



Response

of the Bulgarian Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its periodic visit to Bulgaria

from 1 to 13 October 2021

The Government of Bulgaria has requested the publication of this response. The CPT's report on the 2021 periodic visit to Bulgaria is set out in document CPT/Inf (2022) 20.

Strasbourg, 18 October 2022

**RESPONSE OF THE BULGARIAN AUTHORITIES
TO THE REPORT TO THE BULGARIAN GOVERNMENT ON THE VISIT TO
BULGARIA CARRIED OUT BY THE EUROPEAN COMMITTEE FOR THE
PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR
PUNISHMENT (CPT) FROM 1 TO 13 OCTOBER 2021**

CONTENTS

List of abbreviations used in the information	5
Establishments under the authority of the Ministry of Interior	6
Establishments under the authority of the Ministry of Justice	15
Establishments under the authority of the Ministry of Health	44
Establishments under the authority of the Ministry of Labour and Social Policy	57

List of abbreviations used in the information

Abbreviation	Full form
AQSS	Agency for the Quality of Social Services
CPT	European Committee for the Prevention of Torture, Inhuman or Degrading Treatment or Punishment
DGES	Directorate General “Execution of Sentences”
DPFZD	Darzhavno predpriyatie “Fond Zatvorno Delo”
ERDF	European Regional Development Fund
ESF+	European Social Fund+
GDPN	General Directorate of National Police
HAID	Home for Adults with Intellectual Disability
HAMHD	Home for Adults with Mental Health Disorders
IDF	Investigation Detention Facility
MLSP	Ministry of Labor and Social Policy
MoI	Ministry of Interior
MSEA	Medical Supervision Executive Agency
NFM	Norwegian Financial Mechanism
OQSS	Ordinance on the Quality of Social Services
RDMoI	Regional Directorates of the Ministry of the Interior
RHI	Regional Health Inspectorates
RRP	Recovery and Resilience Plan
SAA	Social Assistance Agency
SMDI	Sofia Metropolitan Directorate of Interior
SPH	State Psychiatric Hospital
SSA	Social Services Act

Establishments under the authority of the Ministry of Interior

1. Preliminary notes

The Ministry of Interior expresses its gratitude to the European Committee for the Prevention of Torture and Inhuman or Disregarding Treatment or Punishment (CPT) for the findings and recommendations reflected in the report of its visit to Bulgaria from 1-13 October 2021.

The Ministry of Interior expresses satisfaction with the fact that the CPT's discussions with detainees were dominated by testimonies of good treatment by the police. The Ministry of Interior confirms its willingness to work to permanently end the identified shortcomings and negative practices.

For that purpose, between 25 May and 1 July 2022 staff of the "Inspectorate" Directorate carried out a comprehensive thematic inspection of the implementation of Instruction No. 8121z-78. The organization and implementation of all activities on detention of persons in the period from 1 January 2021 to 31 March 2022 in the Sofia Metropolitan Directorate of Interior (SMDI), the Regional Directorates of the Ministry of the Interior (RDMoI) and their territorial structures were checked. A test was administered to the management of the SMDI and the RDMoI in order to determine the level of knowledge of the legal norms relevant to detention.

Specific proposals have been made to complement the legal framework, as well as measures to permanently address gaps and weaknesses, including strengthening on-the-ground monitoring, thematic talks, case studies and increased practical training.

2. Specific comments on the findings and recommendations of the CPT report

Police treatment of detainees (§ 12 - 20)

In the structures of the Ministry of Interior there is no registered case of a person abused on 28 September 2021 by the so-called „Cobra Squad“ and then handed over to custody (§ 13) yet to be clarified.

In November 2021, in the comments on the preliminary observations, the CPT was informed in detail of the checks carried out on the case in the 2nd Police Station (PS) in Sofia, but this is not reflected in the final report. In this regard, we re-send the relevant information on the case.

Immediately after presenting the case at the final meeting at the Ministry of Interior, the SMDI informed that A., with whom the CPT delegation had spoken on 2 October 2021, was detained after an attempt to steal a moped parked in the yard of a private property, the report of which was received at the 2nd PS–SMDI the previous day at around 11:10pm.

Police officers who arrived on the scene found that the residents of the address had detained A., unknown to the Ministry of the Interior, who had visible injuries on his face (a bleeding mouth, a nosebleed, a bruise on the left eye and a laceration on the left eyebrow). According to A. and the four witnesses who detained him, the injuries were sustained when he tried to escape because he tripped on the base of a barbecue under construction and fell on scattered building materials. Witnesses cleaned up his injuries and called police.

A team of the Emergency Medical Centre (EMC) was summoned to the scene and provided medical assistance. Upon examination, it was found that he did not need hospital treatment, so he was transported to the 2nd PS–SMDI , where he was issued a detention order¹. No physical force or auxiliary means were used during his detention and transportation, only handcuffs were applied.

The above is confirmed in the written testimonies of the four witnesses, A. and officials in the 2nd PS - SMDI.

A police team revisited the address of the incident on 02 October 2021 to establish whether CCTV cameras were in place. At the scene, the compliant said that the cameras installed at his house and that of his neighbour had no recordings as they were installed the previous day and were not yet connected. There are no other CCTV cameras in the area.

A. was released on 02 October 2021 at 4:33pm due to the elimination of the need for his detention, for which the relevant documents were prepared. As he had said that he was not feeling well, the operational unit on duty (ODU) at the local police station called a team of the EMC who took him to the Multi-profile Active Treatment & Emergency University Hospital “N.I. Pirogov”.

On 11 November 2021, an independent check into the case was assigned by a committee chaired by a senior officer of the General Directorate of National Police (GDNP). The check confirmed the above facts and circumstances.

The Commission has also requested information from Police Inspector DD., who was on duty at the local police station at the time of the events. He claimed that during the visit to the 2nd PS–SMDI , a representative of the CPT had suggested that the detainee had been subjected to violence. Inspector DD. denied this, but the CPT official continued to claim this. When speaking to Mr Mitchell, the detainee also confirmed that police officers had not physically abused him.

On 16 November 2021, the Commission took further written information from A.. In his information², he confirmed that on 1 October 2021, at approximately 11:10pm, he attempted to take a moped from someone else’s yard. In the subsequent attempt to escape in the dark, he tripped over a pile of bricks and, as a result of the fall, injured his face in the eye and forehead area. He then continued to run, jumped the fence and fell to the ground again, at which point he was apprehended by the residents of the property.

A. reaffirms that the police team behaved normally with him, as no physical force was used during his detention. Upon arrival at 2nd PS–SMDI, the officers asked him if he wanted a medical examination and notification of his relatives. The police team prepared the necessary documents. A. was examined by a doctor and then placed in the detention facility.

A. claims that he spoke to two men at the police station who, with the help of an interpreter, explained to him that they were checking the attitude of the police towards the detainees. One asked where the wounds on his face were from and whether he had been beaten by the police. The inspectors stated that they knew that a police officer had beaten Tsv. Dimitrov. He denied this and they gave him a business card, which he did not keep in his possession.

According to A., after his release from the local police station, an ambulance was waiting for him at the entrance, with which he was transported to the Multi-profile Active Treatment & Emergency University Hospital “N.I. Pirogov”.

¹ Order No. 226z-2636/02.10.2021;

² Registered with No. 226r-36099/16.11.2021;

In front of one of the doctor's offices, while A. was waiting for an examination, the CPT officials and the interpreter came to him and again asked him if police officers caused his injuries. He again denied it. After his medical examinations he left, but was met at the entrance to the medical facility by the CPT representatives and the interpreter, who again asked him the same questions.

A. categorically states that no physical force or humiliating treatment was used against him during his detention, his transportation to the police station and his stay there. He confirms that his injuries were the result of the fall described above.

The Commission has collected information from four police officers in the local police station involved in the case³ who confirm the above facts. It has also examined the official records.

Between 2 October and the time of the inspection, A. had not provided a medical certificate and had not filed a complaint, report or complaint of police violence.

On the basis of the testimony taken and the established facts and circumstances, the commission concludes that A. was not subjected to police violence.

With regard to the objectivity of medical exams, as it was already noted, the detained person undergoes a medical examination on their request or when their health condition requires it. The person is given the opportunity to choose the medical facility and doctor for the medical exam. In the case persons who are visibly unwell, medical teams are called even if the persons did not request a medical exam.

The Medical Institute of MoI formally is part of the Ministry but this does not put in question the quality of the medical services. Every doctor performs his or her duties in line with the medical standards. The MI of MoI has the conditions and practice to provide medical services to detained persons, as well as experienced specialists with proven qualifications.

The presence of a police officer during the exam takes place on the explicit request of the medical personnel which is made in most cases. The reason for this is that at many places, especially in the capital, there is an increase of the cases of aggressive behaviour and attacks on the part of the detainees towards the medical teams.

Under Art. 205⁴ of the Penal Procedure Code all detained persons are obliged to inform immediately a pre-trial proceedings authority or another state authority when they become aware of a crime of a general nature (including causing bodily harm under Chapter Two *Crimes Against the Person*, Section Two *Bodily Harm* of the Penal Code). A signal can be made the prosecutor's office by any person who witnessed and became aware of the crime even if he is not injured. The citizens also have the obligation to inform the prosecutor's office or the police when they become aware or when they witness a crime was committed. The complaints can be submitted also in the respective police stations and in this case, the police performs a check and if it establishes data that

³ Ref. № 226r-36102/16.11.2021, № 226r-36103/16.11.2021, № 226r-36101/16.11.2021 and № 226r-36100/16.11.21.

⁴ **Article 205.** (1) Where they come to know about a perpetrated publicly actionable criminal offence the citizens shall be publicly obligated to notify forthwith a pre-trial authority or another state body.

(2) Where they come to know about a perpetrated publicly actionable criminal offence the officials must notify forthwith the body of pre-trial proceedings and take the necessary measures for the preservation of the general setup and data about the crime.

(3) In cases under Paragraphs 1 and 2 pre-trial authorities shall immediately exercise their powers to institute criminal proceedings.

a crime was committed, it is obligated to inform the prosecutor's office and to provide the documents related to the check.

In addition, Art. 131, Para 2, Item 2⁵ of the Penal Code provides for qualified case of bodily harm (and respectively, more severe punishment) when the bodily harm is caused by an official person, a representative of the public; a police authority during the performance of their duties or function.

Under Instruction No. 8121z-78 when during the medical exam there is reasonable doubt for unlawful use of physical force, auxiliary means or weapons towards the detainee, the officer accompanying the person during the examination shall report in writing to the head of the MoI structure.

Since the beginning of 2022 the emergency rooms of the Military Medical Academy, "N. I. Pirogov" Multi-profile Active Treatment & Emergency University Hospital, "Tsaritsa Yoanna" Multi-profile Active Treatment University Hospital and "St. Anna" Multi-profile Active Treatment University Hospital introduced a measure by the SMDI for quick reaction to cases of victims of crimes (including assault, domestic violence, traffic accidents, etc.). Police officers (junior intelligence officers on duty in SMDI) take shifts at the hospitals and assist the medical teams on the spot (including for preservation of evidence). They contact the Operational on-duty centers of the police in cases where citizens who are victims of crime have searched medical assistance.

The information is reported in a timely manner to the management of SMDI with a view of taking immediate actions for check and investigation.

The officers collect information about crimes committed, violations of the law, work-related accidents (type of crime, identity of the casualties, place of the crime, damages, witnesses, etc.). When necessary and in line with the current legal framework, they organize taking samples for alcohol or sedatives use by drivers, pedestrians and passengers involved in traffic accidents. In the cases of deceased, seriously injured, non-responsive persons or unidentified persons, they organize the storage of their personal belongings until the arrival of the operational group on duty. They provide assistance and protection to victims of domestic violence.

Since the measure was introduced the junior intelligence officers at SMDI have registered 3027 cases of injured people. Their presence and direct work with the victims led to quicker and more effective identification and detection of crimes.

With regard to the cases in Plovdiv, during a check it was established that B., was detained on 02.09.2021 in 06 Police Station–Plovdiv for a period of 24 hours as a suspect in committing a crime under Art. 198 and Art. 199⁶ of the Criminal Code – robbery by threatening with a knife and using

⁵ **Article 131, Para 2, Item 2.**

(2) (New, SG No. 62/1997, amended and supplemented, SG No. 103/2004, effective 1.01.2005, supplemented, SG No. 43/2005, amended, SG No. 27/2009, SG No. 33/2011, effective 27.05.2011, supplemented, SG No. 61/2013) For bodily injury inflicted on a judge, a prosecutor, an examining magistrate, a police body, an investigating officer, a public enforcement agent, a private enforcement agent or an assistant private enforcement agent, as well as on a customs officer, a revenue officer, an officer of the Executive Forestry Agency, or an officer of the Ministry of Environment and Waters performing a control activity or a medical specialist, a teacher (tutor) in the course of or in relation to carrying out his/her duties or functions, the punishment shall be imprisonment:

2. from three to ten years in the case of medium bodily injury;

⁶ **Article 198.** (1) (Amended, SG No. 10/1993) A person who takes away movable object from the possession of another with the intention to unlawfully appropriate it, using thereby force or threat, shall be punished for robbery by imprisonment for three to ten years.

physical force – striking the victim's head. The District Prosecutor's Office started a pre-trial proceedings of the case.

