



## **Response**

### **of the Maltese Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Malta**

**from 17 to 22 September 2020**

The Maltese Government has requested the publication of this response. The CPT's report on the September 2020 visit to Malta is set out in document CPT/Inf (2021) 1.

Strasbourg, 10 March 2021

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European Committee for the Prevention of Torture and Inhuman  
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**February 2021**

## List of Abbreviations

APO	Assistant Psychological Officers
AWAS	Agency for the Welfare of Asylum Seekers
CPD	Civil Protection Department
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
DOT	Direct Observation Treatment
DS	Detention Service
HIRC	Hal Far Initial Reception Facility
HFO	Hal Far Family Open Centre
HTV	Hal Far Tent Village
HOC	Hangar Open Centre
IRC	Initial Reception Centre
MIRC	Marsa Initial Reception Centre
MHS	Malta Mental Health Services
OSU	Operational Support Unit

## **Response of the Maltese Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment on its visit to Malta from 17-22 September 2020**

The Government of Malta takes note of the CPT's findings following the ad hoc visit held on 17-22 September 2020. Malta considers its exchanges with CPT as an opportunity for constructive dialogue.

The Government of Malta would also like to take this opportunity to thank the CPT for recognising its efforts in the face of the disproportionate pressures Malta faces. In particular, the CPT made reference to the reforms that were undertaken since its last visit in 2015, such as Malta's reception strategy and the efforts to contain the spread of the Coronavirus amongst the migrant population. The CPT also acknowledged the challenges and strain being faced by Malta and its reception facilities due to the 'steadily rising number of migrants', aggravated by the COVID-19 pandemic. Indeed, Malta has received 5,686 irregular migrants in just a span of twenty four months. These figures confirm that Malta carries the responsibility of the largest share of irregular migrants per capita in the EU.

The difficulties currently being experienced, rather, result from the immense challenges that are ultimately recognised by the CPT itself. Notwithstanding these extreme pressures, the Government of Malta has constantly remained committed to meeting its international obligations and to safeguard the minimum standards in the humane and safe reception of migrants. Such commitment is manifested in the significant investment being made in the regeneration of an open migrants' facility in Hal Far which makes it possible to reduce drastically the number of migrants awaiting accommodation in the community. It is also worth pointing out that in the one month following the CPT's visit, 368 migrants were moved out of closed facilities. Transfers to open centres is an ongoing process. As of the 16<sup>th</sup> February 2021, 304 third-country nationals remain detained. This figure represents a drop of 79% in the number of persons held in closed centres at the time of the CPT's visit.

At the time of submission of feedback, only Safi is being used as a place of detention. The persons who are currently housed there are subject to return.

The Ministry for Home Affairs, National Security and Law Enforcement invested heavily in human resources, including professionals in the field of social work, to provide the best possible services to asylum seekers and the migrant population. Suffice to say that the number of professionals working with Agency for the Welfare of Asylum Seekers (AWAS) has increased from 89 in January 2019 to 211 in October 2020. The increase in the number of employees is made up of support workers, reception facility officers, psychological officers, counsellors, and psychologists.

Investment is also being made in the human resources of the DS whereby 106 new officials have been recruited and participated in induction training programme to join the existing workforce. The training is focusing on important aspects such as the rights of asylum seekers, welfare, cultural awareness, the prevention of self-harm, first aid and incident reporting, among others. The process for the recruitment of additional staff is also ongoing.

Another doctor has been recruited by the DS and is now offering another full-time service in all the centres run by DS. All blood investigations and booking of X-rays are now also being done by the DS. This has improved the efficiency of the health service and all related complaints are being seen within

the same day. During the night, health complaints are reviewed by general practitioners at the Paola Health Centre which is located a few minutes away from the Safi Detention Centre.

Works on the health clinic adjacent to C Block have been concluded and the clinic is now equipped to operate as a health centre. Medical personnel will start operating in more comfort and the system will become more centralised, including the storage of medical records. Meanwhile, medical treatment that is currently prepared in the compounds will be moved to the new clinic. Nurses on duty will be preparing medications at the clinic and will be delivered to compounds as necessary.

Nurses in the compounds are carrying out a triage and assess all medical complaints that come in during the day. During rounds the nurses will accompany one of the two general practitioners. Plans are underway to have the nurses accompanied by a medical first responder who will assist as required. The MFR will also assist in the escort of patients from the compound to the clinic in C-Block where he will be able to provide proper feedback of the incident in question.

The Ministry for Home Affairs, National Security and Law Enforcement (MHSE) has taken the observations and recommendations of the CPT very seriously. The implementation of some recommendations was in progress at the time of the visit. Works on other recommendations started immediately following the visit. In this respect, the MHSE wishes to thank the CPT for accepting to hold a follow-up meeting with the management of the Detention Service and Ministry officials on the 8<sup>th</sup> January 2021. The updates provided in the said meeting confirm that both DS and AWAS did not miss a single opportunity to take the appropriate action.

More details about the Government's efforts to address each recommendation of the CPT is available in the remaining parts of the document. Explanations are provided by means of written replies, supporting documentation and photographic evidence.

Para No.	CPT Recommendation	MT Reply
8	Reference to bi-lateral agreements with Italy	There are no formal bilateral agreements with Italy in relation to Search and Rescue and related matters. However, the Maltese authorities collaborate with Italian counterparts on an ongoing basis, including on cases of distress calls at sea.
11	<p>Overall, the CPT's delegation found a system that was struggling to cope, and which relied on a purely "containment" approach for immigration detention. Conditions of detention and associated regimes for migrants deprived of their liberty appeared to be bordering on inhuman and degrading treatment as a consequence of the institutional neglect.</p> <p>Migrants were generally locked in accommodation units with little, if any, access to time outside, in severely overcrowded spaces, and essentially forgotten for months on end. This neglect came from both the management and staff of the establishments, but also from a government policy that has not focused sufficiently on how to cope with the increasing numbers of migrant arrivals. As a result, it was detaining migrants en masse, many for unlawful and arbitrarily long periods under public health orders and others for long periods under the reception and removal orders, along with a lack of due process safeguards.</p> <p>The cumulative effect of a lack of basic rights, poor conditions and frustration at long detention periods and a lack of information on their situation, has contributed to a notable increase in escapes, attempted escapes and riots from June 2020 onwards. Further, the Detention Service, whose staff and resources were over-stretched by the crisis, also needs significantly greater investment (see Staff section).</p> <p>Indeed, the CPT considers that certain of the living conditions, regimes, lack of due process safeguards, treatment of vulnerable groups and some specific Covid-19 measures undertaken are so problematic that <u>they may well amount to inhuman and degrading treatment contrary to Article 3 of the European Convention on Human Rights.</u></p>	<p>Over the course of 2019-2020, Malta experienced a significant increase in the number migrant arrivals, which pose a challenge to the reception system. Notwithstanding these challenges, the Government of Malta reiterates its commitment against automatic detention in line with national and European Union legislation.</p> <p>DS and AWAS have worked together to fulfil the utmost priority of reducing the number of persons in closed centres. Work to address this issue has been complemented by a wide range of initiatives intended to improve the living conditions inside the closed centres.</p> <ol style="list-style-type: none"> <li>1. Access to outdoor and recreational areas is available to all migrants in closed centres.</li> <li>2. Communication with the outside world, especially international calls with family members, is possible in all section of the closed centres.</li> <li>3. Following a short disruption caused by COVID-19, persons held in closed centres may be visited by lawyers, NGOs and representatives of the communities. In fact, a new area has been designated in order to hold these visits in a</li> </ol>

