9
		Project: "Psychological talks behind the bars"	7
		Training on legal issues	7
		Sport activity – table tennis	15
3.	March	Artisan education, wood carving	13
		Art-therapy	17 (juveniles)
		Competition – best five essays	8
		English language	10

		Project: "Psychological talks behind the bars"	8
		Intellectual game - What? Where? How?	24
4.		Artisan education, wood carving	13
		Art-therapy	10 (juveniles)
		Competition – five best essays	8
		Study of hymns	12
		English language (end of the program)	10
		Project: "Psychological talks behind the bars"	8
5.	May	Artisan education, wood carving	10
		Art-therapy	6 (juveniles)
		Competition – five best essays	6
		Study of hymns	12
		English language (new group)	8
		Project: "Psychological talks behind the bars"	7
6.	June	Artisan education, wood carving	10
		Art-therapy	4 (juveniles)
		English language	7
		Training on legal issues	7
		Sport activity – table tennis	14
7.	July	Artisan education, wood carving	10
		Art-therapy	4 (juveniles)
		English language	10
		Project: "Psychological talks behind the bars"	4
		Sport activity – table tennis	6
		Chess competition	10
8.	August	Art-therapy	6 (juveniles)
		Sport activity – table tennis	6
9.	September	Artisan education, wood carving	9
		Art-therapy	3
		Training for the profession of hotel management	14

Analysis of the data in the table shows that the level of participation of prisoners in the rehabilitation activities in Prison N2 is very low (mostly, prisoners who are employed by the Economic Department are participating). It is also noteworthy that the rehabilitation activities are not diverse. The frequency and diversity of sport activities are unsatisfactory as well. Therefore, it is important to offer interesting activities to prisoners; incentives should be used more often for

higher participation in these activities. It is also important to consider the peculiarities of the rehabilitation of women and juveniles.

Recommendation to the Director of the Prison N2:

1. Take all the necessary measures to provide the Social Department of the facility with the maximum opportunity to plan and carry out various activities with the participation of the prisoners. Consider the sphere of interests of prisoners while planning such activities. Ensure the diversity of the offered activities
2. Create proper working conditions for the psychologists employed in the Social Department of the Facility
3. In order to achieve a higher involvement of prisoners in rehabilitation activities, use forms of incentives more often, including the provision of right to additional long-term and short-term visits

Recommendation to the Minister of Corrections:

1. Add one more psychologist to the approved list of staff of the Social Department of the Prison N2
2. Ensure the prisoners that cannot speak Georgian with the assistance of an interpreter in the case of necessity
3. Take all necessary measures to provide the Social Department of Prison N2 with material and technical resources to reinforce rehabilitation activities in the facility

5. Health Care and the Role of Medical Personnel

The right to health care is an inclusive right.³ It includes right to safe water and adequate sanitary conditions, safe foodstuff, adequate nutrition and housing, safe work and environment, health-related education and information, and gender equality.

The right to health care also includes the right of not being subjected to medical procedures without his or her consent, and to torture and other cruel, inhumane, or degrading treatment or punishment. In view of the substance of the right to health, a person should have access to the health care system, to prevention, treatment and control of diseases, to medicines, to reproductive health, to the main services of health care (equally and promptly), to health-related information and education. The services of the health care system should be available, acceptable, and of good quality.⁴

³ Right to Health, Fact Sheet No. 31, Office of the United Nations High Commissioner for Human Rights and World Health Organization, available at <http://www.ohchr.org/Documents/Publications/Factsheet31.pdf> [last visit on 31.05.2014].

⁴ General comment N° 14 (2000) on the right to health, adopted by the Committee on Economic, Social and Cultural Rights.

5.1. Nutrition and Drinking Water

During the visit, the foodstuff expiry dates present in the kitchen were checked. There was no violation found. With respect to the quality of food, prisoners did not voice any substantial complaints, except for some prisoners stating that the food was not diverse, and it was important to have the opportunity to buy additional foodstuff. Prisoners stated that they are discontent with the scarcity of available products in the facility shop. Members of the Monitoring Group examined the diversity of the products present in the shop, and it was found that the facility shop is not properly supplied with products. The company “GMM” carries out the supply of the facility shop.

Recommendation to the Minister of Corrections:

- **Study the issue of the supply of the Prison N2 shop with the demanded products, and take all necessary measures to ensure that the shop is properly supplied with products**

5.2. Access to Medical Care

There are ten wards in the medical unit of the facility with the maximum capacity of 34 patients. During the visit, there were 25 patients placed in the facility. There is a surgical unit in the medical unit. The medical and assisting personnel of the facility includes the chief doctor, three primary health care doctors, five on call doctors, one doctor for those on hunger strike, one dentist, eight nurses, and one pharmacist. The primary health care doctors are present during the day hours in the facility each day except for the weekends. The on call doctors are on duty once every four days. There is one on call doctor always present in the facility. During the day four nurses serve the facility and during the night hours – two nurses.