On 02.09.2021, in execution of a decree for detention of DPO–Plovdiv, an escort order was issued for B. from 06 PS–Plovdiv to the Regional Service “Execution of Sentences” (RSES)–Plovdiv, Sector “Arrests”. B. was handed over to the Sector “Arrests”–Plovdiv at 5.30pm.

After a medical examination and as a result of established injuries of B., Sector “Arrests” submitted a signal to the District Prosecutor's Office (DPO)–Plovdiv, which initiated a check.

The decision of the Plovdiv District Prosecutor's Office⁷ notes the following:

The check is initiated following the signal of the chief supervisor of RSEP indicating that during the medical exam after B. was taken to the arrest facilities, a number of injuries were identified and he claims those were caused by officers from 06 PS–Plovdiv during his detention there.

The check shows that at the time of his detention B. was visibly intoxicated. When he was taken to 06 PS–Plovdiv he refused to sign a declaration on his rights and the order for his detention which is certified by two officers who are witnesses to the refusal.

During the talk on the next day, two police officers noticed injuries on the legs/feet of the detainee and he explained he was in a fight the previous day but did not say who he fought with. During the second talk in the afternoon on the same day, now in the presence of a public defender, he did not say he was the victim of police violence. After that, he was transferred to the RSEP where he claimed he was abused by the police.

On this basis due to lack of sufficient evidence of a crime of general nature committed by officers of 06 PS–Plovdiv, the prosecutor's office issued a refusal to start pre-trial proceedings. The decision was not appealed in the District Prosecutor's Office in Plovdiv.

(2) Threat shall be understood to be such an immediate act which exposes to grave danger the life, health, honour or property of the threatened or of another attending person.

(3) Robbery shall also be any theft in which the criminal, being caught on the spot of the crime, uses force or threat in order to retain possession of the stolen object.

(4) Robbery shall also be considered to occur where for the purpose of taking away the object the victim has been brought to state of unconsciousness or to helpless state.

Article 199. (1) (Amended, SG No. 28/1982, SG No. 10/1993) For robbery of objects:

1. on a large scale;

2. committed by two or more persons who have conspired in advance to commit thefts or robberies;

3. occurring with infliction of severe or medium bodily injury;

4. constituting a case of dangerous recidivism;

5. (new, SG No. 92/2002, amended, SG No. 92/2002, effective 1.01.2005 with respect to the punishment of probation - amended, SG No. 26/2004, effective 1.01.2004) committed by an individual acting at the orders or in implementing a decision of an organized criminal group,

(amended, SG No. 103/2004, effective 1.01.2005) the punishment shall be imprisonment for five to fifteen years, whereas the court may also rule confiscation of up to one half of the culprit's property.

(2) (Amended and supplemented, SG No. 89/1986, amended, SG No. 10/1993, supplemented, SG No. 50/1995) For robbery of objects:

1. occurring with severe or medium bodily injury followed by death;

2. occurring with murder or an attempt at murder;

3. in particularly large amounts, if the perpetrator was armed,

(amended, SG No. 153/1998) the punishment shall be imprisonment for fifteen to twenty years, life imprisonment or life imprisonment without a chance of commuting. The court may also rule confiscation of the whole or part of the culprit's property.

⁷ Ref. No 10716/18.01.2022;

In the course of a check performed by “Inspectorate” Directorate (June 2022) the person in 03 PS–Plovdiv who shared on 10 October 2021 with CPT that he was abused during interrogation was not identified. This does not allow taking any specific measure for documenting potential unlawful behaviour on the part of a police officer.

On this date, three persons were accommodated in 03 PS–Plovdiv. During the additional talks with them they did not confirm that there was police violence against them during interrogation with a view of forcing them to make confessions. Their testimonies are irrelevant for proving the crimes for which they were detained.

Two of the cases involve crimes under Art. 343b, Para 1⁸ of the Penal Code – driving a vehicle under the influence with an alcohol concentration in the blood over 1.2 to a thousand, proved beyond question with technical means.

One of the persons indicated in the declaration of their rights, that they do not want a medical exam and such was not conducted. In the ledger of detained persons the health condition at the time of detention and release was marked as “good”. The person was released on 10 October 2021 at 5:00pm.

The second person was detained on 9 September 2021 after a traffic accident with another vehicle where they were injured. On the same date at 9:24pm, he had a medical examination performed in St. Georgi hospital in Plovdiv where it was established they had superficial trauma/lacerations on the head. In the ledger of detained persons the health condition at the time of detention and release was marked as “good”. The person was released on 10 October 2021 at 2:40pm.

In the third case, the person was detained on 9 September 2021 for a crime under Art. 316⁹ of the Penal Code – use of a fake document – a driver’s license and control card that were seized following the procedure stipulated in the law. At 5:06pm the same day he underwent a medical exam in PS–Rakovski where it was noted that the person has no complaints at the moment of the exam. Later the person was transferred to 03 PS–Plovdiv. In the ledger of detained persons the health condition at the time of detention and release was marked as “good”. The person was released on 10 October 2021 at 12:30.

The check did not find any evidence for unlawful use of physical force and auxiliary means in the detention of the above-mentioned persons.

The commission making the check made recommendations for the strict implementation of Instruction No. 8121z-78 by the officers of RDMoI–Plovdiv; correction of the shortcomings and negative practices established by CPT.

In the course of the check the “Inspectorate” directorate established that the irregularities noted by CPT in some structures of MoI (SMDI and RDMoI–Plovdiv, Pazardzhik, Kurdzhali, Haskovo and Lovech) were corrected. It was not established the presence of objects that can be used to cause violence or to create the impression of a threat towards the detained persons (wooden batons,

⁸ **Article 343b.** (New, SG No. 28/1982, amended, SG No. 50/1995)

(1) (Amended, SG No. 74/2015) A person who drives a motor vehicle with alcohol concentration in his blood exceeding 1.2 per thousand, ascertained by the established procedure, shall be punished by imprisonment from one to three years and a fine from BGN 200 to 1000.

⁹ **Article 316.** The punishment provided in the preceding articles of this Chapter shall also be imposed on a person who consciously makes use of an untrue or forged document, of a document with untrue contents or of such under the preceding Article, where for the drawing up itself of the document no penal responsibility can be sought from that person.

broomsticks, batons, metal sticks, pieces of thick electric cable, imitation of firearms or knives, etc.). No metal railings were found.

Clarifications were given once again together with instructions for improvement of the work with detainees, non-allowance of shortcomings and performing increased internal control over the activities for detention of persons in the MoI structures.

Precautions against abuse (§ 21-29)

In order to strengthen safeguards of detainees' rights, a Draft Instruction amending and supplementing Instruction No 8121z-78 of 24 January 2015 in the Ministry of Interior regarding the procedure for detention, the equipment of premises for accommodating detainees and the order in them in the Ministry of Interior (called latter in the text Instruction No № 8121z-78) was prepared. Amendments to the text related to the rights of the detainees, as well as complete revision of the Declaration on the rights of the detainee (Annex I of the Instruction) were proposed.

The draft also transposes provisions of the Directive 2012/13/EU of the European Parliament and of the Council of 22 May 2012 regarding the right of information during criminal proceeding. The rights of a detainee are written out in detail and in a comprehensible manner, including the right to: legal protection, information on the grounds of detention, translator and interpreter, the right to remain silent; to inform another person/consulate or embassy about the detention, medical assistance, information about the duration of detention, the right to appeal the lawfulness of the detention, visits, the right to obtain a copy of the warrant.

The Draft of the Declaration was agreed in working order with Human Rights Directorate of the Council of Europe, who noted the usefulness of the document without objection to its form and content, emphasizing on the necessity of proper practical implementation of the provisions.

The Draft Instruction amending and supplementing Instruction № 8121z-78 was presented for public discussion on The Portal for Public Consultations. The received proposals will be reviewed and final approval will be given.

The Draft of the Declaration on the rights of detainees (Annex to Instruction № 8121z-78) is already translated in English. After the adoption of the amendments it is planned for the Declaration to be translated into several languages.

The rules of the organization of work with suggestions and signals in the Ministry of Interior were amended in the direction of strengthening internal control and prevention of police violence. An obligation has been introduced that the Internal Security Directorate (ISD) has to be notified about every signal containing evidence of unlawful use of weapons, auxiliary means or physical force, or unlawful detention. By a special order of the Minister of Interior, the Internal Security Directorate has been given the task to monitor inspections carried out in the country. The results from the introduction of the measure can be reported at a later stage.

In the course of the "Inspectorate" Directorate's inspection, a test was administered to 1235 officers occupying managerial positions with police functions engaged in detention activities in the SMDI and the RDMoI. Those who failed the test were 17 or 1.37 % of the total number of officers, which means that the level of knowledge of the legal norms concerning the detention of persons by the management staff with police functions was assessed as good.

In the course of the inspection it was found that the documentation in the SMDI and the RDMoI was regularly filled in, but there were shortcomings in the ledgers of in the detainees.

On a random basis, 5361 detention files were examined (detention order, declaration of introduction to rights, personal search report, receipt of returned items and availability of medical examination document).

In the issued detention orders were found flaws: 60 did not indicate the specific legal basis for the detention, and 297 do not state the factual grounds for the detention. In 90 cases the order was not signed by a police authority and/or the detainee did not receive a copy of it. Use of outdated forms and other technical deficiencies were also found.

In the period from 1 January 2021 to 31 March 2022 under the Ministry of Interior Act a total of 66533 persons were detained. 264 detentions were appealed or 0.4 % of the total number. Proceedings have been completed in 150 of the appealed detentions, 66 of which have been cancelled (44%).

On this basis, on the proposal of the “Inspectorate” Directorate, approved by the Minister, by October 2022, the directors of the SMDI and the RDMoI should take organizational and control measures to address the shortcomings and weaknesses; to react within their competences to established data on committed disciplinary violations; to conduct training sessions with detention officers to discuss the shortcomings and weaknesses identified, focused on the correct completion of the order, including the legal and factual grounds of the detention.

In the event of a judicial revocation of a detention order, legal advisers should prepare a review of the case with a view to remedying the shortcomings and weaknesses and to use the case for teaching purposes.

Within the same timeframe, the Rector of the Academy of the Ministry of Interior should plan on increase of the number of practical sessions regarding detention of people.

In the context of the planned changes in the Instruction No 8121z-78, provision should also be made for appropriate practical training of the staff to introduce them to the changes.

In the SMDI and the RDMoI internal checks have been carried out and specific efforts have been made to address shortcomings and irregularities, including enhanced briefings on detention and accommodation procedures, respect for the rights of detainees, prevention of physical or mental abuse, maintenance of premises; measures and trainings to counter hidden police violence, anger management and compliance with the Code of Ethics; continuous monitoring and work to prevent humiliating treatment of detainees, as well as to prevent prohibited items from the premises; discussions on the proper use of force and professional equipment to minimize the risk of injury; guidelines for working with minors in the presence of an attorney, adult relative or other trusted adult, etc. Readiness has been declared to take uncompromising measures against the perpetrators in established cases.

Requirements for detention (§30-33)

During the Inspection of the “Inspectorate” Directorate in SMDI and the RDMoI, it was found that a total of 16 premises for accommodation of detainees and 9 sanitary premises did not meet the requirements of the Instruction and were in need of major renovation. Partial equipment deficiencies were found in 20 of the special detention facilities for juvenile. Clarifications were made and instructions were given to remedy the deficiencies.

Regional Directorate of the Ministry of the Interior – Pazardzhik and Smolyan have prepared the necessary documentation to carry out general renovation. Preparation and approval of a general schedule for the elimination of discrepancies under Chapter Three of Instruction No. 8121z-78 is pending.

With regard to the provision of food, the requirements of Instruction No 8121z-78 are observed¹⁰. Rules for the internal order are placed in a prominent place in the accommodation facilities for detainees. Meals are distributed at the generally accepted times for breakfast, lunch and dinner, and it should be ensured that the detainee's health is not impaired through breach of diet and other medical prescriptions. The food should not be in conflict with the person's personal preferences related to the observance of certain religious norms. The food standard is determined by order of the Minister of the Interior¹¹. The detainees can also receive food purchased with personal resources or received from their relatives.

Efforts are being made to remedy deficiencies in material conditions and efforts are being made to improve hygiene.

¹⁰ Art. 42, para 4 and Art. 43;

¹¹ Order No. 8121z-1435/07.11.2018 regarding provision of food to persons temporarily residing in the structures of the Ministry of Internal Affairs;

Establishments under the authority of the Ministry of Justice

On the findings and recommendations of the European Committee for the Prevention of Torture and Inhuman and Degrading Treatment or Punishment (CPT) from the periodic visit held in the Republic of Bulgaria from October 1-13, 2021, Directorate General “Execution of Sentences” (DGES) provides the following information:

1. Preliminary notes

The competent Bulgarian authorities highly appreciate the contribution and support they receive from the CPT for the creation of appropriate material conditions in prisons and detention centres and for building a new type of relationship between staff and prisoners, with a view to achieving the goals of the punishment.

We consider the findings in the report as objective. We consider as constructive also the recommendations for removing the admitted weaknesses and for a positive change in the attitude of the state and society towards the existing problems in the management of prisons and detention centers and in the treatment of inmates deprived of their liberty.

As can be seen from CPT’s findings, those with the justified criticism of existing problems and unresolved issues predominate, but at the same time, positive ones were also reported.