		<p>more comfortable, calm and confidential environment.</p> <ol style="list-style-type: none"> <li>4. Despite the limitations caused by the high occupancy rate, refurbishing works have been ongoing to provide better and more spacious living conditions.</li> <li>5. Migrants have been housed according to protection needs. The said decision has resulted in less conflict between the migrants themselves with respect to cultural, socio-political, and religious differences. The housing of migrants according to protection needs have contributed to a more efficient service provided by professionals, including social workers and interpreters.</li> <li>6. A system of alternative reception conditions has been designed and introduced to help migrants move into the community and move newly arrived migrants in open centres.</li> <li>7. Regenerate the Hangar Open Centre to provide accommodation in open facilities in order to reduce the pressure on closed centres.</li> <li>8. Increase the efficiency of relocation and returns to alleviate the unprecedented pressure on Malta's reception system. This has not been an easy feat considering the huge barriers caused by the COVID-19 pandemic.</li> <li>9. Increase the efficiency of the asylum process, also through the support of EASO, to decrease the average processing time of the</li> </ol>
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		<p>asylum process. This objective will help migrants integrate better in society and live independently.</p> <p>Considering the above, MHSE strongly disagree with CPT on the claims about ‘a government policy that has not focused sufficiently on how to cope with the increasing numbers of migrant arrivals.’ These nine examples are just a few examples of the clear direction that the Government is heading to on irregular migration and asylum and the management of crises.</p> <p>CPT refers to attempted escapes and riots inside the closed centres. The last reported riots took place on the 18<sup>th</sup> September 2020. The use of force has only been utilised as a last resort. UNHCR officials were present on site to support the authorities during such incidents.</p> <p>It must also be pointed out that migrants in detention under reception and removal orders issued under the International Protection Act and the Immigration Act respectively have access to procedural safeguards including the possibility to appeal their detention. Measures have also been taken in order to expedite asylum appeals procedures in order to reduce waiting times at this stage.</p> <p>In view of the above points and the information that has already been submitted to the CPT, it cannot be argued that Maltese centres are characterised by ‘institutional neglect.’ Indeed, the problem is that Malta has to face an unprecedented migrant influx that by no stretch of imagination can be considered as proportionate to the country’s size and resources.</p>
19	<p><b>The CPT recommends that the Maltese authorities take measures to ensure that no more force than is strictly necessary and proportionate should be used to bring those migrants who are being violent under control.</b></p>	<p>The Government has always ensured that disciplinary action has always been taken, when required, in response to any claims of abuse. With respect to the incident which</p>



<p><b>The alleged practices as described above of shaking the perimeter fence to cause those migrants attempting to scale the fence to fall, and thereafter beating the migrants with batons, could well be considered as amounting to ill-treatment; the CPT recommends that these allegations be investigated, and wishes to receive a copy of the investigation report in due course.</b></p> <p><b>The CPT also recommends that Detention Service staff, including private security contractors, should not be equipped with batons, handcuffs or pepper spray as standard equipment, and that the above allegations of the inappropriate use of pepper spray on migrants should be investigated. It wishes to receive a copy of the investigation report in due course. In addition, custodial staff, including private security contractors, should regularly be reminded that foreign nationals should be treated with respect and that any form of deliberate ill-treatment of detained persons is unacceptable and will be punished accordingly.</b></p>	<p>took place on the 18th September 2020, it is worth pointing out that the private security guard involved has been indicted for attempted murder after the Criminal Court ruled there was enough prima facie evidence.</p> <p>Furthermore, the CPT also acknowledges that in general there are no allegations of deliberate physical ill-treatment of migrants. Therefore, the reference to ‘unnecessary use of pepper spray and the beating of staff’ is considered exaggerated and unjustified.</p> <p>Moreover, the DS has established protocols on its use which includes having all personnel trained, its use diminished and in exceptional cases when pepper spray is used, these are adequately reported, recorded, and also evaluated. As recommended by the CPT, pepper spray is now only available to the newly set-up Operational Support Unit (OSU). The OSU represents only a group of professionally trained detention officers. The latter are receiving additional training at the Academy for Disciplined Forces.</p> <p>Since the CPT visit, the DS has recruited 106 additional personal to reduce their dependence on external personal. In fact, the DS currently does not make use of private contractors to meet its security requirements. The new personnel have received training on the treatment on third country nationals in detention and the requirement to use minimum force when necessary.</p> <p>DS has taken concrete steps to increase accountability. In the last months, the management has started installing security cameras all over the perimeter and common areas of all compounds. This project has been done in tandem with a major overhaul of the control room. More personnel have been deployed and trained on how to operate the control room.</p>
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		Work has also been started to create a secure fiber optic link between each compound. The link will facilitate the real-time exchange of information between the compounds and the control room.
21	<p>The incident was captured on video footage by a Detention Services staff member; it showed at least two migrants falling back from the fence, and injuring themselves. From an analysis of the footage and interviews with investigating police, Mr A.<sup>1</sup> is seen to fall to the ground on his side, then get up and walk unaided back to the accommodation block. Review of the police report and other information clearly shows that it was not until after 8.15 a.m. (i.e. 3 hours after the injury and, reportedly, despite repeated calls for help), at the time of morning shift head count, that the attention of staff was drawn to Mr A., following which the nurse attended him and an ambulance was called. Mr A. was declared dead soon after his arrival at hospital. A magisterial inquiry has been opened into this incident.</p> <p>From the information available, the CPT cannot reassure itself that staff, including the health-care staff, had reacted sufficiently promptly when crucial help was needed to attempt to save this young man's life from the effects of suspected internal bleeding over a period of at least three hours. <b>The Committee would like to be provided with a copy of the full death certificate and, in due course, a copy of the Magistrate's report to be submitted to the Attorney General.</b></p>	<p>The Magistrate's enquiry on the case is still ongoing. The death certificate will be issued once the enquiry would be concluded. Both documents will be submitted to the CPT immediately once they are made available to the Office of the Attorney General.</p> <p>DS are giving their full support to the enquiry. Meanwhile it does not make sense to rest on unsubstantiated claims or assumptions. In this regard, the following facts must be made clear. As clearly indicated in the footage, the victim returned inside unattended when the commotion was still ongoing. Medical assistance was provided immediately once the officials and the nurses were able to enter the compound safely. First aid and basic life support was provided by nurses and DS officials who were later put under mandatory quarantine due to their exposure to the victim.</p>

<sup>1</sup> In accordance with Article 11, paragraph 3, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, the name has been deleted.

