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vulnerable groups



# HEALTHCARE IN THE PENAL SYSTEM

ANALYSIS OF THE POLICY DOCUMENTS

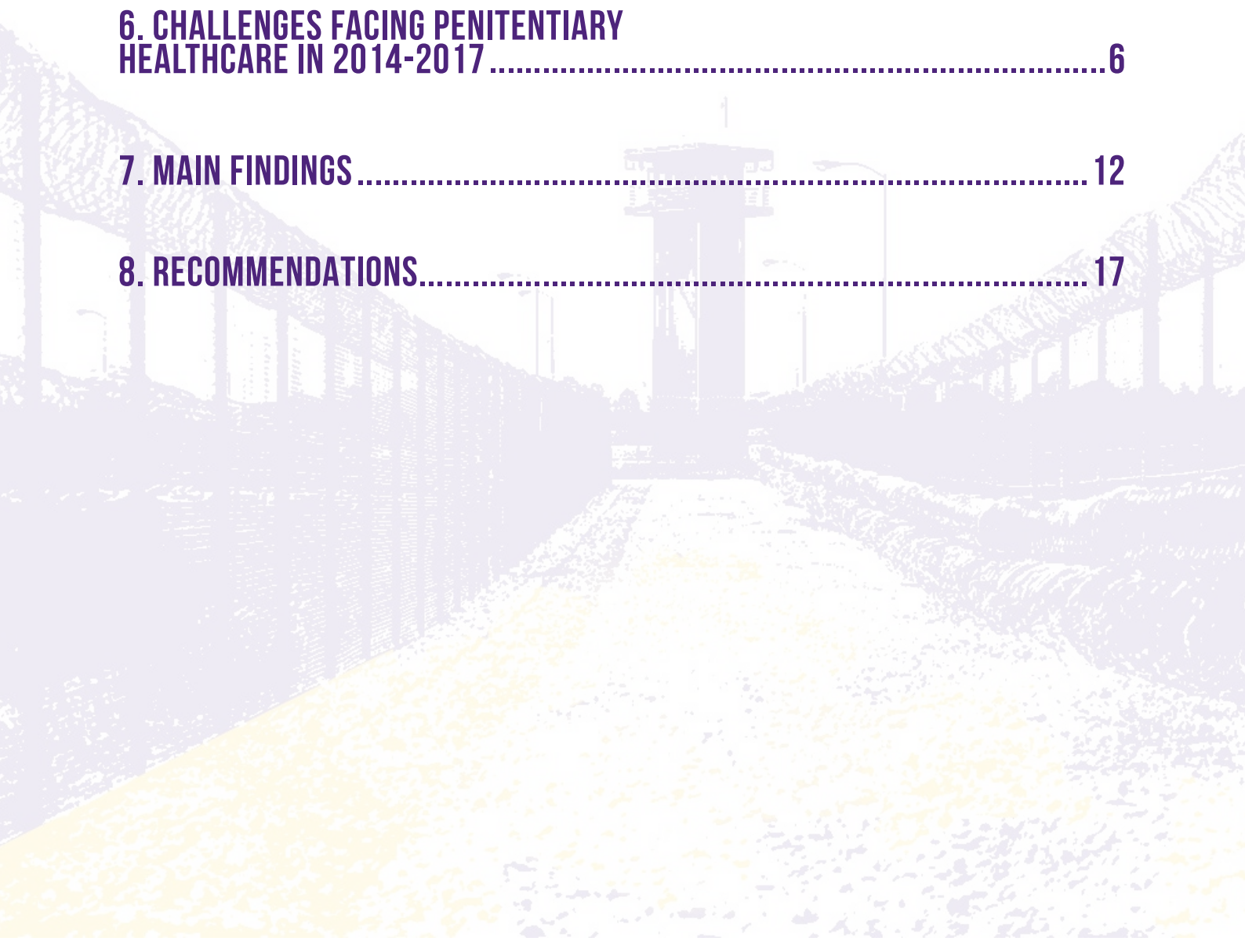
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<b>1. INTRODUCTION.....</b>	<b>4</b>
<b>2. THE AIM OF RESEARCH .....</b>	<b>5</b>
<b>3. THE OBJECTIVE OF THE RESEARCH.....</b>	<b>5</b>
<b>4. RESEARCH METHODOLOGY .....</b>	<b>5</b>
<b>5. RESEARCH LIMITATION .....</b>	<b>6</b>
<b>6. CHALLENGES FACING PENITENTIARY HEALTHCARE IN 2014-2017 .....</b>	<b>6</b>
<b>7. MAIN FINDINGS .....</b>	<b>12</b>
<b>8. RECOMMENDATIONS.....</b>	<b>17</b>





## 1. INTRODUCTION

Throughout years penitentiary healthcare remains to be one of the main challenges among the problems existing in the penitentiary system. Documents of Georgia-EU association agenda indicate significance of penitentiary healthcare.