Regarding § 34

The Committee recommends that additional efforts be made to completely eradicate overcrowding in prisons, including in the Plovdiv prison and any local overcrowding in other penitentiary institutions.

In all places of deprivation of liberty, the requirements of 4 sq m of living space for each inmate are strictly observed, and there are none that do not meet this condition. Measures have been taken to ensure normal hygienic living conditions in all prisons and detention centres.

Of the total capacity of the main building of Sofia prison - 679 inmates, as of 15.07.2022, 512 persons have been accommodated.

In “Kremikovtsi” Closed-type Prison Hostel, the total capacity is 379 inmates, and as of 15.07.2022, 289 people have been accommodated.

As of July 15, 2022, 231 people have been accommodated in the “Kazichene” Open-type Prison Hostel, with a capacity of 441 inmates.

Of the total capacity of the main building of Plovdiv prison - 359 inmates, as of 15.07.2022, 334 persons have been accommodated.

In “Smolyan” Prison Hostel, the total capacity is 153 inmates, and as of 15.07.2022, 93 people have been accommodated.

As of 15 July 2022, 72 inmates have been accommodated in “Hebros” Prison Hostel, with a capacity of 78 places.

“G. M. Dimitrov” Investigation Detention Facility (IDF) as of 15.07.2022 accommodated 208 people, with a capacity of 249.

Plovdiv IDF as of 15.07.2022 accommodated 69 persons, with a capacity of 180 places,

2. Ill treatment

Regarding § 37, § 38 and § 39

Among the introduced legislative changes, the provisions regarding the definition and preventive mechanisms against torture, cruel and inhuman or degrading treatment of those deprived of liberty are regarded as a priority. Rules for the initial allocation of prisoners are in place as a measure to deal with overcrowding in places of detention; the parole procedure has been changed; the norm of 4 sq m of living space for one prisoner is strictly observed as a standard in all penitentiary institutions, regardless of the type, regime and category of prisoners.

In order to overcome the inter-prisoner violence in the places of deprivation of liberty, a variety of complementary and alternative social-correction programs are implemented, which have been approved by the DGES. Part of them are aimed at preventing violence, by increasing knowledge, skills and competencies for dealing with anger, assertiveness in behaviour and reducing aggressiveness. Another part of the Programs is oriented towards the formation of motivation for social communication and attitudes of tolerance and patience towards diversities in Bulgarian prisons.

Heads of prisons implement a consistent policy to direct, limit and control the manifestations of ill treatment and violence between prisoners, and the principles are laid down already in the process of initial training of newly hired prison staff and continue with subsequent trainings. Under the project “Enhancing the capacity of prison staff, building a pilot prison facility, connected to a training centre and improving the rehabilitation of prisoners” under the Programme “Justice” of the Norwegian Financial Mechanism 2014-2021, it is planned to increase the capacity of the staff of DGES through training and development of skills and competences based on professional ethics and values and the culture of security. The good preparation and training of personnel is a key factor for the implementation of dynamic security in prisons, for the prevention of hate speech and a factor for the successful rehabilitation and resocialization of prisoners.

The necessary organization is being created to promptly fill the vacant staff numbers of employees from the supervisory and security staff and social workers. Active work is being carried out in terms of taking quick and effective actions in cases of ascertained violence between prisoners, as well as in the direction of prevention of future similar situations.

The administration of the Sofia prison makes every effort to limit violence between prisoners in all its forms and does not tolerate such manifestations in any way. In the case of conflicting relations between the prisoners, actions are taken through conversations and talks to clarify the reasons and prevent the tension that has arisen between them. Another form of impact is separation into different sleeping quarters or moving to other groups. On the territory of Sofia prison, there are two protected dormitories, which accommodate prisoners, exposed to the risk of conflictual relationships in the group until they are moved. In the event that the administration of the Sofia

prison is notified of physical conflict, disciplinary action is taken against the guilty persons, and the victims receive adequate medical care. Persons with low self-control and expressed aggressive attitudes or conflict personalities are included in specialized impact programs to achieve various positive changes in their behaviour and the aim is to limit the manifestations of inter-prisoner violence.

In the prison in the city of Plovdiv, in cases of aggressive behaviour/inter-prisoners violence, the reasons are investigated together with an inspector psychologist and preventive measures are recommended. The supervisory and security staff are instructed when they come to work to show tolerance and avoid unjustified aggression towards the inmates. When aggressive behaviour of a staff member is registered or when an inmate complains about aggression against him, a commission is formed to examine the case and measures are taken to prevent similar events.

Regarding § 40 and § 41

According to the provisions of Art. 168 of Section IV “Self-acting bodies of prisoners” of the Execution of Penalties and Detention in Custody Act (EPDCA) “*Activities in places of deprivation of liberty are carried out with the active and organized participation of those deprived of liberty, and for their implementation, those deprived of liberty choose self-acting bodies and may organize and conduct meetings and other general events with the permission of the relevant head of a prison or prison dormitory*”. Based on the provisions of Art. 162 of Section V “Self-acting bodies of prisoners” of the Regulations for the Implementation of the EPDCA, the General Director of DGES has approved Rules for the work of self-acting bodies of prisoners, where in item 3 it is explicitly stated, that “*Prisoners, representatives of self-acting authorities, cannot be assigned activities that are supposed to be performed by prison officials, as well as those that put other prisoners in a less favourable position than them*”. In this regard, instructions have been given and attention has been paid to the heads of the territorial offices to strictly adhere to the established rules and norms.

3. Material conditions of detention

Regarding § 36, § 42, § 43 and § 75

Directorate General “Execution of Sentences” is a beneficiary of three predefined projects under the Programme “Justice”, Program area 19 “Correctional services and pre-trial detention” of the Norwegian Financial Mechanism (NFM) 2014-2021, as follows;

1. “Ensuring safe and secure conditions in prisons and places of detention”;
2. “Enhancing the capacity of prison staff, building a pilot prison facility, connected to a training centre and improving the rehabilitation of prisoners”;
3. “Strengthening the application of alternative measures to imprisonment”.

The first two pre-defined projects address the specific challenges and needs described in the concept of the Programme “Justice” related to the penitentiary system, more specifically – the need to improve material conditions for prisoners and detained persons, including vulnerable groups (mainly Roma population and youth); better quality of nutrition and medical care (including the working conditions of medical staff) and other services, such as healthcare services, provided in

prisons – by renovating existing detention centres and introducing new training programs for DGES staff, including medical staff.

The renovation of existing places of detention and the creation of a pilot prison facility with rehabilitation centres meeting applicable international standards will contribute to the overall improvement of conditions in places of detention and reduce overcrowding. These infrastructure measures will be complemented by capacity-building programs for prison and probation officers to address the needs of inmates and persons, sentenced to a probation.

Reducing overcrowding in places of deprivation of liberty by building new facilities, improving living conditions, as part of the overall reform of the penitentiary system, will ensure more humane treatment of prisoners and detained persons, and will provide better opportunities for rehabilitation and to achieve a better level of inter-institutional cooperation.

At the present time, the design for “Construction of a pilot prison connected with a staff training centre and construction of a transitional department (Half way house)” in the area of the “Samoranovo” Open-type Prison Hostel near the Bobov dol prison has been carried out according to the Pre-defined Project 2. A public procurement has been announced for the selection of a contractor to carry out the construction and installation works. According to the schedule, the construction of the new prison main building; half way house; medical centre; shop, sports hall, school, assembly hall and library, production workshops should be completed at the end of 2023. It will be possible to relocate some of the inmates from the “Kremikovtsi” Closed-type Prison Hostel, in order to close the old part of the dormitory, which has unacceptable living conditions.

With funding under the Norwegian Financial Mechanism 2014-2021, a pre-defined project “Ensuring safe and secure conditions in prisons and places of detention” is planned in 2022 and 2023.

“Renovation of the building of the prison in Plovdiv, including the “Hebros” Open-type Prison Hostel and its separation into a transitional department (half way house)”. In 2021, a complete repair of the roof of Plovdiv prison was carried out.

In Sofia Prison, a roof and under-roof floor of the VIIth group was repaired, meeting the European requirements for material and living conditions, as well as insulation of the entire prison building.

Directorate General “Execution of Sentences” makes continuous efforts to improve the conditions in places of deprivation of liberty, taking into account the approved budget for the calendar year, and repairs are planned in stages to improve the conditions of all territorial structures in the country. For a complete repair of the Sofia Prison considering it is the largest prison in Bulgaria, significant financial resources are needed. In 2020, the sleeping quarters of the XIth group were renovated, consisting in the replacement of windows and the laying of floor coverings.

In 2020, 4 bathrooms in “G.M. Dimitrov” IDF were renovated and the facade was renovated. Refrigerators have been supplied to all detainees’ sleeping quarters for food storage. Boilers have been installed in the bathrooms so that there is no period without hot water during scheduled or emergency hot water shutdowns from Toplofikatsia – Sofia¹². Quarters’ repairs have been carried

¹² Hot water and central heating service provider in Sofia;

out in the outdoor seating areas. In 2022, on the sixth floor, the sleeping quarters of the detained persons were renovated, including painting with latex and painting of the inventory. Following a public procurement for the supply of construction materials the renovation works will continue on the other floors of the “G. M. Dimitrov” IDF.

Every year in places of deprivation of liberty, many ongoing repairs are carried out, such as replacing faience, terracotta, plastering, painting, etc.; minor repairs for the maintenance of the building fund with free labour of prisoners, with building materials delivered under contract following a Public Procurement Act procedure.

As the institution responsible for the execution of sentences and detention in Bulgaria DGES has the obligation to ensure appropriate conditions for the rehabilitation of prisoners, which correspond to European standards and good practices. Accepting its organizational mission responsibly and regardless of the severe budget restrictions in the country, supported by external donors, the organization emphasized the need to renovate the material base and has taken concrete measures in this direction.

Regarding § 44: insects’ infestation found in varying degrees in places of deprivation of liberty

Directorate General “Execution of Sentences” has concluded contract No. 650 dated 20.01.2021 with the CULOC¹³ “Favorit Management”, which monthly and if necessary carries out disinsection and deratization in the facilities of the territorial structures.

Despite the disinsection and deratization measures carried out in places of deprivation of liberty, the results are unsatisfactory and of a temporary nature. It has been noted that complaints of an increase in the population of bed bugs and cockroaches have become more frequent. In this regard, the DGES has sent a circular letter to the heads of territorial offices, ref. No. 9472/29.09.2020 with instructions for taking actions to:

- Carry out permanent control in the living and common premises of the prisoners regarding the maintenance of hygiene, as well as the storage of food products, which is a prerequisite for increasing the population of arthropods in them;
- Create an organization to carry out sanitary treatment of every prisoner after his admission to prison, because bed bugs are carried with personal luggage and this is one of the reasons why a satisfactory result for their reduction has not been achieved;
- Steam-clean the bedding and clothes of the prisoners.

In order to solve permanently the problem, the DGES envisages the preparation of “Instructions for the introduction of additional anti-epidemic and sanitary-hygienic measures in places of deprivation of liberty”. The measures will include a filter upon entering the places of deprivation of liberty, including bathing of the inmates and sanitizing of their personal luggage, for this type of activity the steam-cleaners of the prisons are used in places.

All infested and torn mattresses, pillows and blankets will be withdrawn from use and stored in separate storage rooms until measures to destroy them are taken.

¹³ Company under the Obligations and Contracts Act;

It is planned to carry out mechanical treatment (washing of bed linen) at a certain temperature for a certain time as described in the instructions for sanitary and preventive measures and treatment (disinsection) of the infested dormitories by the specialized company with which DGES has concluded contract.

Measures have been taken to replace all mattresses in the prison system (including IDFs) with watertight, tear-resistant mattresses, and at the moment, priority will be given to replacing them in “Kremikovtsi” Closed-type Prison Hostel.

Regarding the recommendation of the CPT to **ensure that the health of prisoners will not be put at risk when disinfecting the premises**: disinfection in places of deprivation of liberty is carried out under the control of medical specialists in the territorial structures, according to updated “Rules for hygienic and the anti-epidemic provision in places of deprivation of liberty”, approved by the DGES with ref. No. 4048/05.04.2022.

The implementation of the mandatory current and periodic DDD¹⁴ measures are in accordance with the procedure for carrying out disinfection, disinsection and deratization, determined by Ordinance No. 3/24.01.2005, on the conditions and procedure for carrying out disinfection, disinsection and deratization.

Medical specialists strictly monitor the implementation of DDD measures and allow the use of only biocides authorized to be placed on the market by the Minister of Health in accordance with the Protection against the Harmful Impact of Chemical Substances and Mixtures Act.

The use of biocides is carried out in compliance with the requirements specified in the label and under the conditions of the permit issued by the Ministry of Health, thus guaranteeing the health of the prisoners.

Regarding the epidemic spread of COVID-19, disinfection measures are carried out according to the “Algorithm of disinfection measures in public facilities in the conditions of epidemic spread of COVID-19”, developed by specialists of the Laboratory, Disinfection and Sterilization at the National Centre for Infectious and Parasitic Diseases.

The algorithm contains detailed information on the requirements and steps for the implementation of the necessary disinfection measures, in view of the epidemic spread of COVID-19.

¹⁴ Disinfection, Disinsection and Deratization;

Regarding § 45: Personal hygiene

Sleeping quarters are cleaned and sanitized by the prisoners who are accommodated in them in accordance to Art. 176¹⁵ of the Regulations for the Implementation of the Execution of Punishments and Detention in Custody Act. Common parts, such as corridors and staircases, are cleaned by the prisoners who are assigned to work by order of the head of the prison, according to the order of Art. 80¹⁶ of the EPDCA.