23	<p>The CPT considers that the situation found at Marsa IRC on Floors 1 and 2 shows an establishment in disarray, which has allowed a dangerous, and potential fatal, environment for detained migrants and its own staff to develop and is symptomatic of the institutional neglect referred to above.</p> <p>By communication of 2 November 2020, the Maltese authorities underlined that this was an exceptional situation due to the then lack of space in the facility to isolate people (see Section 7(b)). Nevertheless, due to the risk of the development of severe symptoms from Covid-19 that might require the hospitalisation of a migrant, and even may be fatal, this situation of disarray, negligence and the dangerous environment created by knowingly locking Covid-19 positive migrants together with non-positive migrants for long periods of time,</p>	<p>The Government of Malta does not agree with the claims that the tackling of COVID-19 in reception centres may raise issues related to Malta's international obligations. MHSE has set up the necessary facilities to reduce the spread of COVID-19 inside closed and open reception facilities. Nearly one year after the first case of COVID-19 in Malta, the situation inside migrants' centres has always remained under control. The success in mitigating the spread of COVID-19 inside the centres is also a result of the collaboration between MHSE and the Malta Red Cross. A new facility – the Hal Far Initial Reception Facility (HIRC)</p>
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	<p><u>may well raise issues not only under Article 3 of the European Convention on Human Rights (ECHR) but also as regards Malta's positive obligation to protect life under Article 2 of the ECHR</u></p>	<p>- has been identified and set up as a centre to accommodate migrants with COVID-19. The majority of migrants treated in this facility were new arrivals. No reports of unrest or riots were ever reported at HIRC since its opening in March 2020.</p> <p>It is important to clarify that no women or minors were treated at HIRC. These were either isolated at their respective reception centres or treated at public or private hospitals. Pregnant migrants who had COVID-19 gave birth without any complications.</p> <p>The effectiveness of the strategy against COVID-19 also had positive results at the Marsa Initial Reception Centre (MIRC). The number of cases at the IRC remained considerably low and the place was declared free from the virus on the 2<sup>nd</sup> October 2020, just a few days after CPT's visit. Since then, there have been no other clusters of COVID-19 patients at the IRC. The same applies for the other open and closed facilities.</p> <p>Mitigating measures were subject to updates and changes according to any new measures implemented by the Superintendent of Public Health. Awareness raising material in different languages have been disseminated in the centres by DS and AWAS.</p> <p>Face to face meetings, both between residents and staff and different units within AWAS were replaced by virtual meetings. With the introduction of a WIFI system in all AWAS centres' the use of social media was encouraged amongst the residents to reach to different units within AWAS. Psycho-social support was offered to residents via online sessions.</p> <p>The Civil Protection Department (CPD) was engaged to sanitize all facilities. Over and above this service, a private contractor was</p>
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		<p>assigned to sanitize the bathroom facilities of open centres.</p> <p>Another mitigating measure to combat COVID-19 was the opening of another centre in Hal Far – HOC (Hangar Open Centre). HOC has two running programs, one for single adult males and one for families. The opening of this centre alleviated the pressure from IRC and accommodated more than 50 family units (circa 150 residents) from IRC and another 350 single adult males from DS centres and IRC. The population at IRC is at an all-time low. The place is currently being used as an open centre with all the 115 residents having access to the community. A group of 17 migrants residing at the IRC will be relocated to Germany on the 24<sup>th</sup> February.</p> <p>In this recommendation, the CPT is referring to an individual case at Marsa IRC, which was the result of an emergency arising out of lack of space. This individual was part of a cluster of active cases. Preventive measures have been taken throughout the whole period and the migrants' state of health was constantly monitored by doctors and other medical personnel from the Malta Red Cross.</p> <p>The health authorities have started the COVID-19 vaccine rollout. All personnel working within the immigration sector are considered as front-liners and are being inoculated according to their age or vulnerability. The vaccination of these front-liners is planned to be concluded by the end of April 2021. Migrants will be inoculated in the same process applicable to the rest of the population, according to their age or health conditions.</p> <p>It is important to point out that the residents of closed centres have all been vaccinated against the influenza virus in general in January.</p>
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30	<p>Marsa IRC: The CPT wishes to receive confirmation that the water is indeed potable and to be informed on what steps are taken to ensure that the migrants are informed that the water is potable.</p>	<p>All residents in IRC are provided with a minimum of 2-litres bottled water per day to ensure proper hydration. Residents are free to come forward with personal requests in case they will require additional supplies. Water is also available from the mains supply and is potable as per certificate attached (Annex 1).</p>
33	<p><b>The CPT recommends that the Maltese authorities act to improve the living conditions at Marsa IRC. Material conditions and accommodation should be adequately furnished, clean and in a good state of repair, and offer sufficient living space for each person (a minimum of 4m<sup>2</sup> per person). Call bells should be installed in all detention areas where staff are not continuously present. Further, steps should be taken to ensure that there are separate showering and toilet areas for men, women and children. Each migrant should be provided with lockable space in which to keep personal belongings. In addition, the CPT recommends that all migrants be offered free access to outdoor exercise throughout the day, and outdoor exercise areas should provide sufficient space for the number of migrants therein detained, and be appropriately equipped with shelter and means of rest.</b></p> <p><b>The CPT also recommends that families with children and unaccompanied and separated minors, including those who are awaiting age assessment results, and women, should be accommodated separately from unrelated men, from the outset of their deprivation of liberty until their transfer is effected to an open centre.</b></p>	<p>The IRC is one of the most prominent centres within AWAS, its mandate focuses on ensuring that every admission including boat arrivals is in receipt of a welcome pack comprising of basic sanitary needs as well as adequate clothing depending on the weather. These items are replaced as deemed necessary. The stay at IRC depends on two main factors:</p> <ol style="list-style-type: none"> <li>1. medical clearance, whereby AWAS is in continuous contact with the health authorities; and,</li> <li>2. available spaces in open centres. If no space is available, the centre may be turned into a semi-open facility in order to give access to the community to migrants who are medically cleared.</li> </ol> <p>AWAS personnel duly replenishes/and/or replace items such as shower gel, soiled clothing items etc. Blankets, pillows and fresh linen is incessantly provided to ensure proper personal hygiene especially during the hot summer period in Malta. Several cleaners are employed to see to the general cleanliness of the facility, giving special emphasis to the bathroom facilities. Residents are encouraged to take care of their personal items and ensure their proper state of cleanliness. For this purpose, detergents and other cleaning products are provided to keep with the national health standards.</p>

		<p>All dormitories are equipped with personal lockers and communal refrigerators.</p> <p>Families with young children and unaccompanied and separated children are not accommodated in closed centres. They are hosted at IRC in different areas and separated from male adults. Families with young children and UMAS who are awaiting accommodation have also been granted permission to go in and out of the centre.</p> <p>In the fourth quarter of 2020, AWAS started closing off level 1 of the Marsa IRC. All families were transferred to other open facilities which offer children more space to roam and enhanced privacy. The Activity Unit within AWAS offers a varied program to entertain the children during such challenging times whilst keeping with the recommendations of Public Health.</p> <p>In 2021, AWAS is set to engage welfare officers to compliment the welfare coordinator within each centre. The role of these officers is to strictly follow the client's hand in hand with the resident social worker, welfare coordinator and psychosocial team. Moreover, these officers will be also responsible for:</p> <ol style="list-style-type: none"><li>i. Be actively involved with the service-users in group activities.</li><li>ii. Be knowledgeable on areas of policy in relation to this field of work.</li><li>iii. To establish effective communication between staff and residents to resolve swiftly any upcoming issues</li><li>iv. To ascertain what further welfare facilities are needed, how best they can be provided and make suggestions for their establishment;</li></ol>
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		<p>v. Ensure adherence to standards of care within the relevant quality framework.</p> <p>vi. Ensure legislation, national standards and guidelines are being followed.</p> <p>vii. Be responsible that the service-users' files are kept up-to-date and perfectly in order</p> <p>Female asylum seekers are not held at centres run by DS. A specific section has been designated to house migrants awaiting the result of their age assessment test. Currently there is only a few migrants in the closed centres awaiting the result of the age assessment test. Most of these involve migrants who changed their date of birth halfway through the asylum process.</p>
34	<p>Safi Detention Centre: The Isolation Block / "Museum" Block was a separate unit situated adjacent to B-Block, with a capacity of 14 beds but which was accommodating 18 persons at the time of the visit. The Block consisted of three rooms that each measured only 6m<sup>2</sup> and yet were furnished with two beds, and one dormitory of 20m<sup>2</sup> with eight beds. The facilities in this Block, were reasonably well maintained and clean, and the rooms and dormitory had adequate access to natural light and sufficient artificial lighting and ventilation. There was a television in the dormitory and the migrants had ready access to a small outside exercise yard (although lacking in shade and a means of rest). <b>The CPT wishes to be informed where the four extra persons in the Isolator Block slept at night.</b></p>	<p>The block adjacent to Block B (Museum) is used to accommodate detainees on the basis of immigration law. These individuals normally spend a relatively shorter period inside the closed centres. The persons referred to by CPT have spent the night at Block B. DS ensure that each and every person held inside the closed facilities has his own bed.</p>
46	<p>Hal Far Reception Centre, "China House": <b>the CPT calls on the Maltese authorities to take broader action to:</b></p> <ul style="list-style-type: none"> <li>- transfer vulnerable persons (including families with children, pregnant women, etc.) to suitable open reception facilities, where they can receive appropriate care for their specific needs;</li> <li>- not to detain women and children; if exceptionally, they are detained for very short periods (hours) they should not be held in the same room as unrelated men.</li> </ul>	<p>It must be clarified that no women or children were ever held at the Hal Far Initial Reception Facility since its reopening in 2020.</p> <p>With respect to the Marsa IRC, the population of residents has been reduced significantly. The centre is not being used as a closed facility while transfers are ongoing to the family section of the HOC and HFO (Hal Far Family Open Centre).</p>