During the visit, the Monitoring Group checked medical documents. The examination demonstrated that the consultation provided by the invited specialists’ doctors are not duly recorded. It also common that the date of the registration of the prisoner for an appointment with a specialist is not indicated. Hence, it is impossible to ascertain the waiting period.

In certain cases, it is clear that medical services are delayed. For example, one patient had an “Elizarov” device as a fixture for broken bones on his lower left leg for two months. Despite the entry of 1 September 2014 in the medical documents, which recommended a consultation with traumatologist after one month, the patient was not provided a consultation even after two months.

The patient had undergone x-ray examination the previous week, however, the results of the test were not communicated to him.

There is one dentist in the facility that works each day and serves 25-30 patients. The dentist has no assistant. According to the dentist, in view of the fact that dentist's office is located in the Southern part of the building, and there is no conditioner installed in the office. Working with this workload, particularly in the hot summer period inflicts extreme discomfort to him.

There is a problem of having access to the doctor in the facility that has a negative effect on the provision of prompt medical services to prisoners. There are 500 prisoners⁵ per one primary health care doctor, whereas only one on call doctor serves the entire facility. The number of nurses is also clearly insufficient. The Monitoring Group has revealed the newly established practice of provision of medical services to prisoners. In order to receive medical service, a prisoner has to write an application on the need for medical service, and give it to the on call controller. The latter submits the letters collected throughout the day to the chancellery, who forwards the applications to the facility doctor after their registration. The on call controller submits an application to the chancellery immediately only in urgent cases. However, it is not clear how the on call controller determines the urgency of cases when he has no medical training. The above-described procedure forms an additional barrier in the process of providing medical services, and at the same time, violates the principle of confidentiality, which should be immediately eradicated.

During the visit, it was also found that the degree of awareness of the prisoners about medical services is low. Often, prisoners are not provided information about medical referrals, which leads to an additional tension between prisoners and medical personnel. There are problems in the facility from the perspective of protecting women's health. Namely, there is no gynecologist in the facility. The gynecologist is invited from the civil sector medical facility. It is important that medical personnel employed in the facility undergo training on the issues of women's health.

The Monitoring Group ascertained that there are certain delays from the perspective of the supply of medicines to the facility. Some medicines, such as "No-Spa" and "Zinat", which were indicated in the list of medicines, were not available.

There is a suicide prevention program operated in the facility. At the time of the visit, there was only one prisoner involved in it, while the Monitoring Group received information of 50 cases of attempted suicide in the facility. It is clear that activities for the prevention of suicide in prison N2 are not sufficient. The prompt provision of adequate psychiatric care is also problematic.

⁵ According to the European Committee for the Prevention of Torture, the prisoner to doctor ratio should not exceed 300 to 1 doctor, and 50 prisoners to one nurse, as a rule. The report of the European Convention for the Prevention of Torture, on the visit of 2007 to Greece, paragraph 52, available in English at <http://www.cpt.coe.int/documents/grc/2008-03-inf-eng.htm> [Last visit 14.12.2014].

Recommendation to the Minister of Corrections:

1. **Ensure the proper amount of doctors and nurses in Prison N2**
2. **Add one more position of dentist to the Facility Staff. Provide the dentist with assistant and proper working conditions**
3. **Eradicate the flawed practice of requesting medical service through a written application of the prisoner. Ensure the prisoners with prompt and adequate medical services, as well as with respect of the principle of confidentiality**
4. **Provide female prisoners with gender specific medical services. Provide training for medical personnel of the facility on women's health issues**
5. **Take all the necessary measures to ensure prompt supply of the facility with all the medicines indicated in the list of medicines**
6. **Take all the necessary measures for the thorough processing of medical documents by the medical personnel, and ensure the continuity of medical services**
7. **Ensure prompt provision of adequate psychiatric care to the prisoners placed in prison N2**
8. **In light of the frequent cases of suicide, problems of the excessive use of psychotropic drugs, mental health and substance dependence, reinforce the efforts for suicide prevention**

5.3. Documentation and Communication of Injuries

During the visit, the Injury logbook of remand prisoners/convicts was checked. As a result of examination, it was found that the Injury logbook was not thoroughly processed. The following flows were identified:

1. In some cases, injury is not thoroughly described;
2. In certain cases, the cause of the injury is not indicated;
3. Mostly the signature of the prisoner is missing;
4. In certain cases, the nature and location of the injury is not consistent with the indicated cause of injury.