By virtue of Order No. L-1811/21.04.2020 of the Director General of DGES “Chart No. 6 for laundry, washing, disinfecting preparations and hygiene consumables in places of deprivation of liberty for one month” was updated and approved and a sufficient amount of laundry, washing and hygiene consumables (feminine pads) is set.

Regarding § 46

The preparation of food for the inmates is consistent with the amounts for annual budget support. Prisoners receive free ready-made food sufficient in terms of chemical and caloric composition according to:

1. Chart No. 1 for the composition of the daily ration and food products to be administered to an adult inmate:
 - 1.1. Allowance “A” to Chart No. 1 for an inmate performing labour of medium intensity;
 - 1.2. Allowance “B” to Chart No. 1 for an inmate performing labour with a high degree of intensity.
2. Chart No. 2 for the composition of the daily ration and the food products to be administered to 1 (one) juvenile inmate;
3. Replacement table

They are approved by the Minister of Justice in agreement with the Minister of Health and the Minister of Finance.

The weekly menu is prepared on the basis of “Collection of recipes for public catering establishments” of “Technika” publishing house. The dietary regime of nutrition is determined by

¹⁵ **Article 176.** (1) Apart from the above-mentioned cases, persons deprived of their liberty and persons detained in custody are obliged to work to maintain hygiene in the sleeping rooms and the parts adjacent to them, in the rooms for common use and in the area of the corresponding prison, correctional home, prison dormitory or detention centre.

(2) The established pursuant to para. 1 labour is unpaid and cannot exceed 2 hours per day.

(3) The work of the prisoners to maintain hygiene in the sleeping quarters and the parts adjacent to them is organized by an inspector of social activities and educational work and is supervised by the employees of the supervisory and security staff.

¹⁶ **Article 80.** (1) (Amended, SG No. 103/2012) With their express written consent, persons deprived of their liberty may be assigned voluntary unpaid work by the prison administration for:

1. (amended, SG No. 103/2012) spatial renewal, maintenance and cleaning of the premises and the area of the prison facility when not put on order-keeping and cleaning duties;
2. (amended, SG No. 103/2012) spatial renewal, maintenance and conservation of cultural, historical or architectural landmarks, as well as central and local government sites;
3. repairing damage caused by fires and natural disasters, or preventing accidents;
4. organising and holding courses in literacy training, creative, cultural, sports and other pursuits by properly qualified or skilled persons deprived of their liberty;
5. (new, SG No. 103/2012) other activities.

(2) The time during which persons deprived of their liberty have performed voluntary work shall be allowed towards reduction of the term of the sentence.

the medical specialists in the medical centres in the places of deprivation of liberty. For those in need of dietary nutrition, a separate weekly menu is developed, according to the “DGES’s Guidelines for the Organization of Dietary Nutrition in Places of Deprivation of Liberty”, within the value of the table to which they belong. At the request of the prisoners, they are provided with a vegetarian menu, respecting their right to eat according to the traditions of their religion.

In order to strengthen control, officers carry out inspections in the prison kitchen, including control measurements, tastings and weighing of ready meals prepared but not distributed.

The provision of diverse, sufficient in terms of chemical and caloric composition food in compliance with the physiological norms of nutrition is a prerequisite for good health and protection of the human rights of prisoners.

4. Activities

Regarding § 47, § 48 and § 49

In 2021, a total of 90 programs were implemented, through which 1244 prisoners passed. The most frequently realized programs are: “Thinking skills”, “Promoting tolerance”, “Tolerance in prison, tolerance in life”, “Positive fatherhood”, “Mastering social skills and appropriate behaviour in the labour market”, “Safe driving skills”, “Working with prisoners with a low intellectual level”, “Communication and assertive behaviour”, etc.

Despite the reduction of the prison population, the number of those included in the academic year 2020/2021 is 979 persons. The professional training programs that prisoners are taught in the schools attached to the prisons are “Blacksmithing”, “Basic and finishing works in construction”, “Dry construction”, “Furniture production”, “Internal plumbing networks”, “Tailor” and “Operator in the production of clothing”. During the reported period, four courses for acquiring a part of a profession were implemented in four prisons, with the assistance of Darzhavno predpriyatie “Fond Zatvorno Delo”¹⁷ (DPFZD). 42 prisoners successfully graduated and received the relevant certificates.

An important moment in the social and educational activity is the provision of work for the inmates, which updates their work habits or leads acquisition of new ones. In 2021, the total number of people engaged in labour activity is 7064 persons. The statistics cover all prisoners employed (remunerated work under the DPFZD and the service sector and unpaid under Art. 80¹⁸ of the EPDCA), including with short-term sentences that have served their sentences, entered the places of deprivation of liberty during the specified period. The main areas in which individuals work are service and utility activities, construction activities; agriculture; manufacture of articles of with materials supplied by the client/customer, etc.

Directorate General “Execution of Sentences” is the beneficiary of three pre-defined NFM projects, oriented towards improved treatment, improvement of living conditions, social competences and reintegration of prisoners.

¹⁷ State Enterprise “Prison Deed Fund”;

¹⁸ Please see footnote 16 above;

Under the project, “Enhancing the capacity of prison staff, building a pilot prison facility, connected to a training centre and improving the rehabilitation of prisoners” foresees the development of specialized programs for the rehabilitation of prisoners and strengthening the capacity of prison staff in their implementation. A specialized program for mentoring (coaching) and specialized programs for reintegration and improving the social competences of convicted persons will be developed.

All convicted and detained persons have equal access to social and educational activities offered in places of deprivation of liberty.

Persons accommodated under the conditions of Art. 248¹⁹ of the EPDCA, have the right to stay outdoors for no less than 1.5 hours per day. During this period, they have the right to make social contacts, play sports and participate in organized activities. According to the legal provisions, certain categories of accused and defendants are housed in permanently locked rooms, without the right to participate in collective events. Regardless of their status, they are not limited to participate individually in certain general prison events such as various competitions, religious support, etc. Legislative changes and a complete change of the concept of treatment of offenders in detention are necessary for a deeper implementation of social and educational activities in detention centres in the country.

Regarding § 50: Regarding the sentence “life imprisonment without parole”

Currently, 181 persons with life sentences are placed to serve their sentences, of which 122 with the right to parole and 59 without the right to parole. The employees look for and implement new opportunities to make sense of the stay of the persons sentenced to life, as well as for more targeted individual and educational work with them. There is an aspiration to stimulate lawful behaviour, preserve their mental status and open to them prospects for a change in legal status. The events carried out with this category of prisoners are in accordance with the way they are treated from the point of view of the regime requirements and their individual plans for serving the sentence, related to their treatment and safe-keeping.

This is a category of prisoners in which correctional activity is often very difficult, but has a wider scope and greater weight. In all prisons, a specific team works with them; the team mandatory includes the inspectors of social activities and educational work, a psychologist, a doctor and an

¹⁹ **Article 248.** (1) (Amended, SG No. 32/2016) At the prisons the accused and the defendants shall be held on permanently locked premises with removal from association where:

1. they have been charged with criminal offences which carry a penal sanction of deprivation of liberty for a term exceeding 15 years or life imprisonment;

2. (amended, SG No. 32/2016) they grossly or systematically breach the established order, thereby endangering security at the prison.

(2) (Amended, SG No. 32/2016) In the cases referred to in Paragraph (1), the accommodation shall require a written order by the director of the prison. A copy of any such order shall be transmitted to the prosecutor exercising supervision as to legality.

(3) The provisions of Paragraphs (1) and (2) shall furthermore apply at the detention facilities. The order, referred to in Paragraph (2), shall be issued by the chief of the detention facility.

(4) The orders referred to in Paragraphs (2) and (3) shall be appealable before the regional court exercising jurisdiction over the place of the prison or detention facility under the terms and according to the procedure, established by Article 111 herein.

employee from the supervisory and security staff. Their method of work is individual and aimed at overcoming the negatives of isolation and the long period of stay in prison.

Due to the long period of serving the imposed punishment, persons sentenced to life imprisonment face more difficulties regarding their social adaptation. Penitentiary officers implement a variety of activities to make sense of the life sentence of persons sentenced to life, for more targeted individual educational work to stimulate lawful behaviour, preserve their mental status and provide prospects for a change in legal status. An assessment of the risk of relapse and harm is carried out for each one and a program of work is established based on the areas of need. The events carried out with this category of prisoners are in accordance with the way they are treated from the point of view of the regime requirements and their individual plans for serving the sentence, related to their treatment and safe-keeping.

In this regard, in the specially designated wards in the prisons, material conditions for the employment of the inmates are created – these include making frames for beehives, assembling pens, gluing packaging bags and others.

In the high security areas, there are rooms for general resocialization activities, where film lectures, talks on health, legal and entertainment topics are held. Creative activities, educational courses and language training are carried out, specialized group impact programs are held. Correctional programs for personal preservation and rehabilitation of social skills of prisoners are conducted with the assistance of NGOs.

Prisoners, sentenced to a life imprisonment are given daily the opportunity to maintain their physical health by visiting sports halls and playgrounds. By order of the heads of prisons, their participation in organized sports and cultural mass activities together with other prisoners is allowed.

The inclusion of prisoners of this category in the conduct of mass cultural events, in activities organized on the occasion of national and historical anniversaries, in literary and artistic contests on various topics is stimulated.

Prison officials make significant efforts to provide inmates with opportunities for change and development, saturating their daily lives with a variety of constructive activities to support their social integration.

In connection with the **adoption of the legislative changes:** The penal impact implemented through the institution of early release is an important factor both in the fight against crime and for the process of the normal development of the resocialization of sentenced persons. The institution of early release was subject to significant legislative changes. The legal norms relating to the matter have undergone quite a number of revisions over the years, the last of which was in 2017. According to the current legal framework, life imprisonment can be replaced by imprisonment for a period of 30 years, if the convicted person has served no less than 20 years. In these cases, the early conditional release institute is fully applicable, as practice shows the application of this legal option to persons who were previously sentenced to life imprisonment.

Regarding § 51: Shortage of health-care staff

Directorate General “Execution of Sentences” makes efforts to guarantee the medical care of prisoners, on an equal basis with the citizens of the Republic of Bulgaria, but encounters difficulties in the appointment of medical specialists to the vacant positions in the medical facilities for outpatient medical care under the Ministry of Justice. The following negative trends are outlined:

1. Difficult staffing of medical institutions;
2. Lack of doctors and medical paramedics, in general in the country;
3. Disparities in the provision of medical personnel in the different territorial services;
4. It is necessary to repeatedly announce the vacant positions, due to the lack of candidates for the announced positions. The reasons are complex:
 - Shortage of medical staff on a national scale;
 - Unattractive working conditions in prisons (medical professionals carry out their humane profession in the complicated environment of the patient's unfavourable attitude towards them. They are the subject of complaints, unfounded accusations and claims, which should not affect the quality of medical care. All this makes their work tense and difficult and yet very responsible);
 - The low payment.

Directorate General “Execution of Sentences” is trying to compensate for the shortage of personnel by taking various steps. After the changes made in EPDCA, medical specialists (doctors, paramedics, nurses) are appointed according to labour relations. This makes it possible for medical personnel to continue to work after reaching 60 years of age, which has achieved the retention of long-term employees in the system. The procedure for appointing the new candidates is in shorter terms.

In the medical centres with an acute shortage of staff, instructions have been given to take action to conclude contracts under the Public Procurement Act for external services with CVP code 79625000-1 (Intermediary services in the provision of medical staff). Contracts should be concluded with medical centres or other legal entities that have the necessary medical university or medical college degree.

If it is impossible to conclude an employment contract or to assign the performance to medical centres or other legal entities, it is possible to hire medical specialists on civil contracts for the provision of pre-hospital medical assistance.

An ex-officio election of a general practitioner and a dentist is carried out, according to the National Framework Agreement.

There is also a good practice medical specialists in relevant narrowly profiled specialties to visit prisons on site and provide health services guaranteed by the National Health Insurance Fund (NHIF) budget.

In connection with the provision of medical specialists in the medical facilities for outpatient medical assistance to the Ministry of Justice, the DGES made a proposal to the Minister of Health, the Chairman of the Board of the Bulgarian Medical Union, the Rector of the Medical University – Sofia and the Director of the Medical College “Yordanka Filaretova” – Sofia to hold workshops

and discuss the possibilities for assistance and support in finding medical specialists to be appointed to vacant positions in the places for imprisonment.

On the proposal made, Medical University – Sofia informed us that they are not able to assist and support us in finding medical specialists, because at the moment the shortage of medical specialists is felt throughout the country, given the pandemic related to COVID-19. A large part of the medical institutions in Sofia rely on student volunteers, who in turn hope to be appointed as interns in these hospitals.

The other institutions did not respond to our meeting invitation. In conversations with the Ministry of Health (MoH), there was evidence of concern, with no specific offer of assistance. Directorate General “Execution of Sentences” will continue to raise and discuss the issue, looking for other mechanisms to provide a medical specialist in places of deprivation of liberty.