The Georgia-EU association agenda 2014-2016 and priorities of 2017-2020 define the obligation of Georgia to make steps with the view of improving the system of penitentiary healthcare. To be more specific:

The Georgia-EU association agenda for 2014-2016 envisages “Strengthening the effort in respect with improving availability of medical service for the prisoners and healthcare in the corrections system. Developing skills of medical personnel working for closed establishments and similar ones and enabling them to take part in rebuking severe treatment and providing respective information to competent bodies”.<sup>1</sup>

A similar priority is defined in the Georgia-EU association agenda for 2017-2020: “Extending existing efforts with the view of healthcare availability for the system of penitentiary healthcare and prisoners, including, improving care about mental health as well as developing capabilities of medical personnel working closed establishments or for them and equipping them with their respective rights with the view of condemning severe treatment by them and encouraging giving information”.<sup>2</sup>

The above-mentioned obligations got reflected in state policy documents, strategies and action plans – **National strategy of human rights of Georgia 2014-2020** defines as one of its priority strategic directions “Formation of mechanisms of the system commensurate with international standards and care of former prisoners ” the aim of which is establishment of the system of corrections and probation commensurate with international standards, further improvement of conditions at penitentiary and probation establishments, ensuring timely and efficient medical services for prisoners, supporting the process of re-socialization of the convicted individuals and former prisoners. The actuality of the penitentiary healthcare is reflected in objectives as well: d) providing persons at corrections and probation establishments with adequate medical services. <sup>3</sup>

To achieve the goals set by the national strategy, the government action plan of human rights of Georgia was developed (for the years of 2014-2015), which defines specific works to be carried out for implementing the mentioned aims, terms of fulfilling them, indicators and responsible institutions for their implementation. After the expiry of the term of the action plan of 2014-2015, based on the mentioned criteria, the government action plan of protecting human rights was developed (for 2016-2017 and 2018-20) and at the same time additionally the healthcare development strategy of 2014-2017 of corrections establishments was additionally designed.

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<sup>1</sup> Georgia-EU Association agenda for 2014-2016, p.8.

<sup>2</sup> Georgia-EU Association agenda for 2017-2020, p.19.

<sup>3</sup> National Strategy of Human Rights Protection of Georgia for 2014-2020. p.13.

## 2. THE AIM OF RESEARCH

Assessing the planning and implementation process of the state policy of 2014-2018 of the penitentiary healthcare system reflected in the public policy documents, strategy and action plans. To study compliance of set aims and objectives with existing challenges and international recommendations, determine to what extent set activities correspond with solving the existing problems and what the dynamics and progress of complying with them are

## 3. THE OBJECTIVE OF RESEARCH

The objective of the research is:

- To assess positive and negative tendencies in respect with public policy planning;
- To assess the structure of action plans, their development and the process of complying with them;
- To develop recommendations in respect with public policy planning and implementation.

## 4. RESEARCH METHODOLOGY

The development of the system of penitentiary healthcare was developed within the scope of research based on 2014-2016 and 2017-2020 Georgia-EU association agenda and the following documents of public policy:

- National strategy of human rights protection of 2014-2020;
- Human rights protection action plans (for 2014-2015; 2016-2017; 2018-2020);
- Healthcare development strategy of the corrections system for 2014-2017;
- Development strategy of the penitentiary system and that of crime prevention and 2019-2020 action plan;
- CPT report on the visit made in Georgia in 2018.

Public policy documents were assessed according to the following components: relevance of components of action plans; compliance with action plans and their structure.

The survey - Development of the penitentiary healthcare in the system of the penitentiary healthcare was used along with annual reports of the national mechanism of prevention and the public defender of Georgia (2014-2018), compliance with government plans (2014-2015; 2016-2017), the report of the European Committee on Combating Torture (CPT) on the visit in Georgia.

It was assessed to what extent the used indicators match the **S.M.A.R.T** principle: (S (Specific); M (Measurable); A (Achievable); R (Realistic); T (Time-bound)).

Assessment of compliance envisaged by strategic plans was made on the basis of criteria based on principles of WHO Quality Rights Toolkit. 2012. A) the aim defined by the activity was fully achieved. b) the aim defined by the activity was partially achieved – the activity has been implemented but the process requires improvement; c) the activity is initiated – the objective is initiated, certain steps have been made to implement it but to achieve the final aim the activity requires significant improvement in this direction; d) the activity was not fulfilled. <sup>4</sup>

## 5. RESEARCH LIMITATION

In the process of implementing the survey, public information was requested from the Ministry of Justice which concerned carrying out of the activities (in some cases, objectives) reflected in public policy documents (action plans). The mentioned information will be used as the supplementary instrument for assessing the respective points of action plans. No public information was provided on behalf of the Ministry of Justice of Georgia due to which analysis was made according to other sources.