Recommendation to the Ministry of Corrections:

- **Take all reasonable measures, including the provision of appropriate training and instructions, so that medical personnel thoroughly document the physical injuries of the prisoners**

6. Regime, Disciplinary Liability, and Incentive

According to European Prison Rules, disciplinary procedures should be mechanisms of the last resort.⁶ Prison authorities should use all the mechanisms of mediation to resolve disputes with and among prisoners.⁷ The severity of any punishment should be proportionate to the offence.⁸ Collective punishments and corporal punishment, punishment by placing in a dark cell, and all other forms of inhuman or degrading punishment should be prohibited.⁹ Punishment should not include a total prohibition on family contact.¹⁰

During the visit, the Monitoring Group gave particular attention to the practice of disciplinary sanctions. As a result of the examination, it was found that in the majority of cases (61.9%), placing prisoners in solitary confinement was used as a disciplinary sanction; according to Article 88(1) of the Imprisonment Code, this measure should be used only in exceptional cases. The data on the application of sanctions by months is provided in the table below.

N	Month	Solitary Confinement Cell	Other sanction	Incentive
1.	January	7	1	0
2.	February	4	5	1
3.	March	10	2	0
4.	April	21	6	1
5.	May	10	12	2
6.	June	7	9	4
7.	July	10	7	3
8.	August	14	7	3
9.	September	18	14	22
		Total: 101 (61,9 %)	Total: 62 (38,1 %)	Total: 36

As a result of the examination of the documentation of placing prisoners in solitary confinement, it was ascertained that there were 19 cases of placing individuals in solitary confinement for 20 days, which is the maximal term of this sanction according the prison Code. There were 28 cases the early release of prisoners from solitary confinement that was due to the conclusion of the doctor in 21 cases. It is also noteworthy that in the period from 1 October to 22 October, there were nine

⁶ European Prison Rules, Rule 56.1

⁷ Ibid., Rule 56.2

⁸ Ibid., Rule 60.2

⁹ Ibid., Rule 60.3

¹⁰ Ibid., Rule 60.4

cases of placement of individuals under solitary confinement, as a disciplinary sanction, which is a lower number compared to the data of the previous month (18 cases).

The employees of Prison N2 explained the increasing practice of placing individuals under solitary confinement as a disciplinary sanction by the ineffectiveness of other disciplinary sanctions. The analysis of this explanation, together with the analysis of practice of application of sanctions, makes it clear that there are problems related to the application of disciplinary sanctions in line with the principle of proportionality in Prison N2. Moreover, the practice of early release of convicts from solitary confinement based on the conclusion of a doctor demonstrates the negative effect that this disciplinary sanction may have on the health of the prisoner, on the one hand. On the other hand, it indicates the participation of the doctor in the process of executing the above mentioned disciplinary sanction of prisoners. This may have a negative effect on the reputation of the medical personnel and may conflict with the professional ethics of medical personnel.

Recommendation to the Director of Prison N2:

- **While imposing a disciplinary sanction, act in line with the principle of proportionality and use placement of individuals in solitary confinement only in exceptional cases**

Recommendation to the Minister of Corrections:

- **Study the increasing practice of applying the placement of individuals in solitary confinement as a disciplinary sanction in Prison N2 and take all reasonable measures to ensure the proportional application of disciplinary sanctions**

7. Contact with the Outside World

The European Committee for the Prevention of Torture gives particular attention to the presence of ties to the outside world to each person who is deprived of liberty. According to the Committee, “The guideline is to foster the maintenance of ties with the outside world; any restriction of any such ties should be based on serious security considerations and problems related to available material resources”.¹¹

In Prison N2, short-term visits are carried out across the glass partition barriers. A prisoner is deprived of any possibility of physical contact with family members. Exercising the right of visit of

¹¹ The European Committee for the Prevention of Torture and Inhumane or Degrading Treatment and Punishment (CPT). Operative parts of the joint reports of the European Committee for the Prevention of Torture. Strasbourg 18 August 2000. Ad. 37.

family member is hindered by the fact that place of residence of the family is not considered during the allocation of prisoners. The prisoners who are transferred from Eastern Georgia to the facility mostly encounter the problems of exercising the right to visit. The prisoners transferred from Eastern Georgia also encounter problems in regards to meeting with their attorneys. There were 493 long-term visits carried out in Prison N2 from 1 January – 22 October 2014.

Recommendation to the Minister of Corrections:

- **Ensure the implementation of short-term visits without the glass partition**

Recommendation to the Chairman of the Penitentiary Department:

- **While taking the decision on allocating a prisoner to Prison N3, consider the place of residence of the prisoners' family members in order to ensure an unhindered exercise of the right to visit**