In connection with the Decision of the Committee of Ministers (CM) of the Council of Europe, adopted in September 2021, regarding the implementation of the decisions of the European Court of Human Rights (ECHR) from the group of cases “*Kehayov v. Bulgaria*” and the pilot decision “*Neshkov v. Bulgaria*”, a Roadmap for implementing the decisions of the ECHR was adopted with Decision No. 586 of the Council of Ministers dated 06.08.2021. In this regard, drafts of the “Strategy for Ensuring Adequate Medical Care in Places of Deprivation of Liberty” and the Strategy Action Plan for Ensuring Adequate Medical Care in Places of Deprivation of Liberty (2022-2025) have been prepared.

The above-cited documents are borrowed from the Strategy for Reform of Health Care in Bulgaria and Action Plan 2018-2020 under the project “Support for the Implementation of the Decisions of the European Court of Human Rights and the Standards and Recommendations of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment in Bulgaria (Prison Reform)”.

Specific measures are proposed in relation to solving the problem of staffing in places of deprivation of liberty, part of which to be jointly determined is MoH, by developing common strategies and possible models for improving the recruitment of medical staff in penitentiary institutions (to increased the number of part-time workers in the general health care system and that in the penitentiary system), to discuss the possibilities and prepare a proposal to provide financial means for higher wages for the work of medical specialists in places of deprivation of liberty.

Regarding the recommendation to strengthen the provision of specific health care in matters related to women’s health, medical specialists provide consultation with a specialist gynaecologist when deemed necessary.

Directorate General “Execution of Sentences” welcomes the recommendation for at least one qualified nurse to be present in each prison at night and at weekends, but due to a national shortage of medical professionals, this condition cannot be implemented at this stage.

In Ordinance No. 2/22.03.2010 on the conditions and procedures for medical care in places of deprivation of liberty, it is stipulated that the provision of emergency medical care in places of

deprivation of liberty during non-working hours of the medical centres shall be regulated by an order of the head of the relevant place of imprisonment on the proposal of the director of the medical centre. The execution of the order is assigned to the chief wardens on duty. In these cases, the chief supervisor on duty turns to the nearest Emergency Medical Assistance Centre or other medical facility or signals through the National Emergency Call System with a single European number 112.

Regarding § 52: Appointment of prisoners as support staff

Pursuant to Ordinance No. 2/22.03.2010 on the conditions and procedures for medical care in places of deprivation of liberty, at the proposal of the director of the hospital or the medical centre, inmates may be appointed as support staff to the medical facilities.

Prisoners, who have a medical education, if they are not deprived of the right to practice their profession, may be assigned work in their specialty under the immediate control and direction of the director of the hospital or medical centre or a medical specialist authorized by them.

By circular letter, Ref. No. 74/06.01.2021 DGES has determined what activities can be performed by the inmates appointed as support staff, by sending a sample job description for the position of “support staff” in a medical centre at a prison. The following is prohibited: access to medical documentation; access to the pharmacy warehouse and distribution of medicines; access to computer configurations, internet networks and telephones; participation in diagnostic, treatment and rehabilitation procedures; patient care procedures that involve contact with the patient’s body, with the exception of palliative care procedures for terminally ill patients.

The execution of the order is assigned to the director/medical specialist in the medical centre at the prison, and the control over the execution to the head of the prison.

Regarding § 53: Shortage of medication

There was a temporary shortage of medications in places of deprivation of liberty, caused by a change of supplier in connection with a new public procurement contract with the subject “Supply of medicinal products, substances and packages” under Contract No. 9497/15.09.2021, which coincided with the Committee’s visit.

At the moment, the requests are fulfilled regularly and there is no shortage of medications.

With regard to medications that have expired, the DGES has prepared “Methodical instructions for medical care in medical facilities for outpatient medical care – (Medical Centre) in places of deprivation of liberty”, which by order No. L-4709/30.12.2021 is approved by the Director General of the DGES and with circular letter ref. No. 13427/30.12.2021 was sent for execution by the medical specialists in the medical centres in the places of deprivation of liberty. It contains explicit instructions regarding the supply, storage and use of medications.

Regarding the material conditions and equipment of the medical centres in the projects of “Strategy for Ensuring Adequate Medical Care in Places of Deprivation of Liberty” and the Strategy Action Plan for Ensuring Adequate Medical Care in Places of Deprivation of Liberty (2022-2025) is set

in objective 7 “Improvement of the material and technical base of medical institutions in places of deprivation of liberty”. The main tasks that DGES has set are:

1. To carry out a study and analyse the need to improve the material and living conditions in medical facilities in places of deprivation of liberty;
2. To carry out repair works to improve the material and living conditions in all medical facilities in places of deprivation of liberty;
3. To carry out a study and make an analysis about the need for medical equipment of the medical facilities in the places of deprivation of liberty, in accordance with the established medical standards;
4. To provide the necessary medical equipment to medical facilities in places of deprivation of liberty.

Directorate General “Execution of Sentences” has planned the purchase of an assistance unit (dental x-ray) for all dental chairs in places of deprivation of liberty, as well as replacement of the remaining depreciated dental chairs in the medical centres.

A proposal was also made for the purchase of the Automatic External Defibrillator (AED) developed specifically for use by people without medical education.

Regarding § 54 and § 55: Superficially performed medical examination and the quality of the kept documentation

In connection with the identified omissions in keeping the medical documentation in the medical centres at the places of deprivation of liberty, on the basis of the EPDCA and Ordinance No. 2/22.03.2010 on the Conditions and Procedures for Medical Care in the Places of Deprivation of Liberty, with a circular letter of DGES ref. No. 6870/08.07.2021 the procedure for performing a primary medical examination and keeping the mandatory medical documentation was ordered.

Also, in the “Methodical instructions for medical care in medical facilities for outpatient medical care – (Medical Centre) in places of deprivation of liberty”, instructions are also given regarding conducting a medical examination and documentation keeping.

Regarding the recommendation to introduce gender-specific medical screening on admission of women to all penitentiaries:

Directorate General “Execution of Sentences” notes that during the primary medical examination, in the case of detected vulnerable areas, including a history of any sexual violence and other violence and an established need of the prisoner, a consultation with a gynaecologist specialist is provided.

In order to ensure medical confidentiality in the penitentiary system in the draft “Strategy for Ensuring Adequate Medical Care in Places of Deprivation of Liberty” and the Strategy Action Plan for Ensuring Adequate Medical Care in Places of Deprivation of Liberty (2022-2025) the creation of electronic health records to which only the medical specialist from the territorial structure will have access is envisaged, with the following tasks related to:

1. Taking actions to create an organization for using the created single Information System “Execution of Punishments” in the part “Medical Care in Places of Deprivation of Liberty”;

2. Creation and management of an electronic health record of every sentenced/detained person, when they enter the territorial structure of DGES;
3. Provision of the necessary computer equipment, peripheral devices and Internet connectivity for managing electronic health records.

Regarding § 56: Access to psychiatric care

In recent years, there has been a trend of a shortage of doctors specializing in psychiatry at the national level. The analysis of published data from an audit of the effectiveness of the psychiatric service system (audit report No. 0300101419 of the Audit Chamber of the Republic of Bulgaria) showed a permanent decrease in the country's population and the total number of doctors, with the number of the population per doctor being about 235 people. The total number of psychiatrists as of 31.12.2019 is 699, and the indicator "Population per psychiatrist" is 9945 people. In 2019, twenty-one regions in Bulgaria had less than 1 psychiatrist per 10000 people. The majority of medical facilities have a shortage of medical staff and unfilled full-time positions. In order to overcome this shortage, it is necessary for psychiatrists to work simultaneously in several medical facilities on labour and civil contracts.

The approach to providing psychiatric care is different in prisons. Some prisons have civil contracts with specialist psychiatrists. In other prisons, doctors with recognized specialties in psychiatry visit the prisons on site and provide health services guaranteed by the NHIF budget. The possibility of conducting consultative examinations in external medical facilities and mental health centres, where there is a round-the-clock presence of specialists, is also used.

As of 2021, two prisons have full-time positions for psychiatrists: Sofia and Sliven. The same are vacant. Psychiatrists have been appointed on civil contracts in the Varna prison and the Sofia prison.

The main care for all prisoners who need specialized psychiatric health care is provided by hospitalization in a psychiatric ward of the Specialized Hospital for Active Treatment of Prisoners at Lovech Prison, where they have access to professional help. The department is staffed with two doctors specializing in psychiatry.

Regarding § 57: Regarding the recommendation for the preparation of a protocol for a system for mandatory monitoring of the number of white blood cells of prisoners treated with Clozapine

Directorate General "Execution of Sentences" with circular letter ref. No. IZ-7069/24.06.2022 has sent for implementation by the medical specialists in the medical centres and the Specialized Hospital for Active Treatment of Prisoners "Detailed scheme for administration and monitoring of the atypical neuroleptic/antipsychotic Clozapine/Leponex (tab. of 25 mg, tab. of 50 mg and tab. of 100 mg)" and "Characteristics of the medication Clozapine/Leponex", prepared by the head of the psychiatric department at Specialized Hospital for Active Treatment of Prisoners – Lovech.

Regarding § 58 and § 59

According to Art. 112²⁰ et seq. of the EPDCA, in the performance of their official duties, civil servants from places of deprivation of liberty may use physical force, aids and weapons only when the observance of order and discipline cannot be achieved in any other way. The law gives employees the right to use aids at their discretion and in accordance with the circumstances under Art 115, para. 1²¹ of the Act – the specific situation, the nature of the violation and the personality of the offender. The determining factor for the actions of the prison administration for each specific case are both the sentence being served, the prescribed regime of serving it, as well as the behaviour and character traits of the person. The use of physical force and auxiliary means shall be stopped immediately after the situation has been brought under control (Art. 115, para. 3²²)

Specifically, for the Plovdiv prison, the cases are related to the fixation of persons who have clearly and demonstratively declared that they will harm themselves or other prisoners.

Regarding § 60: Regarding psychological assistance

It should be noted that psychologists working in places of deprivation of liberty carry out a wide range of activities in the psychological service of sentenced persons and penitentiary staff. Their main functions are not only psychological evaluations and psycho-diagnostics of the inmates, but also the realization of crisis interventions, consultative and correctional work with the prisoners, which, if necessary, can have a psychotherapeutic orientation. Depending on the specifics and severity of the psychological problems of the treated persons, psychological counselling can take the form of short-term therapy, and group work (especially with drug addicts, sex offenders, persons with mental illnesses and mental deficits) can be based on the principles of cognitive-behavioural paradigm and therapy. Psychologists in places of deprivation of liberty are not clinical psychologists and are not required to hold a specialization, masters or doctoral degree in clinical psychology. However, in order to respond precisely to the need for psychological treatment of convicts with mental disorders, as part of their introductory training, psychologists must go through a “clinical” module for working with sentenced persons, developed in the framework of a project of the Norwegian Financial Mechanism 2009-2014, including theoretical training in

²⁰ **Article 112.** (1) Upon discharge of the official duties thereof, the civil servants of the places of deprivation of liberty may use physical force, auxiliary means and arms unless observance of order and discipline cannot be achieved otherwise.

(2) For personal safety in the discharge of the official duties thereof, the civil servants of the places of deprivation of liberty may use helmets, shields, body armour vests and other personal protective equipment in operational service at the Ministry of Interior.

²¹ **Article 115.** (1) Use of physical force and auxiliary means shall reckon with the specific situation, the nature of the breach and the person of the offender.

(2) When using physical force and auxiliary means, the civil servants of the places of deprivation of liberty shall be obligated, as far as possible, to safeguard the health and to take all measures for the protection of the life of the persons targeted.

(3) The use of physical force and auxiliary means shall be discontinued immediately after the situation is brought under control.

(4) In respect of persons deprived of their liberty who are of advanced age or with visible physical or mental defects, the use of physical force and auxiliary means shall be admissible solely in the cases of surprise attack, apprehension, release of hostages and recovery of captured areas, as well as upon group disobedience, where all other means have been exhausted.

²² Please see footnote 20 above;

psychopathology, training in working with clinical psycho-diagnostic tools, conducting group work, implementing crisis interventions and supervision. Efforts are being made to increase the competencies of psychologists in the direction of expanding the application of therapeutic interventions in a group format, as within a project of the Norwegian Financial Mechanism 2014 - 2021, the development of rehabilitation programs and training in their application, including for psychological staff, is planned.

Regarding § 61: Prisoners with disabilities

In the sense of the definition in Art. 1 of the UN Convention on the Rights of Persons with Disabilities, persons with disabilities include persons with a permanent physical, mental, intellectual and sensory deficiency, which, in interaction with their environment, could hinder their full and effective participation in society on an equal basis with others.

In accordance with the regulations relating to the execution of a sentence of “imprisonment” and the aforementioned Convention, all rights that are not limited by law are guaranteed in prisons in the Republic of Bulgaria.

Access to a range of support services in the community is ensured for people with disabilities, including access to personal assistance as needed to support daily living and participate in community life, to avoid their isolation and segregation. The privacy of the personal, health and rehabilitation information of disabled people is protected, on an equal basis with all other persons.

People with disabilities have the right to access health care without discrimination on the basis of disability. People with disabilities are provided with the same range, quality and standard of free or affordable health care and programs as all other citizens. Health services are disability-specific, including early detection and appropriate intervention, and the minimization and prevention of further disability, including in the elderly or terminally ill.