## 6. CHALLENGES FACING PENITENTIARY HEALTHCARE IN 2014-2017

During 2014-2017 the whole range of problems used to be reported in the penitentiary healthcare system which were reflected in the reports of the public defender of Georgia and the European committee of fighting against torture.

The whole range of problems was discussed in reports of 2014-2017 which concern actual issues of penitentiary healthcare: medical infrastructure and their equipment, availability of medicines; accessibility of medical personnel and medical service, quality; independence and competence of the doctor; confidentiality and informing of the patient; mental health, drug addiction and suicide; health condition of prisoners, contagious diseases; illnesses and mortality.

Despite the process which penitentiary healthcare went through in recent years, the while range of issues remains which need to be solved, including, the fact that the part of challenges remains unsettled for years and the “impressive” list of given recommendations illustrate.

Below is given the list of recommendations and proposals of the European Committee of Fighting against torture and the public defender in 2014-17, related with the penitentiary healthcare system in reports according to years.

### **Recommendations of 2014 of the committee of fighting against torture (CPT) 2014<sup>5</sup>:**

The European committee of fighting against torture calls for the authorities of Georgia to immediately take measures so that to ensure respective training for the medical personnel of the prison and provide exact instructions on making medical records;

<sup>4</sup> WHO Quality Rights Tool Kit. 2012. [https://apps.who.int/iris/bitstream/handle/10665/70927/9789241548410\\_facility\\_eng.pdf?sequence=6](https://apps.who.int/iris/bitstream/handle/10665/70927/9789241548410_facility_eng.pdf?sequence=6)

<sup>5</sup> Report to the Georgian Government on the visit to Georgia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 1 to 11 December 2014. p.48-57

If traumatic damages are reported, the record should be made in the special forms. The photo material reflecting traumatic damage should also be kept here;

The European Committee of Fighting against Torture welcomes introduction of programs of preventing suicide in Georgian prisons and the planned expansion hoping to ensure spreading of these programs in all corrections establishments;

Comments are expressed on the medical infrastructure at the 3<sup>rd</sup> establishment whereas the stock and dental appliances of the chemist's shop do not correspond with the standards;

The committee calls for the authorities of the country to develop a specific plan of full integration of the penitentiary healthcare into the system of national healthcare;

The committee against torture calls for the government of Georgia to immediately take measures so that to ensure respective training of prison healthcare personnel and giving them instruction related with making medical records. All the medical tests and investigations (including, primary medical screening and damage documents) should be confidential without non-medical personnel and conduct medical screening at the 8<sup>th</sup> establishment following respective rules.

The committee against torture gives a recommendation to improve accessibility to psychiatric service; in all penitentiary establishments of Georgia, discuss the possibility of participation of psychiatrists and psychologists to assess the condition and treatment of newly received patients; to introduce in the penitentiary system, especially, the psychiatric department of the 18<sup>th</sup> establishment methods of psycho-social treatment, excluding, pharmacological therapy; all psychiatrically ill patients who require in-patient psychiatric treatment should immediately be taken to the respective medical establishment.

Recommendations given in the **2014 report of the public defender of Georgia**<sup>6</sup>:

- To ensure compliance of the medical infrastructure of the penitentiary establishment with the standards existing in the country.
- To develop the plan of full integration of penitentiary healthcare into the national healthcare system;
- To carry out respective measures so that prisoners have unrestricted access to the medicines they are given subscriptions to and, at the same time, to ensure that upon issuing the doctors are not restricted to the medicines existing in the corrections establishment. If the patient requires, to make sure that following the agreement with the doctor, medicines with brand names are accessible to the prisoner with no impediments at the expense of the prisoner.
- To ensure in all corrections establishments the sufficient amount of doctors and nurses with the view of timely and adequate medical service provision; visit of the doctor-consultant with respective periodicity at corrections establishments; to envisage in the electronic base regulating referral when defining consecutiveness the nature and dynamics of the disease.
- To carry out change in the Decree N 55 of April 10, 2014 of the Minister of Probation and Corrections on the basis of which only the head of the medical department of corrections and probation after having consulted with head of the corrections department makes decisions on transferring to the treatment establishments of corrections and those of the civil sector;

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<sup>6</sup> Report of the public defender of Georgia on the condition of human rights and freedoms protection in Georgia in 2014, p.89-126.

to define that with the view of outpatient services, s/he is transferred. In case of incomplete investigations of the patient or the need of conducting additional investigations in the short period of time (hereinafter referred to as the days), to move this patient without waiting for the turn;