<p><b>Further, the CPT calls upon the Maltese authorities to renovate Safi Detention Centre's Warehouses and B-Block, Hermes Block (Lyster Barracks) and China House to ensure that:</b></p> <ul style="list-style-type: none"> <li>- they provide an appropriate environment which is not carceral;</li> <li>- the official occupancy rates are revised so as to offer a minimum of 4 m<sup>2</sup> of living space per detained person in the multiple-occupancy accommodation; preferably the rooms should be divided up into smaller living units;</li> <li>- the building infrastructure is regularly maintained and litter and debris cleared (notably at Hermes Block, Lyster Barracks and Warehouse One, Safi detention Centre);</li> <li>- all dormitories have adequate access to natural light and sufficient artificial lighting, ventilation and heating/cooling;</li> <li>- all detained persons are offered a clean bed, mattress, blanket and bedding;</li> <li>- all dormitories are equipped with tables and chairs and all detained persons provided with personal lockable space;</li> <li>- all dormitories and sanitary annexes are regularly maintained and disinfected and have properly functioning toilets and showers designed to afford a degree of privacy, and properly maintained wash-basins;</li> <li>- all detained persons have access to hot water to wash and are provided with a towel; and</li> <li>- at least one additional set of clothing is provided to detained migrants, and especially for the winter months, warmer clothing and adequate footwear.</li> </ul> <p><b>In addition, the CPT calls upon the Maltese authorities to ensure that:</b></p> <ul style="list-style-type: none"> <li>- unrestricted access to outdoor exercise is granted throughout the day;</li> <li>- outdoor exercise areas are appropriately equipped (benches, shelters, etc.);</li> <li>- a programme of activities (educational, recreational and vocational) is developed;</li> <li>- at least one common association room, equipped with books, television and games, and one multi-faith room are set up in each detention block; and</li> <li>- the facilities are adequately staffed by a range of professionals who are equipped with the necessary range of skills to work with migrants</li> </ul>	<p>The fact that a lot of vulnerable groups were transferred out of Marsa and are residing in either in specialised open centres or in the community with financial assistance, made it possible that most families have their own rooms. Those residents staying in Malta have freedom of movement with no restrictions whatsoever.</p> <p>The Hermes Block has been emptied and closed in December 2020. A detailed survey of Hermes Block has been conducted immediately afterwards. DS has drafted all the necessary quotations and is currently working on finalising the administrative work prior to the issuance of all related tender documents. Refurbishing and upgrading works will start soon.</p> <p>The works on Warehouse 2 will also commence in the coming weeks and migrants will be transferred to Warehouse 1 which is now nearly empty from all occupants.</p> <p>DS have embarked on a large-scale initiative to carry out maintenance and refurbishment works across all compounds in the closed facilities. For such purpose, the DS have strengthened the Maintenance Section who now also have an officer in charge. The latter is coordinating works being done and new projects that are being undertaken, including emergency lighting, bathroom finishing, more secure windows and electrical systems, and improvements to the sewage system, among others.</p> <p>The following works have been carried out already:</p> <ol style="list-style-type: none"> <li>1. All bathrooms being renovated are being equipped with vandal-proof shower heads and mixers as well as modern and more efficient water heating systems.</li> </ol>
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		<p>2. All connections and main supply are being moved to the external part of the buildings to facilitate future maintenance, remove eye sores, and decrease the risk of vandalism.</p> <p>3. All sections are equipped with telephones and televisions.</p> <p>Litter and debris are removed from the compounds daily. DS officials take part in the cleaning of compounds regularly, including the inner parts of the buildings.</p> <p>Migrants are provided with clothing and access to hot water. A large amount of track suits, socks, underwear, and shoes have been procured and delivered between October and January. Migrants have been given two additional track suits, underwear and three pairs of socks.</p> <p>Hygiene packs are distributed monthly or according to demand. These also include masks and hand sanitizers to avoid the chances of COVID-19 infections. All detergents bought by DS are also certified disinfectants against COVID-19 thus this will also kill any virus living on surfaces that are being cleaned. Furthermore, a new shampoo has been specifically developed for DS by a local soap factory. Unlike the ordinary on the shelf products this soap is much less toxic thus it is safer than stock products if ingested by migrants.</p> <p>All migrants housed in detention centres have access to outside areas for recreation for several hours every day. The residents of Warehouse 1, Warehouse 2 and Block C have access to a large outdoor yard for ten hours a day. The pandemic has limited the options available in terms of recreational activities however officials are doing their best to</p>
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		<p>participate in physical activities with the residents.</p> <p>Books, balls, cards and board games are available and donations from non-government organisations are accepted.</p> <p>Regular visits by spiritual directors take place regularly. Religious books, praying rugs and food associated with religious festivals are distributed during these visits.</p>
50	<p><b>The CPT recommends that the Maltese authorities urgently review the legal basis for detention on public health grounds as its current application may well amount to hundreds of migrants being de facto deprived of their liberty on unlawful grounds. The CPT recommends that the Maltese authorities ensure that any detention on public health grounds is exceptional, individualised, specific, time-limited and regulated by the same safeguards as detention under immigration detention orders (i.e. RCD and RD orders).</b></p> <p><b>Further, registers and copies of every detention order should be kept in the establishments where persons are being deprived of their liberty, and periodic reviews of all types of detention should be systematically undertaken in a timely fashion, in accordance with Maltese law, along with adequate oversight that this operates on time, and in practice.</b></p>	<p>Detention is regulated by Subsidiary Legislation 420.06 which transposes the relative European directive in this regard. The Maltese authorities agree that confinement on public health grounds should be used at the initial reception centres whenever this is possible.</p>
52	<p><b>The CPT recommends that the Maltese authorities take the necessary steps to ensure that migrants are informed, without delay and in a language they understand, of their rights and the procedure in oral and written formats, both on arrival in Malta and on arrival at an immigration reception or detention facility. Access to qualified interpretation services should made be available, where required. Further, regular updates should be provided to migrants deprived of their liberty on the status of their stay, on a case by case basis, by immigration and public health officials at the immigration reception and detention establishments.</b></p>	<p>Migrants are given information about the asylum process immediately following disembarkation and the period that follows. Such information is provided in a language understood by migrants. There are plans to distribute this information in printed format. The migrants are also supported by social workers from the Agency for the Welfare of Asylum Seekers who visit the closed centres on a routine basis.</p> <p>Immigration officials, representatives of the International Protection Agency and UNHCR are present inside the closed centres and speak with migrants in groups or an</p>