Healthcare professionals provide people with disabilities with the same quality of care, respecting their free and informed consent, subject to legally established safeguards, including applicable data protection legislation to ensure confidentiality and respect for people’s right to privacy with disabilities. All prisoners are provided with access to medical facilities, outside the places of imprisonment, and health services are provided, according to the National Framework Agreement for Medical Activities between the National Health Insurance Fund.

Particular attention is paid to the assessment of the risk of co-housing of prisoners, and separate areas for housing vulnerable persons are created, with a view to their safety.

In the case of conditions that limit the persons’ ability to interact with their environment, social, intellectual, physical or moral difficulties, they are accommodated in specially created sleeping quarters in the immediate vicinity of the hospital to the medical centres in the prisons. Those accommodated in these premises are placed under the conditions of a gentler regime, if necessary they are assisted by other prisoners, and in case of difficulties in movement, food is provided to them in the sleeping quarters. The most severe cases are accommodated in the hospital and a caregiver is appointed to assist the inmates with their daily self-care/care. At the discretion of the prison management, ramps are constructed to facilitate the movement of persons with mobility

problems, through which access to all points of the prison infrastructure for general use and by other prisoners is ensured for these persons.

Special treatment is applied to women with disabilities, they are approached with attention and care. Research and assessment of individual needs is carried out by a multidisciplinary team: inspector of social activities and educational work, psychologist, psychiatrist, general practitioner, pedagogue. After determining individual deficits and resources, women with disabilities are directed to active activity programs; education and vocational training; work activity; formation of social skills; making sense of free time; sports. Inclusion is based on personal potential and motivation, with the supporting function of a mentor.

Specialized programs and activities for increasing learning skills, a Program for persons with a low intellectual level and a Program for the development of tolerance also function in the Sliven prison²³.

Persons who do not receive financial support from the state or from relatives are supported with items and consumables of first necessity.

The prison administration assists individuals, within the scope of their powers, before organizations and institutions for: appearing at the Territorial Expert Medical Commission (TEMC); inpatient treatment; receiving a pension; housing security, after serving the sentence.

In accordance with Art. 15 of the Convention, procedures for the protection of women with disabilities against torture or cruel, inhuman or degrading treatment or punishment have been established and are in place. No evidence of torture, cruel, inhuman or degrading treatment or punishment was found.

In case of admission of disabled people, whose physical condition does not allow them to stay in places of deprivation of liberty and custody, even with the appropriate care, the medical advisory commission at Specialized Hospital for Active Treatment of Prisoners – Lovech and Specialized Hospital for Active Treatment of Prisoners – Sofia promptly prepares a protocol on the patient's state of health and the head of the prison notifies the supervising prosecutor. For health reasons, the execution of the penalty of deprivation of liberty may be interrupted under Art. 447, item 3²⁴ of the Criminal Procedure Code or to change the remand measure "detention in custody". When the somatic or mental health of people with disabilities is incompatible with the conditions of places

²³ The only prison in Bulgaria where female prisoners are allocated;

²⁴ **Article 447** (Supplemented, SG No. 32/2010, effective 28.05.2010) The execution of a punishment of deprivation of liberty or probation may be interrupted:

1. (amended, SG No. 32/2010, effective 28.05.2010) where a convicted woman gives birth to a child while serving time, until the child reaches one year of age;
2. under exceptional reasons of family or public nature - for not longer than three months;
3. where the convict falls seriously ill - until the recovery of his/her health;
4. for sitting for examination at an educational establishment - for up to ten days;
5. (new, SG No. 32/2010, effective 28.05.2010) in cases of temporary extradition of the convict to another country, or in cases of temporary surrender of the convict requested under a European arrest warrant by the issuing EU Member State, until expiry of the time limit laid down by a written agreement concluded between both states concerned.

of deprivation of liberty, the institution of pardon under Art. 98, item 11²⁵ of the Constitution of the Republic of Bulgaria.

People with mental disorders who need hospital treatment are accommodated in Specialized Hospital for Active Treatment of Prisoners – Lovech. If there is a suspicion of a mental disorder leading to insanity, the head of the prison prepares for the relevant prosecutor a proposal for the appointment of a forensic psychiatric examination. If the presence of an illness is confirmed, a suspension of the execution of the sentence or a change of the measure of “detention in custody” is proposed, and the placement of the person for treatment in a specialized psychiatric institution is arranged.

Efforts are also made to prevent the placement of persons in unfavourable conditions that lead to cruel, inhuman or degrading treatment, in the execution of the sentence of “imprisonment” or the “detention in custody” measure. In this regard, the activities are aimed at providing sufficient living space, food, clothing, heating, lighting, ventilation, medical care, conditions for staying outdoors and free communication, limiting the unjustified use of aids, including for the disabled. When housing prisoners with a high degree of public danger, including vulnerable persons and those with mental disorders, the head of the prison may designate special premises for their security, the safety of other prisoners and the staff.

In the cases in which patients, suffering from musculoskeletal disorders, neurological diseases, as well as those in which there are consequences of cerebrovascular accidents, dystrophic or other conditions affecting the ability of the inmates to provide full self-care, are accommodated in Specialized Hospital for Active Treatment of Prisoners – Lovech, they are placed in separate rooms and an inmate acting as a “caretaker” is provided. His job description includes the performance of non-medical activities related to the service (self-service) of patients in their daily life – dressing, personal grooming, using the toilet, moving around the hospital and to the place designated for outdoor stay. The patient’s condition is permanently monitored and the medical staff is notified. Adapted furniture is provided, with the help of which patients with difficulty in mobility can use a toilet, a hospital trolley and other aids.

Regarding § 62: Regarding the systematic screening of transmissible diseases

In the drafts of the “Strategy for Ensuring Adequate Medical Care in Places of Deprivation of Liberty” and the Strategy Action Plan for Ensuring Adequate Medical Care in Places of Deprivation of Liberty (2022-2025) is laid down in objective 5 “Prevention and control of diseases”, and one of the tasks envisages the implementation of the “Agreement on the implementation of joint activities on the prevention of HIV, STIs, tuberculosis and viral hepatitis”, ref. No. 4989/18.03.2022 signed between the Ministry of Health and the Ministry of Justice, which concerns the implementation of:

- “National Program for the Prevention and Control of HIV and Sexually Transmitted Infections in the Republic of Bulgaria, 2021-2025”;

²⁵ **Article 98.** The President of the Republic shall perform the following functions:
11. exercise the right to pardon;

- “National Program for the Prevention and Control of Tuberculosis in the Republic of Bulgaria, 2021-2025”;
- “National Program for the Prevention and Control of Hepatitis Viruses in the Republic of Bulgaria, 2021-2025”.

In this regard, training was conducted for medical specialists from the Ministry of Health to increase the qualifications of medical personnel in places of deprivation of liberty, with a view to ensuring the sustainability of the planned joint activities and their introduction in all prisons.

Regarding the recommendation of the CPT to vaccinate prisoners against hepatitis:

According to the current Immunization Calendar of the Republic of Bulgaria, mandatory prophylactic immunizations and reimmunizations against hepatitis B are carried out for all newborns.

Recommended hepatitis B reimmunizations are performed at the patient’s request for a fee.

When provided with medical care, prisoners and detainees have the same rights as any health insured person.

Directorate General “Execution of Sentences” does not have a budget for personal financing of the recommended immunizations, which are not paid by the NHIF according to the current Immunization Calendar.

Regarding § 63: Regarding testing of inmates suspected of having COVID-19

Until the month of September 2021, the medical centers at the prisons and District Service “Enforcement of Punishments” (DSEP) of the city of Sofia had limited quantities of rapid antigen tests for COVID-19 purchased at the expense of the budget of the DGES.

After 14.09.2021, rapid antigen tests are provided according to a public contract: order with the subject “Delivery of medications and consumables” under contract No. 9420/14.09.2021. They are used at the discretion of medical specialists in the presence of clinical data on respiratory infection and suspected coronavirus, as well as contact testing to limit the spread of COVID-19 among prisoners. There is no practice of routine testing for COVID-19 in places of detention due to lack of budget. In order to prevent the spread of COVID-19 upon admission to prison, inmates are placed under 7-day active health monitoring by medical specialists.

PCR tests of prisoners for COVID-19 are carried out in external medical facilities/laboratories, with “Direction for medical-diagnostic activity” according to the National Framework Agreement for Medical Activities 2020-2022.

According to Art. 137, para. 1²⁶ of the EPDCA and Art. 9, para. 1 of Ordinance No. 2/22.03.2010 on the conditions and procedure for medical care in places of deprivation of liberty, in case of disagreement with the determined diagnosis or prescribed treatment, the inmate may request

²⁶ **Article 137.** (1) In case of disagreement with the diagnosis as established or with the medical treatment as prescribed, the person deprived of his or her liberty may, at his or her own expense, request a second opinion from specialists of other medical-treatment facilities. In such case, the consultant shall be afforded access to the requester.

consultation with specialists from other medical facilities at your own expense, including a PCR test for COVID-19, in which case the test is paid for.

The procedure described in the preliminary conclusions of the Committee for testing detainees in detention in Plovdiv with tests purchased by relatives is a precedent of bad medical practice, given the available options for testing health-insured persons in case of suspected COVID-19.

Regarding the adherence to anti-epidemic measures and impressions of general denial of the pandemic:

Detailed instructions have been prepared for the heads of prisons and regional offices to take measures to limit the spread of coronavirus (COVID-19) in places of deprivation of liberty and among employees of the DGES.

Instructions have been sent to all territorial offices of the DGES to establish an organization to control the entrance to the prison/IDF. Display information signs or otherwise inform visitors to the prison/IDF about:

1. Mandatory observance of a physical distance of 1.5 m;
2. Wearing a protective face mask;
3. The need for thermometer raps;
4. Mandatory hand disinfection at the entrance to the prison/IDF.

Among staff in places of deprivation of liberty, as well as among persons deprived of their liberty, so-called “pandemic fatigue” is observed to varying degrees, which is characterized by a feeling of fatigue and a waning willingness to comply with the rules designed to prevent the further spread of the virus.

In this regard, the employees of the “Social Activities and Educational Work” sector in the prisons conduct explanatory talks among the persons placed in the places of deprivation of liberty, regarding the nature of the infectious disease and the anti-epidemic measures taken to protect their health, related to the temporary restriction of certain rights. The resource of the prison community is also used, holding meetings with the collective council in the prisons. Printed materials were distributed to acquaint prisoners with the requirements for observing personal hygiene, as a preventive measure against the spread of the corona virus. The available resource of psychologists is used in connection with reducing anxiety among employees, increasing trust in vaccines and motivation for their administration,

Regarding § 64: The vaccination process of detainees and prisoners, as well as employees of the DGES

Directorate General “Execution of Sentences” is clearly aware that places of deprivation of liberty are recognized as risky for the spread of COVID-19 due to the high epidemiological risk of infection related to the conditions and lifestyle. A key principle is protecting their health and safety.

Instructions have been sent to the territorial services, medical specialists, together with the inspectors of social activity and educational work, to create an organization to ensure a transparent, active and targeted communication campaign in an understandable language for those deprived of liberty, detained in custody. Directorate General “Execution of Sentences” prepared and sent an

information brochure and brief characteristics of the four vaccines in order to make an informed choice for vaccination.

Given the fact that immunization against COVID-19 is recommended, the prescription and delivery of the vaccine is carried out with the assistance of the Regional Health Inspections in compliance with the requirements established in Art. 11 of Ordinance No. 15 of May 12, 2005 on Immunizations in the Republic of Bulgaria and in the presence of the following conditions:

- Expressed desire for immunization against COVID-19 on the part of the inmate and familiarization by the medical specialist with: indications of the medicinal product; its method of administration; its contraindications, as well as possible side effects and adverse reactions;
- Informed consent for immunization against COVID-19, by signing the informed consent form under Art. 87 and Art. 88²⁷ of the Health Act.

²⁷ **Article 87** (1) Medical activities shall be performed upon the informed consent expressed by the patient.

(2) Where the patient is a young person or has been put under partial legal incapacity, his/her informed consent shall be given together with the consent of a parent or a custodian.

(3) (New, SG No. 41/2009, effective 2.06.2009) The consent of parents or custodians required under Paragraph (2) shall not be necessary where health consultations, preventive examinations and tests of persons over the age of 16 are being performed. The specific types of consultation activities, preventive examinations and tests shall be laid down in an ordinance to be issued by the Minister of Health.

(4) (Renumbered from Paragraph 3, SG No. 41/2009, effective 2.06.2009) Where the patient is a child or has been put under full legal incapacity, the informed consent shall be given by a parent or a custodian, unless prescribed otherwise by law.

(5) (New, SG No. 41/2009, effective 2.06.2009) Where the consent of a parent, guardian or custodian referred to in Paragraphs (2) and (4) cannot be received for a child or young person who has been accommodated outside their family by an order of the court, informed consent shall be given by a person entrusted with raising the child once the Social Assistance Directorate has issued a positive opinion.

(6) (New, SG No. 41/2009, effective 2.06.2009) Where the young person or child has been temporarily accommodated pursuant to the administrative procedures provided for in Article 27 of the Child Protection Act, the informed consent referred to in Paragraph (5) shall be given by the Social Assistance Directorate.

(7) (Renumbered from Paragraph 4, SG No. 41/2009, effective 2.06.2009) In the case of persons with mental who have been found incapable of giving informed consent, the latter shall be expressed by the persons under Article 162, Paragraph (3).