- To carry out all necessary measures to strengthen the mechanism of controlling implementation in the penitentiary civil healthcare system, introduce an efficient system of collecting statistical data and analysing them to attach more attention to the analysis of the results of statistical data in the process of developing the action plan, the process of procurement to be carried out successfully, to ensure efficient management of the procurement process and analysis of cost efficiency. When assessing the quality of service of penitentiary healthcare, pre-defined valid indicators should be used;
- To ensure screening of the condition of health of prisoners and provide those with mental health problems timely and adequate mental assistance; to provide treatment of severe mental health patients in the mental health establishment and introduce adequate out-patient services, to take all the necessary measures so that to avoid placing the prisoners with mental health problems in the solitary cell; to introduce the program of preventing the suicide in all corrections establishments;
- To introduce substitution retaining treatment of opioid dependence;
- All the patients suffering from tuberculosis, should be placed in the tuberculosis treatment and rehabilitation centre with the view of respective management of cases of tuberculosis where the measures of controlling the infection are fully followed in accordance with the guidebook of tuberculosis management; the cases of refusing to get anti-tuberculosis medicines due to side effects and accompanying illnesses should be studied. Timely treatment of diseases of tuberculosis positive patients should be ensured;
- Requirements of infection control should be fully complied with;
- Patients should be involved in the medical assistance process, including, availability of information related with preventive healthcare. To carry out full-scale medical investigation of patients minimum once a year. Special attention should be attached to screening and early stage detection of cardio-vascular and respiratory systems diseases;
- To ensure support of professional independence of medical personnel and their competence by means of fully reflecting the principles of medical ethics in the regulatory legislative framework of the corrections system, continuous professional training of medical personnel and enhancing various training modules, assessing training results sustainability and defining the mechanisms of supervision and clearly defined job description;
- To fully ensure immediate contact of prisoners and doctors without participation of the non-medical personnel, to carry out necessary measures so that to make sure that, except immediate exceptional cases, any medical investigation and consultation is carried out in the doctors' room in solitude and ensuring maximum confidentiality;
- To make the amendment in part 2 of article 24 of the code of imprisonment and define that when receiving the prisoner, the certificate of his/her health condition is kept only in the medical card of the patient;



- To make a respective amendment in the decree №01-5/6 of January 31, 2014<sup>7</sup> so that to make sure that in case of respective medical evidence, anti-virus treatment is available for the convicted individual.

Recommendations given in the **Report of 2015 of the Public Defender of Georgia**<sup>8</sup> fully repeat the ones of 2014 of the public defender of Georgia and one more recommendation is added related with the referral of prisoners: to make the amendment to the order N 55 of April 10, 2014 of the Minister of Corrections and Probation on “The rule of transferring the convicted/accused individuals to the general profile hospital, treatment facility of the convicted and accused and the rehabilitation and treatment centre of tuberculosis” and define the reasonable term of discussing the doctor’s substantiated mediation for registering the patient in the united electronic base by the medical department so that medical service is not held unjustifiable.

Recommendations given in the **Report of 2016 of the Public Defender of Georgia**<sup>9</sup>, similar to those of 2014 and 2015, stress the availability of independence of medical infrastructure and access to medicines; amount of medical personnel, consultations of medical professionals and medical referral, doctors’ independence and competence; confidentiality and informing the patient; mental health and full integration into the system of healthcare and other issues.

Attention is additionally focused on the following issues:

All the necessary measures should be carried out so that to organize in every establishment the respectively equipped X-ray room which will be provided with the individual dosimeter of controlling irradiation of both personnel and the patient. There will also be all the material/facilities for film development; to allocate in all penitentiary establishments the special room for waste which will be equipped with a large size bin, washing sink, water sewage system and maintained required temperature control;

To take respective measures so that to organize provision of medicines in a way that existing drawbacks related with provision of the penitentiary establishment with medicines are wiped out. With this view, special attention should be given to analysing the data of spending of medicines in the previous period and the results should be envisaged during both overall procurement of medicines and provision of a specific establishment;

To ensure the respective amount of assistant personnel (nurses) at the long-term care establishment N 18 of convicted and accused individuals so that patients are provided with due service;

To take all possible measures so that the ministry carries out efficient management of the process of procurement, analyses cost-efficiency and assesses the quality of services of the penitentiary healthcare services by means of pre-determined valid indicators;

To ensure support of professional independence of medical personnel and its competence by means of developing the mechanism of continuous professional training of medical personnel, enhancing various training modules, assessing sustainability of training results and supervision;

<sup>7</sup> Decree №01-5/6 of January 31, 2014 of the Minister of Labour, Health and Social Security on Approving the Program of Preventing, Diagnosing and Treating Virus Hepatitis C at the Establishment of Imprisonment and Restricting Freedom and the Rule of Implementation.