		<p>individual basis. Sessions on assisted voluntary return and reintegration are also being held inside the closed centres. Translators are always present during such visits.</p> <p>In November 2020, the Migrants Advice Unit within AWAS has started operating within the open and closed centres. In January 2021, four qualified translators and a cultural mediator were deployed with this team to increase its efficiency.</p>
56	<p><b>The CPT recommends that access to the telephone be increased through both the ongoing increased provision of phone cards and, preferably, by permitting migrants to keep, or at least have regular access to, their own mobile phones. In addition, it recommends that several pay phones be installed in Safi Detention Centre, C Block and China House (see below) (where no phones exist), and that phone cards be provided, at all reception and detention facilities, every month ongoing, and confirmation provided to the CPT that this is indeed the case.</b></p> <p><b>Further, it recommends that the Maltese authorities ensure that all immigration detainees are provided with access Voice over Internet Protocol facilities and basic internet access to facilitate virtual visits.</b></p> <p>As prescribed in Malta's own 2015 Reception Strategy and relevant legislation, <b>the CPT recommends that all migrants should be offered access to a lawyer and, if necessary, legal aid as from the outset of their deprivation of liberty (including, inter alia, the possibility for detained migrants to have their detention procedures and legality reviewed).</b></p> <p><b>Further, the CPT recommends that the Maltese authorities establish a system of duty lawyers to ensure the right of access to a lawyer for immigration detainees is rendered more effective in practice. Ideally an "in-person duty lawyer scheme", where lawyers and or legal NGOs come to the immigration detention centres on a rotational basis, or at the very least are available by telephone at set times. This is all the more necessary given the number of migrants who do not have sufficient financial means to pay for a lawyer, and who are unaware how to instruct a lawyer in a foreign country, as well as lacking regular access to communication means / telephone. In addition,</b></p>	<p>The CPT recommendation has been implemented and all compounds provide the possibility to make phone calls. Phone cards are being provided.</p> <p>Until the phone lines were installed, migrants residing in Block C could make calls through a temporary facility provided with the support of the International Committee of the Red Cross and Red Crescent.</p> <p>All telephones in other areas can receive unlimited calls. Action has been taken to ensure that a phone card will be provided to each migrant every two months.</p> <p>DS plans to embark on a large-scale project to install network connection which would also make it possible to hold virtual visits.</p> <p>All migrants may benefit from free legal aid with respect to cases related to the asylum process, detention orders, removal orders, age assessment and decisions taken upon the Dublin Regulation.</p> <p>Lawyers visit their clients in the designated area which also includes COVID-19 mitigation measures. Lawyers can also call their clients on the phone lines installed in each compound. NGOs in the immigration sector offer legal service to migrants. There are also several lawyers offering pro bona cases for migrants currently at DS facilities.</p>

	<p><b>support is required to ensure that the large numbers of migrants held in detention who do not speak either Maltese or English are able to exercise their rights.</b></p> <p><b>The CPT also recommends that the right to access to a lawyer be subject to external oversight, ideally incorporating the involvement of legal non-governmental organisations and the Bar Council/Association.</b></p>	<p>A security advisor of the UNHCR conducted a site visit in all closed centres and created a plan and a new operating procedure for UNHCR officials. Other NGOs are also visiting the migrants on a regular basis. Information on each of these NGO visits and the areas visited during each one of them may be provided following the presentation of the visit report.</p> <p>With respect to the Marsa IRC, upon every admission, AWAS liaises with Red Cross to facilitate telephone calls to the residents who wish to make contact with their families in the country of origin. Almost all residents come to Malta already in possession of a mobile device. However, when this is not the case, Red Cross intervenes and grant telephone calls as necessary. Moreover, there is a free internet service for all users in all centres under the responsibility of AWAS.</p>
63	<p><b>The CPT recommends that the Maltese authorities fundamentally revise their policy regarding the detention of unaccompanied children for reception and identification purposes and public health detention in places of deprivation of liberty – be it in IRCs or detention centres – in line with the principle of the best interests of the child. As a matter of priority, an end should be put to holding unaccompanied children in these establishments. Further, the CPT wishes to underline that C- Block is still an inappropriate location for holding young persons and it recommends that instead they should be transferred without delay to a (semi-) open establishment specialised for juveniles (e.g. a social welfare/educational institution for juveniles).</b></p> <p><b>Equally, the CPT recommends that the Maltese authorities take measures to ensure that children should only be accommodated in centres designed to cater to their specific needs with appropriately trained staff. In order to limit the risk of exploitation, special arrangements should be made for living quarters that are suitable for children, for</b></p>	<p>Children and unaccompanied minors are not issued with detention order in terms subsidiary legislation under the International Protection Act. Therefore, these children and unaccompanied minors are confined only in view of health and related considerations.</p> <p>Families involving children and unaccompanied minors are processed expeditiously to ensure that they can be moved to an open centre at the earliest possible. Persons who are confirmed to be minors following the age assessment test are transferred to open facilities immediately. AWAS runs two open centres for unaccompanied minors – Dar il-Liedna and a separate section at the Hal Far Tent Village (HTV).</p> <p>In 2020, nurses are available at the IRC round the clock from Monday to Sunday. The main responsibility of this unit is to see to the basic medical needs of the migrants, keep a</p>

	<p><b>example, by separating them from adults, unless it is considered in the child's best interests not to do so.</b></p> <p><b>All children should be offered a range of constructive activities (with particular emphasis on enabling a child to continue his/her education) as well as daily access to outdoor exercise under an open regime.</b></p> <p><b>All pregnant women and breast-feeding mothers with infants and young children should, in principle, not be deprived of their liberty and instead should be transferred to open (or at least semi-open) facilities, which can afford them privacy in their accommodation, as well as adequate support and follow-up by specialist health-care and psycho-social support staff.</b></p>	<p>Direct Observation Treatment (DOT) system of all persons taking medication and refer to the national mainstream hospital or health clinics as necessary. Special attention is dedicated to pregnant women and vulnerable people including children and persons with special needs. Expectant mothers are provided with a hospital bag and a maternity bag to keep with the national requests of mainstream facilities. Appointments are kept as requested and recommended by the national Maltese hospital. All mothers are accompanied by a social worker and other relevant staff including interpreters. In some cases, interpretation was done remotely. New mothers are encouraged to breast feed their new-borns. In cases whereby this is not recommended by the health authority, the mothers are provided with the milk brand referred by the mid wife. Over and above the care and support offered by AWAS' staff, further emotional and physical support during the first few weeks of the partum is provided by the primary health care services across Malta.</p>
64	<p><b>The CPT ... would like to be informed on the continued progress in recruiting additional DS staff and what are the number of staff in post as of 31 December 2020.</b></p>	<p>Detention Service had concluded recruitment of 106 Detention Officers. The total number of officials now stand at 230.</p> <p>There are also plans to recruit an additional 76 officers who will be a mix of officials, administrative staff, and professionals. These plans are part of the Government's commitment to safeguard the welfare of migrants in closed centres.</p>
65	<p><b>The CPT would like to be informed of the training and standards provided to both DS staff and private security contractors, as well as the number of private security staff in post on 31 December 2020 and the perspectives for 2021.</b></p>	<p>All persons recruited have undertaken training in a vast range of subjects, including security, first aid, welfare, detection of illicit substances, prevention of self-harm, cultural barriers, and familiarisation with the asylum process, among others. Training was delivered by different experts in the respective fields.</p>