Article 88 (1) (Supplemented, SG No. 41/2009, effective 2.06.2009) In order to obtain the informed consent, the treating physician (doctor of dental medicine) shall inform the patient or the parent, custodian or guardian, the person referred to in Article 87 (5), the directorate referred to in Article 87 (6), respectively, as well as the persons under Article 162 (3) about:

1. the diagnosis and nature of the disease;
2. the description of the goals and the nature of the treatment, the reasonable alternatives, the expected outcome and the prognosis;
3. the potential risks related to the proposed methods of diagnostics and treatment, including the side effects and adverse reactions, pain and other discomfort;
4. the likelihood of a favourable impact, and the health risk in the application of other methods of treatment or in the refusal to take treatment.

(2) (Supplemented, SG No. 41/2009, effective 2.06.2009) The medical information under Paragraph (1) shall be provided to the patient or the parent, custodian or guardian the person referred to in Article 87 (5), the directorate referred to in Article 87 (6), respectively, as well as the persons under Article 162 (3) in a timely manner and in an appropriate amount and format to ensure the freedom of choice of a treatment.

Directorate General “Execution of Sentences” maintains contact with the Regional Health Inspections teams and an organization has been created during their visit to the territorial structures to vaccinate the willing employees.

The administered vaccines are according to the wishes of the prisoners and staff, using RNA and vector vaccines approved by the European Medicines Agency and the Bulgarian Drug Agency of the Ministry of Health.

As of 15.07.2022, 5684 prisoners and 758 detainees were accommodated in places of deprivation of liberty. To date, a total of 3269 prisoners/detainees have been vaccinated, which represents 50.7% of those in prisons and IDF.

From the summary data of the heads of the territorial offices at the DGES, 56.7% of the employees currently have a valid digital COVID certificate.

Regarding § 65: On the progress and implementation of the Strategy for the provision of health care in places of deprivation of liberty

In connection with the Decision of the Committee of Ministers (CM) of the Council of Europe, adopted in September 2021, regarding the implementation of the decisions of the ECHR from the “*Kehayov v. Bulgaria*” group and the pilot decision “*Neshkov v. Bulgaria*”, as well as in a road map for the implementation of ECHR decisions. Decision No. 586 of the Council of Ministers dated 06.08.2021 was adopted, drafts of “Strategy for Ensuring Adequate Medical Care in Places of Deprivation of Liberty” and the Strategy Action Plan for Ensuring Adequate Medical Care in Places of Deprivation of Liberty (2022-2025), which have been sent to the Ministry of Justice for approval.

The above-cited documents are borrowed from the Strategy for Reform of Health Care in Bulgaria and Action Plan 2018-2020 under the project “Support for the Implementation of the Decisions of the European Court of Human Rights and the Standards and Recommendations of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment in Bulgaria (Prison Reform)”.

5. Other matters

(A) Prison staff

Regarding § 66 and § 67

The findings of the Committee on the insufficient number of guards is valid for all places of deprivation of liberty. Reserves are sought in the change of the schedule for wearing duties, which will saturate the guarded areas with more employees during the day.

At the moment, the supervisory and security staff is on a mixed mode of work – 24 and 12 hour duty schedule. The working hours are tailored to the specifics of the individual prisons, their staffing resources and their distance from the respective settlements. At the moment, there are no complaints among the employees regarding the working regime.

The outflow of personnel from the system is constant and significant due to the unattractive work and hostile environment in which the staff work, as well as the low pay. Despite the efforts made to complete the security staff, the task remains difficult mainly due to the difficult working conditions (including a permanent shortage of personnel), the work with a heavy criminal contingent and inequality with the employees of the Ministry of Internal Affairs system.

In view of the above and regardless of the difficulties, DGES will continue to look for effective solutions, related to the possibility of increasing the staff in places of deprivation of liberty, in order to be able to function effectively in the penitentiary system, in order to respond professionally to every need of the deprived freedom in the process of serving the sentence.

Regarding § 68: Corruption practices by a member of the health team of the prison in Plovdiv

On the occasion of numerous signals received from institutions and complaints from prisoners about violations committed by a member of the health team from the medical centre at the Plovdiv Prison, by order of the Director General of the DGES, a disciplinary inspection of the overall activity of medical care and medication supply in the medical centre at the Plovdiv prison was carried out.

By order No. L-4430/13.12.2021 of the Director General of the DGES, a disciplinary investigation was initiated against EE. (medical doctor, MD) resident in the prison in the city of Plovdiv for serious violations of labour discipline, within the meaning of Art. 190, para. 1, item 3, item 4 and item 7²⁸ of the Labour Code. In the course of the disciplinary inspection, the commission found numerous serious violations of labour discipline, including the uncontrolled distribution of psychotropic medications to prisoners, which became the object of exchange and trade between them. The acts committed by the doctor of the prison in the city of Plovdiv are in violation of a number of orders of the Director General, regulating medical care in places of deprivation of liberty.

On the basis of the collected materials and verified facts and circumstances, in an indisputable and categorical manner, the commission established a gross violation of the normative rules and non-fulfilment of the direct obligations, listed in its job description by the doctor of the prison in the city of Plovdiv, regulating the medical care in the places of imprisonment. These acts committed

²⁸ **Article 190** (1) (Amended, SG No. 100/1992, previous text of Article 190, SG No. 25 of 2001) A dismissal for breach of discipline may be imposed after:

1. reporting for work late or leaving early on three occasions, each of not less than one hour, within one calendar month;
2. being absent from work in the course of two consecutive working days;
3. systematic breaches of work discipline;
4. (amended, SG No. 25/2001) abusing the employer's confidence or disclosing data which is confidential in respect of the employer;
5. inflicting detriment on members of the public by workers or employees in distributive trade and services through overcharging, short weighting, or supplying goods or services of quality inferior to the stated quality;
6. (new, SG No. 51/1999) participation in games of chance through telecommunication facilities of the enterprise, and the costs incurred shall be restored in full amount;
7. (renumbered from item 6, SG No. 51/1999) other grave breaches of the work discipline.

(2) (New, SG No. 25/2001) A dismissal for breach of discipline under Paragraph (1) shall be imposed in compliance with the criteria under Article 189 (1).

by EE. (MD), resident in the prison in the city of Plovdiv constitute a violation of labour discipline within the meaning of Art. 187, para. 1, item 3, “*failure to perform the assigned work, non-compliance with technical and technological rules*” and item 10²⁹ “*failure to fulfil other labour obligations provided for in laws and other normative acts, in the rules for the internal labour order, in the collective labour agreement or determined at the origin of the employment relationship*”, for which by order No. L-1065/16.03.2022 of the Director General of the DGES, EE. (MD), was punished with “Disciplinary dismissal” and was dismissed from this position.

²⁹ **Article 187** (1) (Previous text of Article 187, SG No. 105/2016, effective 30.12.2016) The following shall constitute breaches of work discipline:

1. reporting for work late, leaving early, being absent from work or failing to utilise working time efficiently;
2. (supplemented, SG No. 100/1992) reporting of the worker or employee for work in a state which prevents him from fulfilling the tasks assigned thereto;. non-execution of the work assigned, non-observance of the technical and technological rules;
4. production of inferior-quality output;
5. non-observance of the rules for health and safety at work;
6. (repealed, SG No. 100/1992);
7. (amended, SG No. 100/1992) non-execution of the lawful orders of the employer;
8. abusing the confidence and damaging the reputation of the enterprise, as well as disclosure of data which is confidential in respect of the enterprise;
9. (amended, SG No. 100/1992) damaging the employer's property and squander of prime and raw materials, energy and other resources;
10. non-fulfilment of other labour duties provided for by laws and other statutory instruments, by the internal works rules, the collective agreement or established upon the formation of the employment relationship.

(2) (New, SG No. 105/2016, effective 30.12.2016, amended, SG No. 15/2018, effective 16.02.2018, supplemented, SG No. 64/2020, effective 21.08.2020, amended and supplemented, SG No. 25/2022, effective 29.03.2022, supplemented, SG No. 51/2022) The filing of a complaint, a signal or a notification to the Financial Supervision Commission for violation of the Implementation Measures against Market Abuse with Financial Instruments Act, the Collective Investment Schemes and Other Undertakings for Collective Investments Act, the Markets in Financial Instruments Act, of the Insurance Code, of the Social Insurance Code, of Regulation (EU) No. 596/2014 of the European Parliament and of the Council of 16 April 2014 on market abuse (market abuse regulation) and repealing Directive 2003/6/EC of the European Parliament and of the Council and Commission Directives 2003/124/EC, 2003/125/EC and 2004/72/EC (OJ, L 173/1 of 12 June 2014), of Regulation (EU) No. 909/2014 of the European Parliament and of the Council of 23 July 2014 on improving securities settlement in the European Union and on central securities depositories and amending Directives 98/26/EC and 2014/65/EU and Regulation (EU) No. 236/2012 (OJ, L 257/1 of 28 August 2014.), of Regulation (EU) No. 575/2013 of the European Parliament and of the Council of 26 June 2013 on prudential requirements for credit institutions and amending Regulation (EU) No. 648/2012 (OJ, L 176/1 of 27 June 2013), of Regulation (EU) No. 600/2014 of the European Parliament and of the Council of 15 May 2014 on markets in financial instruments and amending Regulation (EU) No. 648/2012 (OJ, L 173/84 of 12 June 2014), Regulation (EU) 2017/1129 of the European Parliament and of the Council of 14 June 2017 on the prospectus to be published when securities are offered to the public or admitted to trading on a regulated market, and repealing Directive 2003/71/EC (OJ L 168, 30.6.2017), Regulation (EU) 2020/1503 of the European Parliament and of the Council of 7 October 2020 on European crowdfunding service providers for business, and amending Regulation (EU) 2017/1129 and Directive (EU) 2019/1937 (OJ, L 347/1 of 20 October 2020), Regulation (EU) 2017/1129 and Directive (EU) 2019/1937 (OJ, L 347/1 of 20 October 2020), Regulation (EU) 2019/2033 of the European Parliament and of the Council of 27 November 2019 on the prudential requirements of investment firms and amending Regulations (EU) No. 1093/2010, (EU) No. 575/2013, (EU) No. 600/2014 and (EU) No. 806/2014 (OJ, L 314/1 of 5 December 2019) or of their implementing instruments, by an employee shall not be a violation under Paragraph (1), Item 8, except for the cases where the employee intentionally reports false information. The first sentence shall apply accordingly to an employee against whom a notification of violation has been submitted.

In the mandatory training sessions held annually with the staff in the places of deprivation of liberty, the cases of corrupt practices are considered and attention is paid to the consequences of unregulated contacts with the inmates.

(B) Contact with the outside world

Regarding § 69: Regarding visits to prisoners

It should be noted that prisoners and detainees right and duration are regulated in the EPDCA and in the Regulations for its implementation. Meetings of prisoners with their relatives are conducted in accordance with the order determined by the head of the prison, correctional facility or IDF. The frequency of visits per month varies between individual prisons and detention centres, but is never less than twice a month, as is the statutory regulation. The number of visits to places depends on the number of inmates and their distribution by groups, as well as on the available staff. The duration of the visit is up to 40 minutes, which is also regulated in the Regulations for the Implementation of the EPDCA.

Regarding the CPT's recommendation to conduct hearings under reasonably open conditions, it should be noted that they are held outdoors in the open-type prison hostels.

In order to proceed with the implementation of the recommendations, a legislative change is necessary. At the next such meeting, the DGES will present the recommendations given by the CPT and the possibility of their implementation will be discussed.

Regarding § 70

Video conferencing of prisoners continues to be used even after the pandemic has passed and no ban is to be introduced.

(C) Discipline

Regarding § 73: Regarding the procedures for the disciplinary practice and the allegations of prisoners before the CPT delegation team that they are not always heard in person when applying disciplinary sanctions and that they are not provided with a written document

Directorate General "Execution of Sentences" presents the following position: Disciplinary procedures are followed by the administration of prisons and if there are any omissions, including those mentioned in the report, they are episodic. Due to lack of specifics, we are unable to discuss in detail what was presented.

Pursuant to Art. 105, para. 1³⁰ of the EPDCA and Art. 89, para. 2³¹ of the Regulations for the Implementation of the EPDCA before imposing the penalty – the offender must be heard, and

³⁰ **Article 105.** (1) Before imposition of a punishment, the offender shall mandatorily be given a hearing.

(2) A person deprived of his or her liberty may not be punished more than once for the same breach.

³¹ **Article 89.** (1) A reasoned written order shall be issued for each reward and for each disciplinary punishment.

(2) Before issuing the order, the punisher personally familiarizes himself with the report of the officer who found the violation, the written explanations of the prisoner, other materials from the disciplinary file and listens to the prisoner. When necessary, information is collected from other employees and prisoners.

(3) The person deprived of his liberty shall be acquainted with the punishment order against a signature on it, noting the date as well. It can also be announced to the relevant prison community.

before that the punishing authority personally gets to know the report of the officer who found the violation, the written explanations of the prisoner and other materials on the disciplinary file. If it is established from the collected written materials, including those of the offender and after his hearing, that it is necessary to collect or verify information from other prisoners or employees, punishment is imposed only after they have been provided and analysed. Usually, the disciplinary authority itself certifies in writing the hearing of the offender on the collected materials in the case file. The practice and monitoring of the application of the disciplinary practice show an accidental delay in time or its non-compliance, usually when the person had to be urgently accommodated in an external hospital facility or during relocation in another place of imprisonment. In all cases, however, the person deprived of liberty is personally acquainted with the punishment order by signing and noting the date of delivery. The requisites of the act necessarily contain the period of appeal and the competent authority before which this right can be exercised. The considerable number of disciplinary punishments appealed by prisoners speaks for it. The allegation of failure to provide a copy of the punishment order is partially justified, in view of which the recommendation will be complied with.