<sup>8</sup> Report of the Public Defender of Georgia, on the condition of protecting human rights and freedoms in Georgia in 2015, pp.90-118.

<sup>9</sup> Report of the Public Defender of Georgia, on the condition of protecting human rights and freedoms in Georgia in 2016, pp.171-204.

To ensure carrying out strict supervision of following the principles of ethics by the medical personnel from the side of the division of regulation of medical activities of the medical department of the Ministry of Corrections and Probation and adequate response to violations;

To take all the necessary measures so that to make sure that medical documentation is kept following the principle of confidentiality;

To assess efficiency of the suicide program operation so that to identify the drawbacks and with the view of wiping them out, to make respective amendments to the program;

To place all the prisoners with tuberculosis at the tuberculosis treatment and rehabilitation centre with the view of respective management of cases of tuberculosis;

Compared with previous years, certain progress is observed which is reflected in recommendations as well. For example, there are no more recommendations on introducing the suicide program in all establishments or the issues of managing the complications caused by medicines or diseases accompanying tuberculosis. Based on the dynamic nature of the process, part of recommendations of 2016 were on more specific and specified nature.

**The report of 2017 of the Public Defender of Georgia<sup>10</sup>** is provided in a structure which is different from those of previous years and focuses on only several recommendations in the direction of penitentiary healthcare:

To increase the amount of doctors and nurses envisaged by the staff unit, increase the amount of visits of invited doctor-consultants and submit information on respective progress;

To carry out screening of non-contagious diseases and the ministry to provide information on respective progress;

To provide training to the doctors employed at penitentiary establishments on documenting possible facts of not-respective treatment and submit information on respective progress.

**The Public Defender's Report of Georgia of 2018<sup>11</sup>** states that the amount of medical personnel and its qualification still present a problem in respect with penitentiary healthcare as well as maintaining respective documentation, keeping medical confidentiality, timely implementation of medical referral and the situation in respect with preventive healthcare. Problems are still observed in the field of continuous medical education. Trainings provided for medical personnel mostly concern mental health of prisoners and the issues of drug addiction and protection of rights. As for the trainings about specific field-related topics, they are held rarely. Computers in medical establishments have access to only the site of the Ministry of Labour, Health and Social Security of Georgia. Due to internet limitations, the medical personnel lacks the opportunity to obtain full, and timely information on modern methods of diagnosis and treatment, guidelines, protocols, medicines. This, obviously, is reflected on the quality of medical service.

Developing the screening instrument of individuals with mental disorders in 2018 can be considered a positive sign. Problems of keeping medical confidentiality are still observed. Despite improvement of improving the issue of timely medical referral, there are still cases when the terms

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<sup>10</sup> Report of the Public Defender of Georgia on the condition of protecting the human rights and freedoms in Georgia in 2017. p. 54.

<sup>11</sup> Report of the Public Defender of Georgia on the condition of protecting the human rights and freedoms in Georgia in 2018. p. 49.

of medical services are violated. It is worth noting here that there are patients who are registered in the united electronic base from 2016. However, in December 2018 they did not even receive medical service. Unfortunately, the amount of prisoners who died in 2018 increased. The main reason is the problem of somatic health. Special attention should be attached to screening and detection of non-contagious diseases so that the patient receives timely and adequate medical service and avoids the fatal outcome.

The issue of informing the prisoners about preventive healthcare and healthcare services in general is still a problem. The majority of prisoners has partial or no access to this information. Besides, no steps were made in 2018 in terms of informing the prisoners.

**Report of the European Committee of anti-torture fight (CPT) on the visit carried out in Georgia in 2018.<sup>12</sup>**

The report states that availability of primary and secondary healthcare and dentistry services improved. The aspect of supplying with medicines and getting access of prisoners to them also got improved. The process of supplying with medicines and providing access of prisoners to them is also positively evaluated as well as the process of screening, diagnosing and treating contagious diseases (tuberculosis, hepatitis C, and HIV infection/AIDS).

The committee positively assesses availability of consultations of doctor specialists. However, it needs to be stated here that in some cases, there are reported cases of increasing the period of waiting for various types of investigations and consultations up to one year whereas in case of surgical operations (e.g. cholecistomy, extraction of lipoma, hernia cut) - up to two years.

What still remains a problem is the issue medical confidentiality. The doctor's consultation is frequently given in presence of non-medical personnel.

The committee expresses severe concern in respect with significant deficiencies existing in the process of mental assistance. Again, the lack of doctor-psychiatrists and medical psychology specialists is reported (especially, in penitentiary establishments In 3 and N 6). Psychologists operating in the penitentiary system have no experience of medical psychology and their activity actually is limited by the definition of risks of prisoners.