		<p>New training sessions are being held for all other DS officials.</p> <p>DS is no longer making use of private contractors. Private security staff will not be required in 2021 if the current recruitment efforts will go on as planned.</p>
66	<p><b>The CPT recommends that the Maltese authorities ensure the continued recruitment of the envisaged 180 new staff members both to reduce the reliance on private security contractors and also to assist the overstretched existing DS staff. Should the need arise to bolster the staffing complement, the CPT recommends that all custodial staff in detention centres for immigration detainees receive appropriate and ongoing refresher training. Consideration should also be given to recruiting cultural mediators.</b></p>	<p>The Government of Malta agrees with the observation of the CPT. It is being implemented in line with the information provided in points 64 and 65.</p> <p>The authorities are not against the recruitment of cultural mediators; however, this role is currently being fulfilled by AWAS professionals and leaders of the local migrant communities. The communities respond positively to requests made.</p>
67	<p>The CPT welcomed the creation of the Welfare Officer role within the Detention Service and its vision for the creation of a dedicated integrated health-care service for detained persons. <b>The Maltese authorities now need to invest in establishing such a service.</b></p>	<p>The role of the Welfare Officer has already provided significant input in implemented the above described changes. Other welfare officers are planned to join the DS in the coming period.</p> <p>The Welfare Officer contributes to the provision of a holistic service, including certain details which tend to be side-lined. A case in point is the change in uniform of DS officials. The uniform has been changed to beige rather than black to communicate that DS officials also have a welfare role and not just to enforce security.</p>
69	<p>With the exception of China House,<sup>28</sup> at all of the Centres, the medical equipment was very scant (essentially limited to a stethoscope, a blood pressure monitoring machine, a device to measure blood oxygen saturation levels and a thermometer), and there was no emergency medical equipment available such as oxygen, defibrillator, ECG machine or nebuliser. That said, all of the Centres had a range of medications to hand, all of which were in date. In addition, a mobile chest x-ray facility visited Marsa IRC regularly to undertake x-ray screening for tuberculosis (TB), and</p>	<p>A tender for the presence of Medical doctors at the Marsa IRC has been finalised in December 2020. This will complement the 24/7 nursing staff in IRC. The clinics have been upgraded to include life-saving equipment. One must note that all asylum seekers are entitled to free medical healthcare from the public health centres and the country's main hospital. Moreover, there is around the clock transport service and a</p>

	<p>immunisations (including MMR, diphtheria, tetanus and polio) were given to detainees when required. By communication 2 November 2020, the Maltese authorities underlined that a new medical clinic was being established at Safi, along with new medical equipment, which would be operational by 2021. <b>The CPT welcomes this development and requests to be provided with confirmation that this has been set up, in due course.</b></p>	<p>round-the-clock social worker on call for medical emergencies and other cases.</p> <p>The medical facility in Safi has started operating. It has been equipped with all life saving equipment and other essential equipment such as 12 lead ECG with monitor and defibrillator, slitlamp for ophtalmic reviews, ophtalmoscope and othoscope, etc. The goal is to have a fully functional clinic bases on the same function of a local health centre. Some specialist reviews such as TB clinic, GU &amp; dermatology and ophtalmic will be started to be done inhouse thanks to visiting consultants who will be carrying out reviews at DS.</p>
71	<p>By communication of 2 November 2020, the Maltese authorities informed the Committee that after the quarantine period ended, AWAS relocated the man's residence within the Marsa IRC to an individual room on the ground floor, with a toilet and shower. Moreover, the authorities underlined that he is now allowed to go in and out of the centre. An alternative accommodation is being sought for him and arrangements are being made with other government agencies so that he will benefit from (i) an independent living scheme, and (ii) a welfare package offered to persons with disabilities. AWAS will continue to provide financial assistance to him until such time that he will start to benefit from the said package. <b>The CPT would like to be informed when such arrangements have been made for his care in the community including psychiatric review.</b></p>	<p>The person in question suffered a large left cerebellar hemisphere parenchymal haemorrhage in November 2019. AWAS carried out all the necessary arrangements for the subject to carry out an arteriovenous malformation repair in the United Kingdom in February 2020. He is being followed closely by a social worker and always accompanied by a social worker during his appointments at hospitals.</p> <p>After the quarantine period finished, AWAS changed the location of his residence within the Marsa IRC to ensure greater accessibility. The subject was also given the opportunity to go in and out of the centre.</p> <p>Following the assessment of several options for alternative accommodation, this resident will move into appropriate Church-run facility.</p> <p>This person will continue to be followed by the Therapeutic Services within AWAS. Agenzija Sapport have committed themselves to a personal assistance package.</p>



72	<p><b>The Committee recommends that the Maltese authorities take urgent steps to address the aforementioned serious deficiencies in the health-care services at Marsa IRC, Safi Detention Centre, Hermes Block (Lyster Barracks) and China House. In particular:</b></p> <ul style="list-style-type: none"> <li>- Marsa IRC, Safi Detention Centre, Hermes Block (Lyster Barracks) must be provided with adequate equipment (including life-saving equipment such as defibrillators, oxygen and nebulisers) in working order;</li> <li>- detained foreign nationals must be given reasonably rapid and free-of-charge access to outside specialists when medically necessary, including to dental care;</li> <li>- more robust and effective psychiatric care and services must be provided at Marsa IRC, China House and Safi and Lyster Detention centres;</li> <li>- health-care services of detention centres must systematically follow up external treatment plans when a migrant returns from hospital care, and meaningful reviews of those with complex health problems or vulnerabilities must be carried out;</li> <li>- qualified interpretation must be provided in cases when detained foreigners and health-care staff cannot communicate with each other;</li> <li>- the quality of medical documentation must be improved at all reception and detention centres; in particular, a single and comprehensive individual medical record must be created for every detained foreign national; and</li> <li>- the quality of medical screening upon arrival at each reception and detention centre must be improved (including the screening for tuberculosis, other transmissible diseases and mental disorders including signs of PTSD) and the medical records transferred and kept in the relevant centre.</li> </ul>	<p>A therapeutic team has been set up in 2019 consisting of Assistant Psychological Officers (APO), interpreters, counsellors, and a psychologist on a daily basis. They also provide their services in the open centres, detention centres and assess residents who are admitted at Mount Carmel Hospital. Interpreters are always present with the assessors.</p> <p>The aims of the assessment are to provide clients with a safe space to share their experiences, allowing the team to make appropriate referrals to suit their individual needs. Assessments are conducted on a voluntary basis with asylum seekers who are sixteen years of age and over.</p> <p>In the case of an individual under the age of sixteen, consent may be gained from their parents or from their legal guardian. Due to the nature of the psychological assessments, the APO must wait for a minimum of four weeks post arrival in Malta to conduct assessments. In the case of a client who appears to be vulnerable, APO will conduct interventions and refer to other professionals. The assessments consist of a Socio-Demographic Questionnaire – to gather information about clients’ life before migration, journey, and post migration experience and a Hopkins Symptom Checklist – psychological tool used to assess for anxiety and depression.</p> <p>The APOs also provide Information Sessions about AWAS psychosocial services, mental health, symptoms of anxiety, depression and PTSD on the third day upon new arrival.</p> <p>The DS has beefed up its health service with the recruitment of another senior general practitioner and is now also seeking to employ a charge nurse which will run all the health facilities under the responsibilities of DS.</p>
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		<p>New equipment is also being bought by the DS, including but not only limited to lifesaving equipment, diagnostics, and medical consumables. Currently there is Basic Life Support equipment present and installed in each compound. The DS has also started the process of training its officers in basic first aid and about the automated external defibrillator.</p>
73	<p>The CPT notes positively this development, nonetheless, <b>it recommends that the Maltese authorities continue to strive to improve the level of, and access to, psychological assistance to foreign nationals detained in Marsa IRC, as well as China House, Safi and Lyster Detention Centres, along with the provision of professional interpretation, if required.</b></p>	<p>Those clients that need psychological assistance are being followed closely by the AWAS therapeutic team. They are also being assessed and monitored if they are admitted at Mount Carmel Hospital. Interpreters are always present with the assessors.</p> <p>In 2020, AWAS in coordination with EASO, have introduced a new team which is the Vulnerability Assessment Team. The team is assessing potential vulnerable persons who are at the Initial Reception Centre, closed centres and open centres. AWAS already has a history and extensive experience of carrying out vulnerability assessments. The added value of EASO's support are a structured methodology for vulnerability assessments, support to carry out more assessments which go beyond AWAS' capacity to do so. This was set up to ensure that vulnerable adults in the centres are assessed accordingly. Referrals can be internal, whereby service users can be referred by all teams within AWAS: coordinators in the centres, care team and therapeutic team. All other entities and NGOs who visit the closed and open centres can refer people by using a specific referral form.</p> <p>The Detention Service has also established contact with the Malta Mental Health Services (MHS) which is the body responsible for the state's mental health services with regards to services that can be</p>