It is also indicated there that the conditions and regime of placing patients with mental disorders with high probability may lead to deterioration of their condition. The process of treatment is limited by only medicine therapy. Despite a relatively improved process of moving the prisoners with mental problems to the respective in-patient establishment, in certain cases this process is still related with difficulties. There are reported cases of placing the prisoners with mental problems in the de-escalation rooms.

The committee considers that there is not national strategy developed in the country for managing prisoners with mental disorders and indicates to the necessity of creating the system of adequate mental assistance system within the penitentiary system and ensuring the help of the psychologist.

The committee again calls for the Georgian authorities to put maximum effort to improve the mental and psychological assistance. Namely, besides medicine therapy, with active participation

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<sup>12</sup> Report to the Georgian Government on the visit to Georgia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)  
<https://rm.coe.int/1680945eca?fbclid=IwAR2TMlaaB61jypRjfNjcaP7sXJFpZiuqutgPqaiaxT9jvmoConioJlsvIYY>

of psychologists to introduce other methods of treatment and ensure reducing the period of waiting at the psychiatrist's.

As for the established practice of using benzodiazepines for a long time in the process of treatment, with the view of avoiding serious complications, the committee advises to revisit the approaches and reduce the duration of using the preparations of the group of benzo-diazepam's to 8-12 weeks.

It is once again underlined in the document that the methods of treating the opioid-dependant patients in the penitentiary system should be equivalent to the methods existing in the civilian sector. This requirement corresponds with the guideline approved by the world health organization in 2009.<sup>13</sup>

The report also focuses on the problems existing in the 18<sup>th</sup> establishment of mental health - methods of treatment are extremely limited and only restricted to medicine therapy. Patients are placed in wards for 23 hours a day without TV and often the radio. Personnel are not enough. 37 patients were reported on the day of the visit who had to be taken care of by 1 nurse and 1 hospital attendant.

The anti-torture committee once again repeats its recommendation - steps were made in the 18<sup>th</sup> establishment mental health department so that a wider spectrum of psychological-therapeutic interventions is developed for the patients, especially, those ones who for a long period of time remain in the department; occupational therapy should serve as the integral part of the rehabilitation program; patients should be given the opportunity to use TV and radio. It is essential to increase the amount of nurses and ambulance persons.

The anti-torture committee states in its report again that penitentiary healthcare should be the area of responsibility of the Ministry of Refugees from Occupied Territories of Georgia, Labour, Healthcare and Social Security. It indicates the necessity of immediately starting this process so that at the background of integrating the civilian sector with that of healthcare the quality of medical service and professional independence of personnel are increased.

## 7.MAIN FINDINGS

### The government plan of human rights protection of 2014-2015

Despite actuality of the issue, the issues of penitentiary healthcare in activities defined by the government action plan of 2014-2015 will be allocated small space despite the actuality of the issue. The provided indicator is general and does not give the possibility to fully assess the intended activity. The plan did not envisage even such fundamental problems of the penitentiary healthcare system as mental health protection and prevention of the suicide.

A number of recommendations given in the 2013 report of the public defender<sup>14</sup> were not reflected in the government action plan which concerned: control of medical service quality, massive

<sup>13</sup> Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. WHO 2009. [http://apps.who.int/iris/bitstream/10665/43948/1/9789241547543\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/43948/1/9789241547543_eng.pdf).

<sup>14</sup> Report of the Public Defender of Georgia on the condition of human rights and freedoms protection in Georgia. 2013. p. 64-104.

investigation of mental health of prisoners, collecting/analysing respective statistical data and introduction of substitution therapy to opioid addiction in the penitentiary system.

## **The government plan of human rights protection of 2016-2017**

The aim set in the government action plan of human rights protection of Georgia of 2016-2017 - improving the condition of medical services of convicted individuals and the accused ones is one of the main challenges of the penitentiary system and focusing attention on it in the action plan is most welcome.

The penitentiary healthcare system should ensure availability of preventing and treating diseases as well as information about health and education. The penitentiary healthcare system should be based on such basic principles as universalism, sustainability, equivalence, cost-efficiency, and integration of penitentiary and civil healthcare systems, timely medical service adequate and equivalent to healthcare commensurate with national and internationally recognized standards.

Objectives and activities set in the action plan in respect with penitentiary healthcare are based on recommendations of international organizations and the public defender of Georgia. However, at the same time, part of challenges and recommendations facing the system was not reflected in the action plan. Therefore, actions plans do not fully resemble the challenges existing for a specific period and ways of overcoming them. Out of recommendations given in 2014-2015, it is purposeful to reflect in the action plans of 2016-2017 a number of significant ones:

The set objectives did not reflect the following recommendations given in the reports of 2014 and 2015 of the public defender of Georgia to strengthen the control mechanism of implementation into the penitentiary healthcare system the standards operating in the civilian healthcare, introduce the efficient system of collecting and analysing statistical data, attach more attention in the process of developing the action plan of penitentiary healthcare to the results of analysing statistical data, manage efficiently the process of procurement and make analysis of cost-efficiency. To use upon assessing the quality of the services of penitentiary healthcare predetermined valid indicators; with the view of providing timely and adequate medical services, to ensure in all corrections establishments sufficient amount of doctors and nurses; to develop through mutual cooperation the plan of full integration of penitentiary healthcare into the system of national healthcare. A similar recommendation is given in CPT reports of 2014 and 2018.