		<p>offered to migrants in Detention. So far the medical personnel on duty at DS are directly liaising with the crisis doctor on-call at hospital. A handover form has also been created to ensure a proper handover from the DS medical team to the team at MDH. Work is also being done to establish regular psychiatric clinics at the new medical facility. In this regard, the MHS are looking for a psychiatrist to start offering his services at the DS. The psychiatrist will compliment the crisis nursing team which will be formed in the coming weeks.</p>
78	<p>The CPT notes positively the evolved situation at Marsa IRC, that said, in line with its Statement of Principles of 20 March 2020,30, and given that close personal contact encourages the spread of the virus, <b>the CPT recommends that the Maltese authorities make concerted efforts to resort to alternative measures to deprivation of liberty. Specifically, the CPT recommends that more places be made available in the Open Centres, notably for the vulnerable categories of migrants currently awaiting such places at Marsa IRC, which in turn would free up space for those migrants who need to be confined due to testing positive for Covid-19.</b></p> <p>Further, in light of the ongoing and evolving nature of the Covid-19 pandemic worldwide, <b>the CPT recommends that, ongoing, the Maltese authorities should take measures to ensure better management and oversight of isolation and quarantine practices for Covid-19 positive migrants are operated at Marsa IRC by public health officials and AWAS.</b></p> <p><b>More generally, the CPT recommends that the Maltese authorities develop a specific and comprehensive strategy which addresses their obligations in response to the Covid-19 pandemic in immigration facilities. Such a strategy should, inter alia, include awareness raising on Covid-19 infection prevention in such establishments and the methods that will be used by the State to guarantee that persons held or working in every establishment are provided with sufficient quantities of appropriate PPE (or additional funds to obtain it). Further, it should describe how it will be ensured that rapid, easily accessible and free PCR testing</b></p>	<p>Despite the difficulties brought about by the pandemic, the authorities have implemented several initiatives to reduce the pressure on closed facilities. Firstly, a new scheme offering alternative reception conditions has been introduced to free space inside the open centres.</p> <p>By the end of December 2020, new mobile homes set up at the new HOC could house 400 migrants. In February 2021, another 200 vacant spaces have been made available, mostly to persons who left the closed centres.</p> <p>Another contingency plan included the refurbishment of a compound within the same centre to accommodate an additional large group of migrants.</p> <p>The measures taken in relation to the containment of COVID-19 virus are described under para 23. Testing is provided on a continuous basis for all migrants and employees showing symptoms related to the virus. The agreement with the Malta Red Cross is still in place. Both PCR tests and rapid tests are provided for free, including to migrants who are relocated or repatriated. Adequate quantities of sanitizer, soap, PPEs and masks are provided.</p>

	<p><b>ongoing is available for every detained migrant or staff member of such establishments, should they develop symptoms suggestive of Covid-19 or be exposed to others suspected of having Covid-19.</b></p> <p><b>Lastly, the CPT reiterates that the Maltese authorities should ensure that Covid-19 positive detained migrants and/or those migrants suspected of having Covid-19, even in quarantine and/or isolation, should have the right to at least one hour of access to outside exercise.</b></p>	<p>Following the installation of security cameras at HIRC, migrants held at HIRC have been given access to the outside areas every day.</p>
79	<p><b>The CPT recommends that the Maltese authorities ensure that AWAS and DS management of reception and detention centres properly establish systematic and thorough documentation processes, including the complete and up-to-date reporting of all incidents that have occurred on their premises. Such registers should be subject to scrutiny by internal and external inspection bodies.</b></p>	<p>The management of the Detention Service has immediately taken on board the suggestion of the CPT to keep a record of visits by NGOs. It is recognised that failure to log visits in the logbook was a shortcoming; however, this does not mean that visits were not taking place. In this regard, records are also kept of the visits by lawyers.</p> <p>A Detention Services Welfare Report is compiled every month. Moreover, an incident form (Annex 2) has been created and a record of all incidents occurring at DS is being kept. Furthermore the DS allocated a person responsible for the management of this register.</p> <p>In 2019, a Satisfaction/ Complaint policy was made available for all AWAS staff (Annex 3). It establishes the procedure for any complaints received. It also must be noted that in cases whereby the action was deemed to be criminal in nature the person was accompanied to a police station to file a police report.</p>
82	<p><b>The CPT recommends that the mandate of the Board of Visitors be amended by the relevant legislation in order to ensure that an independent monitoring body can access all places where migrants may be deprived of their liberty and be able to publish reports on its findings, to fully satisfy Malta's international obligations under OPCAT.</b></p>	<p>The Government of Malta is not opposed to extending independent scrutiny to all migrant closed centres. The said recommendation has also been made by a local NGO and the authorities are currently examining its implementation.</p>