Objective 4.5.3. "Refining the System of Mental Health" of the government action plan of human rights protection of Georgia of 2016-2017, does not envisage such a significant activity as multidisciplinary assistance, introduction of respective psychological rehabilitation of patients and is limited by only medicine treatment. Recommendations given in the 2014 report of CPT 2014 indicates the necessity of introducing the multidisciplinary method of treatment.<sup>15</sup>

Activity 5.1.1. - "Introduction of the approved standard of penitentiary healthcare" - Activity 2 of the government action plan 4 on human rights protection of 2016-2017 does not envisage the recommendation given in the report of 2014 of the public defender - "to ensure full-scale medical investigation of patients minimum once a year. Special attention should attached to

<sup>15</sup> Report to the Georgian Government on the visit to Georgia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 1 to 11 December 2014 p.52 <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016806961f8> Accessed February 21, 2019



the mechanisms of implementing and assessing efficiency “to screening of cardio-vascular and respiratory system screening and early stage detection”.

The use of indicators of complying with the recommendation given in the same report – “Ensuring the visit of doctor-consultants with certain periodicity in corrections establishments with the view of timely and adequate service provision” is not envisaged as well.

Activity 4.5.2.1 – “Training of medical personnel on the issue of keeping confidentiality of information on training medical personnel” does not envisage the recommendation given in the 2014 report of the public defender of Georgia – “To make the amendment in part 2, article 24 of the code of imprisonment and abolish the decree according to which when receiving the prisoner in the establishment, the certificate of compulsory check of his health condition is kept in his personal (non-medical) file. The mentioned certificate in any case should be kept in the medical card of the patient”. The above-mentioned activities and its indicator do not envisage the mechanisms of control and implementation of the recommendations given in the report of 2015 of the public defender of Georgia<sup>16</sup> and that of CPT of 2014<sup>17</sup>.

The action plan contains the cases when activities are not relevant to the set objectives. For example, Activity 4.5.4.1 on developing the programs of replacing with methadone and retaining during opioid dependence - partially corresponds with objective 4.5.4 set by the action plan according to which provision of prisoners with this service has to take place. To ensure prisoners with respective medical service, it is not enough to only develop the program, steps need to be made to introduce them;

The activity 4.5.6.1 (training of employees) envisaged by the action plan will not ensure full solution of the problem set in objective 4.5.6.- ensuring healthcare availability to vulnerable groups.

The indicators used in the 2016-2017 human rights protection government action plan are general in majority of cases, they are not defined in detail and are not measurable. The indicators fail to ensure full-scale assessment of set objectives and activities. SMART principles have not been taken into consideration when developing them.

Attaining the objectives set by the government action plan of 2016-2017 of human rights protection, by indicated objectives and planned activities is possible only partially.

## Government plan of human rights protection of 2018-2020

The objective and activities set by the government plan of human rights protection of 2018-2020 do not fully reflect the challenges facing the system. The offered indicators (except the measures envisaged by the suicide prevention program and the action plan) do not allow for full-scale assessment of planned activities. The government action plan (for 2018-2020) of human rights protection placed on the official website (matsne.gov.ge) does not include the source of funding of the objective and activities of penitentiary healthcare and terms of implementing

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<sup>16</sup> To take necessary measures so that to ensure that besides urgent and exceptional cases, any medical check-up and consultation is held individually in the doctor’s room and ensuring confidentiality.

<sup>17</sup> The committee calls for the authorities of Georgia to keep to the recommendation so that if there is no immediate request on behalf of the medical personnel, all medical investigations (including, primary medical screening and damages documentation), are carried out confidentially without the non-medical personnel.

these activities. It would be desirable to make sure that the action plan is more specific and focus on the existing challenges. In respect with the depiction of the existing problems from the penitentiary healthcare point of view and planned activities, the document gives the impression that it is not finalized and, compared with previous years, is a step back.

## **Corrections system healthcare development strategy 2014-2017**

The action strategy of the corrections system of developing healthcare for 2014-2017 is comprehensive, aims and objectives set are relevant to the challenges existing within the system, reflect the challenges facing penitentiary healthcare and are mainly based on the recommendations of international organizations and the public defender of Georgia. The major part of indicators used for assessing the action plans ensures full-scale assessment of set objectives. The objectives set determined by the action strategy does not reflect the following recommendations given in the report of 2014 of the public defender: more attention should be attached to the results of analysing statistical data in the process of developing the action plan of penitentiary healthcare, the procurement process should be more efficiently manages and cost-efficiency analysis carried out. When assessing the quality of service of penitentiary healthcare, the pre-defined and valid indicators should be used; despite positive changes reported in the system, several activities as planned by the action strategy were not carried out.

## **Development action plan of 2019-2020 of developing the strategy of penitentiary and crime prevention systems**

The action plan of 2019-2020 and that of the development strategy of the penitentiary and crime prevention systems is well structured, consists of relevant and specific action activities of the challenges facing the system and the majority of the indicators defined by the specific action plan give the possibility to objectively assess the process.

It needs to be mentioned that the action plan does not envisage such an important recommendation of 2016 of the public defender of Georgia, as developing the plan of full integration into the national healthcare system of penitentiary healthcare. The activity was planned for 2014-2017 in the action strategy of developing the healthcare of the corrections system but it was not complied with.

## **Relevance of plans**

The aims, objectives and activities reflected in the documents defining the reporting period in the majority of cases were relevant and met the challenges facing the system.

When developing the action plans and strategies, in a number of cases, significant recommendations issued by international organizations and the public defender of Georgia were not taken into consideration, including, those recommendations, which are repeated in reports and surveys of various years.

## Structure of plans

When assessing action plans, it is significant that the objectives and aims are formulated with a SMART principle. Namely, each aim and activity should be **Specific** - formulated in detail and specifically and the actions to be taken should be well defined; **Measurable** - give the possibility to reflect in figures aims, objectives and activities; **Achievable** - aims and activities should be **Realistic** , which envisages that taking into consideration existing resources it should be possible to carry them out and **Time-bound** - there has to be a set deadline for complying with the activities and achieving the aims. The plan should envisage the agency responsible for a separate activity and attaining of the aim as well as the source of funding. Indicators should comply with all five conditions of SMART indicators.

Unfortunately, the “quality” of provided indicators makes evaluation of the planned process difficult.

Output indicators are mainly used in action plans and the strategy discussed by us which are substantially related with the activity (fulfilling the activity) and the outcomes of specific activities of the responsible agency; it is desirable to use more widely performance/impact indicators which substantially measure the scale of making impact of the activity on beneficiaries/target groups. It needs to be taken into consideration that assessing such indicators requires existence of respective investigations, reports and statistical data.

## Compliance outcomes

Government plans of human rights protection of 2014-2015 and 2018-2020 seem to be the weakest in terms of penitentiary healthcare in the policy defining documents. The issue of penitentiary healthcare is attached the least attention in these plans, planned activities are of general nature and do not fully reflect the problems facing the penitentiary healthcare problems and ways of overcoming them.

If taken into consideration the outcomes of complying with the plans of the reporting period, one of the key parts of the documents that define the policy is existence of mechanisms of controlling compliance with the set plans. Frequently, reports of action plans compliance lack objectivity and the status of the activities not being complied with is assessed with overwhelming optimism. The impression is left that those objective or subjective reasons are not assessed because of which this or that particular activity was not fulfilled.

The situation is complicated by the incomplete statistical data and incomplete analysis of the existing situation, challenges and recommendations when developing the plans.

Despite the comments given above, overall, the unity of policy-defining documents of 2014-2020 and the aims, objectives and activities reflected in them played a positive role in addressing the challenges facing penitentiary healthcare and supported certain amount of progress in this field.

## 8. RECOMMENDATIONS

With the view of ensuring the relevance of planned activities upon developing the strategies and action plans, to envisage the recommendations issued by the public defender of Georgia and international organizations. Special attention should be given to the recommendations which are repeated from year to year. In case of not envisaging such recommendations in plans, to prepare a substantiated reply on preventing conditions.

To analyse the legislative base and carry out the needs assessment of target groups when developing the strategy and action plans.

Indicators to be developed and objectives and activities complied with should be assessed by using the objective criteria. For example, using the **S.M.A.R.T** principles which should ensure the means of assessing the planned activity both qualitatively and quantitatively.

The performance/impact indicators were more widely used which substantially measure the scale of the impact on beneficiaries/target groups.

In case of failure to carry out the activities envisaged by the strategy and the action plan or partially doing so, to prepare a justified analysis by indicating preventive conditions and ways of fully carrying out the mentioned activity in the future or correcting it.

To refine the system of reporting and statistical record taking, provision of the material in such a way which ensures objective and full information receipt about the reforms, strategies and action plans implementation within the penitentiary system.

Together with introducing the progressive processes envisaged by strategies and action plans into the system, to assess their efficiency, to carry out their dynamic monitoring during a specific period.