83	<p><b>The CPT recommends that immigration detainees have avenues open to them, both internally and externally, be entitled to confidential access to an appropriate complaints authority, and be informed of these possibilities from the outset of their deprivation of liberty.</b></p>	<p>Migration detainees already can pass on complaints to the Monitoring Board for Detained Persons.</p> <p>The Detention Service have developed an internal complaint system where all migrants are given the opportunity to lodge complaints. All complaints are lodged in a confidential manner with the use of sealed envelopes. Each complaint is then followed up by professionals from the respective department. All complaints are initially handled by the Manager for Welfare Services. To avoid potential conflict of interest, the initial complaint form is filled in the form of check boxes and the case is dealt with in more detail by the investigating personnel.</p>
91	<p><b>The Maltese authorities must now take decisive steps to address the very serious issues outlined in this report and reform their immigration detention system accordingly.</b></p>	<p>The actions outlined above are testimony of the Maltese authorities' commitment to maintain a detention system which gives equal priority to the welfare of migrants and security. In addition to the improvements in the Detention Service, the authorities are seeking greater synchronization between the professional services provided by both DS and AWAS. Changes to the system are being implemented in consultation with local NGOs and international agencies. The latter are considered as partners of the Detention Service and such collaboration is evidenced by the presence of NGO officials at the closed centres themselves.</p> <p>These changes are happening at a time when the authorities are also making considerable investment in the asylum process. The setting up of the International Protection Agency, added human resources and the planned move to the agency's new premises in 2021 is planned to increase stability within the migrants' community, including migrants hosted temporarily in closed centres.</p>

**Annex 1 - Water Quality Zone Data Report**

**Month of Sampling and Analysis:** *December 2020*

**Water Quality Zone:** *WQZ 8*

**Sample Description:** *MAINS WATER*

## Results

TEST	Units	Result
Turbidity	N.T.U	<0.1
Conductivity	µS cm <sup>-1</sup>	1879
Temperature	°C	19.4
Free Chlorine	mg/L as Cl <sub>2</sub>	0.8
Combined Chlorine	mg/L as Cl <sub>2</sub>	0
Total Residual Chlorine	mg/L as Cl <sub>2</sub>	0.8
pH	pH Units	7.98
Total Hardness	mg/L CaCO <sub>3</sub>	250
Calcium Hardness	mg/L CaCO <sub>3</sub>	155
Calcium	mg/L Ca	62
Magnesium Hardness	mg/L CaCO <sub>3</sub>	95
Chlorides	mg/L	540
FLUORIDES	mg/L	0.12
Nitrites	mg/L NO <sub>2</sub> <sup>-</sup>	<0.0210
<i>E. Coli</i>	c.f.u./100mL	Not detected in the volume tested
<i>Enterococcus faecalis</i>	c.f.u./100mL	Not detected in the volume tested

## General Comments

### Bacteriological Results

When counts are 0, the result is reported as 'Not detected in the Volume tested'

1-3 c.f.u./ volume tested: <4 detected

4-9 c.f.u./volume tested: <10 detected

**This certificate shall not be reproduced without the written approval of the WSC Laboratory.**

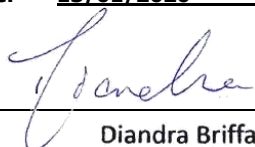
**This certificate must not be used for the purpose of any actual or contemplated legal or arbitration proceedings without the prior written consent of the WSC laboratory.**

Approval for Further Transmission

**Date of Issue of Certificate:** 13/01/2020

Ivan Falzon  
Chief Executive Officer  
Water Services Corporation Malta

**Certificate Issued by:** \_\_\_\_\_



**Diandra Briffa**  
Managing Professional  
Water Services Corporation

**Annex 2 - Detention Service Incident Form Report**



## DETENTION SERVICES INCIDENT REPORT FORM

THIS FORM IS TO BE FILLED FOLLOWING EVERY INCIDENT THAT OCCURS INSIDE THE DS PREMISES OR ANY OTHER INCIDENT INVOLVING MIGRANTS WHO ARE UNDER THE DIRECT CARE OF THE DETENTION SERVICES SUCH AS BUT NOT LIMITED TO HOSPITAL VISITS, TRANSPORTATION AND ASSESSMENTS.

FAILURE TO SUBMIT THIS FORM WITHIN 24 HOURS OF THE INCIDENT CAN LEAD TO DISCIPLINARY ACTION AGAINST THE STAFF INVOLVED AND THE OIC.

DATE OF REPORT:	TIME:
NAME OF OFFICER WRITING REPORT:	LOCATION:

### PART 1 (TO BE FILLED BY STAFF DIRECTLY INVOLVED IN INCIDENT)

#### 1.1 TYPE OF INCIDENT

BREAKOUT	Y	FIGHT BETWEEN MIGRANTS	Y
ATTEMPTED BREAKOUT	Y	FIGHT BETWEEN MIGRANTS AND DS	Y
SUICIDE	Y	SERIOUS MEDICAL COMPLAINT	Y
ATTEMPTED SUICIDE	Y	RIOT	Y
FIRE	Y	OTHER _____	Y

#### 1.2 WITNESSES TO THE INCIDENT

NAME & SURNAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NAME & SURNAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NAME & SURNAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NAME & SURNAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_



**PART 2 TO BE COMPLETED BY IMMEDIATE SUPERIOR (OIC / DUTY OFFICER)**

DATE YOU WERE INFORMED OF THE INCIDENT: \_\_\_\_\_

TIME YOU WERE INFORMED OF THE INCIDENT: \_\_\_\_\_

**2.1 WHO REPORTED THE INCIDENT TO YOU?**

NAME & SURNAME \_\_\_\_\_ ROLE \_\_\_\_\_

NAME & SURNAME \_\_\_\_\_ ROLE \_\_\_\_\_

**2.2 ACTIONS TAKEN & HOW INCIDENT ENDED**

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**2.3 PEOPLE YOU INFORMED ABOUT THE INCIDENT**

DUTY OFFICER	Y	AFM	Y
OPERATIONS MANAGER	Y	MATER DEI HOSPITAL	Y
DIRECTOR OF DS	Y	CPD	Y
POLICE	Y	OTHER _____	



**Annex 3 – Detention Service Complaint Form**



**Detention Service**  
Safi Barracks  
Triq Carmelo Caruana  
Safi, Malta  
21642768

## DETENTION SERVICE COMPLAINT FORM

DATE: \_\_\_\_\_

POLICE NUMBER: \_\_\_\_\_

### TYPE OF COMPLAINT

PHYSICAL ABUSE

MEDICAL COMPLAINT

VERBAL ABUSE

OTHER \_\_\_\_\_

*NOTE: THE COMPLAINTS UNIT DOES NOT INVESTIGATE ISSUES WITH REGARDS TO RELEASES FROM DETENTION CENTRE AND OR REMOVAL ORDERS.*

IMMIGRANT SIGNATURE \_\_\_\_\_

*FOR OFFICE USE ONLY (DO NOT FILL BELOW THIS LINE)*

DATE OF INVESTIGATION: \_\_\_\_\_

INVESTIGATING OFFICER: \_\_\_\_\_

ACTION TAKEN

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**-END-**

## **Annex 4 – Photographic Evidence**



**Photo 1:** *UNHCR officials during one of their regular visits at Hermes Block. Migrants are seen requesting information on their documentation, among other issues. The relevant health protocols are followed.*





**Photo 2:** *Officials from the International Committee of Red Cross and Red Crescent offering free calls to migrants hosted at Block C and HIRC.*



**Photo 3:** *Residents in closed centres receiving the influenza vaccine in January 2021.*



**Photos 4 and 5:** *Muslim celebrations inside Warehouse 1 and Warehouse 2 respectively.*



**Photo 6:** *Christian celebrations inside Warehouse 1.*



**Photo 7 and 8:** *Football matches between migrants and DS officials.*



**Photo 9:** *New uniform for DS officials.*



**Photo 10:** *Medical equipment starts to arrive at the medical facility in Safi – January 2020.*



**Photo 11, 12 and 13:** *Educational, physical and recreational activities at the Marsa IRC.*



*Photo 14: Migrants in closed centres are supported to maintain good personal hygiene and appearance.*