Regarding § 74: Regarding the recommendation to terminate the participation of the doctors assigned to the prisons in the disciplinary procedures and in particular their opinion that a certain prisoner can be isolated in a disciplinary cell (disciplinary isolation)

Most national legislation, including Bulgarian, provides for the participation of the doctor in the prison, in the procedure for imposing disciplinary sanctions related to the isolated accommodation of prisoners. It is the doctor's duty to review punishments and give a conclusion as to the prisoner's health in order to endure disciplinary isolation.

International standards consider that the doctor's participation in disciplinary proceedings cannot be considered an expression of concern for the prisoner. There is no medical person who can certify with his signature that isolation is beneficial for the health of the prisoners. Medical ethics are violated if one supports the application of restrictions in any form.

Therefore, the doctor undertakes to visit the punished, to obtain information about them and to notify the head of the prison if he considers that it is necessary to terminate the execution of the disciplinary punishment, its cancellation and modification.

It is clearly regulated in the EPDCA that a medical specialist visits prisoners, isolated in a disciplinary cell, every working day. The Medical Examination is performed on site, unless the case requires otherwise. At the request of the prisoners, isolated in a disciplinary cell, the examination is carried out immediately, and the data is certified in the relevant written documents, which are attached to the medical file of the sentenced person. Their prescriptions are binding on the heads of the respective places of imprisonment.

Medical professionals in prisons have the right to unrestricted access to disciplinary cell and other places for isolated accommodation of prisoners. When making their clinical decisions, they are

(4) A copy of each order shall be delivered to the prisoner. One copy shall be attached to his file, to the folders for rewards and punishments and to the file in the GDIN.

(5) In the cases under Art. 98, para. 1, item 3 and item 5 EPDCA the order is entered in the card for the visits, and in the cases under Art. 98, para. 1, item 4 EPDCA is sent to accounting.

guided only by medical criteria; they are best acquainted with the health status of their patients and make their medical decision only in the interest of the health of the prisoner.

(D) Complaints and review procedures

Regarding § 77

On the territory of a reception department, newly admitted persons pass through an “Adaptation” program, in which they become familiar with their rights and obligations and the resources of the institution. To inform foreign citizens in a language they understand, the prison administration uses translators among prisoners.

Prisoners/detained persons have the right to submit requests and complaints both personally and through authorized lawyers and non-governmental institutions.

In places of deprivation of liberty, an organization has been established for entering, sending, receiving and notifying the inmates about the complaints submitted by them. According to Art. 77³² of the Regulations for the Implementation of the EPDCA, requests and complaints addressed to DGES are considered within 1 month and the answers are provided to the senders against a signature.

6. Concluding Remarks

The critical remarks about the living conditions are the sharpest. Recommendations are given to take decisive steps to improve the material conditions (the findings are of poor material conditions) even unacceptable in several groups of the prison in Sofia), and with regard to “Kremikovtsi” Closed-type Prison Hostel, the opinion is that it should be closed, and that the prisoners should be transferred to other prison dormitories offering better material conditions.

These recommendations could be implemented after the new prison is built, as well as after major renovations are carried out in the existing places of detention.

To the material conditions, the representatives of the CPT add recommendations for allocating sufficient funds for the personal hygiene of prisoners and for deworming all premises, improving the quality of food, recommending more efforts to develop programs for the activities of both

³² **Article 77.** (1) Requests and complaints of prisoners shall be filed in a special book, in which the date of receipt and dispatch, the name of the prisoner, the authority to which they are addressed, the subject and the response received shall be noted.

(2) (Supplement - SG No. 20 of 2014) The deadline for sending applications and appeals is three days. When the deadline expires on a non-attendance day, applications and appeals are sent on the first working day of the administration.

(3) (Amended - SG No. 20 of 2014, No. 14 of 2017) Postal costs for applications and appeals are at the expense of those deprived of their liberty, except for persons who have been found to have no means, collected from their due remuneration or received in the established order from relatives, acquaintances or third parties. The order and method of sending them is determined by the head of the prison.

(4) (Amend. - SG No. 14 of 2017) Requests for suspension of execution of the sentence shall be accompanied by a report on the prisoner's legal status and an opinion of the head of the prison.

(5) When the requests and complaints are addressed to the chief director of the State Department of Internal Affairs, he shall rule on them within a two-week period, and when they have a complicated factual situation and an inspection is required - within a one-month period.

convicts and of detainees especially in terms of work, numerous recommendations are also made regarding the provision of health care (take steps to fill all vacancies, provide psychiatric care to prisoners, systematic screening, improve access to treatment for blood-borne viral diseases). The recommendations to increase the number of security personnel to prevent violence between the convicts themselves and medical personnel to provide quality health services and conduct prevention are also categorical.

The CPT's recommendations are well-founded and objective because they require the application of standards that have been achieved and exceeded in most EU member states. Some of them could be implemented after the adoption of legislative changes, and others are associated with a significant financial resource.

In conclusion, we want to assure the CPT that the recommendations made, on which we have not yet taken effective action and are not yet implemented, but are not associated with significant financial resources, will be taken into account.

Establishments under the authority of the Ministry of Health

In the light of the findings and criticisms in the Report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), the competent institutions, the Regional Health Inspectorates (RHI) and the Medical Supervision Executive Agency (MSEA) are urged to carry out a thorough inspection of the psychiatric hospitals mentioned in the report and to indicate the measures that have been taken in order to eliminate omissions and irregularities in the three state psychiatric hospitals.

By order of the directors of RHI-Lovech and RHI-Kardzhali, inspection teams were set up with the main task of verifying the findings of the CPT's report, as well as the measures taken to eliminate the observations made in the report.

Action was also taken by the MSEA to carry out an ex-post verification in relation to the findings set out. In the course of the inspections, the inspection teams visited each of the above-mentioned medical institutions in order to establish on the spot the reliability of the CPT's findings, as well as to check the compliance of the treatment and the measures taken with regard to patients, to the requirements of Bulgarian legislation, regulating public relations in the field of mental health.

1. Regrading Lovech State Psychiatric Hospital (SPH)

The inspection was carried out in the medical institution according to an order. During the on-site inspection at the Lovech SPH, the written opinion of the director of the medical institution was taken. The inspection established the following:

At the time of admission, an individual treatment plan has been prepared for each patient, including the goals of the treatment, the therapeutic means and the staff responsible for them. Patients participate in the preparation of their individual treatment plans and are periodically informed about the results of their treatment. The attending physician, the senior nurse of the ward, social workers, psychologists and rehabilitators, under the supervision of the heads of the wards at the Institution, take part in their preparation.

In the course of the commission's inspection, by the director of the Lovech SPH, orders No.82 of 06.06.2011 and its revision No.133 of 06.10.2021, regarding the preparation of individual treatment plans for patients, were issued.

With regard to the pandemic of COVID-19, anti-epidemic measures have been introduced in the medical institution as of 19.03.2020, as follows:

- The staff are instructed to maintain personal hygiene and observe the necessary anti-epidemic measures;
- Regular ventilation of workrooms and hospital rooms, cleaning and disinfection of hands, workplaces, bathrooms and vehicles is organized;
- Daily disinfection of critical points: surfaces connected to the people flow and frequently touched surfaces, such as floor coverings, desktops and tables, door handles, windows, lighting switches, railings, fixed telephones, service counters, touch screens, keyboards, toilet bowls, sinks, faucets, etc., are performed;

- The employees are provided with medical masks for use during work. The employees are informed about the correct way to use them;
- Used masks and gloves are disposed of in “soft hazardous waste” containers;
- Lovech SPH staff are informed on the necessary actions in case of COVID-19 resembling symptoms;
- Employees are informed about their right to use leave for temporary incapacity for work due to quarantine, after traveling abroad;
- Free access of outsiders to Lovech SPH is limited (only if required). Visitors are checked for symptoms of flu-like illnesses;
- Visits to patients are prohibited;
- The access regime of the working staff and external visitors has been set up. At the entrance of the hospital, the body temperature of both employees and external visitors is measured with a non-contact thermometer. When persons with fever are found, they are not allowed to the medical institution. In such cases, the director of the hospital, and in his absence, his deputy and / or the doctor on duty at the hospital, is informed;
- Masks, gloves and disinfectants are provided for persons providing access;
- Disinfectants for outsiders are provided at the entrance of the hospital;
- External shipments and parcels for patients are submitted at the entrance of the hospital;
- The operative and working meetings of the staff are limited to cases of extreme necessity, at the request of the Director of the hospital or the head nurse;
- Patients are transported only when absolutely necessary and the required protective equipment are provided. Drivers of vehicles use medical masks and gloves;
- Physical distance of at least 1.5 m between employees, as well as between employees and patients is observed. In the immediate care of patients in the hospital and impossibility to keep a distance of 1.5 m, the use of a mask or safety helmet is mandatory;
- According to the latest orders of the Minister of Health, from 20.10.2021, only employees who have a green certificate (for vaccination, passed illness or a negative test from an examination – antigen or PCR) are allowed to work in the hospital.

Regarding the means of restraint and isolation, according to the director of Lovech SPH, as of October 6, 2021, the practice of using buckets for the physiological needs of patients temporarily housed in the isolators has been discontinued. Five (5) chemical toilets have been purchased for all insulators in stationary compartments. In May 2021, the first in the Republic of Bulgaria “Soft Room”, a mental health platform, donation from the “Kozha” Foundation, was established in the Second Men’s Ward in the hospital. This is a modern type of isolator that is safer, less traumatic and spares the psyche of patients. It is equipped with air conditioning, chemical toilet, video surveillance, shockproof and unbreakable windows and doors, upholstered walls, upholstered bed and extra locker. In this regard, the medical institution intends to expand the practice of introducing and using this innovative care and to renovate the existing isolators in the inpatient wards of the hospital.

With regard to patients’ contacts with the outside world, it was found that mobile phones for patients were purchased for all inpatient wards and contracts were concluded with a mobile operator. All patients can use mobile phones for free at certain hours and talk to their relatives, as well as be called by their relatives on the same phones.

With regard to legal guarantees in the context of hospitalization, no violations were found.

As a result of the inspection, the RHI inspection team made recommendations to the Lovech SPH as follows:

1. The management of the medical institution should organize weekly meetings of the staff of the wards for discussion of the state of the microclimate and improvement of the patient-staff relations;
2. The management of the medical institution should submit to the Ministry of Health a reasoned request to increase the daily amount for medicines and food, as well as targeted funds to improve hygiene and living conditions for patients and staff in accordance with the requirements of the medical standard in psychiatry.

In connection with the recommendations made, a subsequent inspection was carried out by the RHI, during which it was found that:

1. The management of Lovech SPH has made a request to the Ministry of Health for an increase in the budget account of Lovech SPH for 2022 in terms of food funds, as well as the allocation of funds for 2022. In this regard, the MoH has made a proposal to the Ministry of Finance regarding the preparation and presentation of the draft budget of the Ministry of Health for 2022, budget forecasts for 2023 and 2024, as well as an updated budget forecast for 2023 and 2024 of the draft budget under budget programs, to provide additional funds to increase departmental expenses under the “Maintenance” indicator – BGN 15,5 million for each year. After approval and inclusion of the increase in departmental expenditure under the “Maintenance” indicator in the budget of the Ministry of Health for 2022, the funds will be allocated to secondary budget credit spenders, priority will be given to the State Psychiatric Hospitals and the Emergency Medical Care Centres.
2. Weekly meetings with the staff of the wards are organized for discussion of the state of the microclimate and improvement of the patient-staff relations.

2. Regarding Karlukovo SPH

The inspection was carried out in the medical institution according to an order. During the on-site inspection in Karlukovo SPH, the written opinion of the director of the medical institution was taken. The inspection established the following:

Preliminary observations indicate that in Karlukovo SPH, in one of the wards, the paramedics carry a plastic tube and “very rarely” hit the patients with it. According to the director of the hospital, no such “plastic pipe” has been found and it does not exist. Dr. Vasilev stated that since the middle of 2015, since he has been the Director of Karlukovo SPH, he has been constantly striving to prevent violence against patients and has made great progress in the welfare of all patients. In 2019, on an alert received by Dr. Vasilev, for violence committed by a nurse to a patient, the latter was immediately fired. The Director of Karlukovo SPH, declares zero tolerance on his part to all employees who exercise physical violence or degrading treatment of patients, followed by all disciplinary measures provided by the Law in the Republic of Bulgaria.

With regard to the furniture in the rooms, it was noted that patients have limited personal space and personal furniture, including such that can be locked. In the acute wards of the Karlukovo SPH it is true that personal furniture, such as a personal locker, has not been provided for each patient, but

this is related to the safety of patients in the acute wards, as well as to prevent unprovoked violence between patients and the use of various furniture items as a means for committing severe physical aggression. In the free wards at the Karlukovo SPH, most of the rooms are equipped with personal lockers where the patients can keep their personal belongings.

With regard to the one-color pyjamas in two of the wards, cited in the delegation's preliminary observations, the hospital director's explanation was as follows: Most of the Karlukovo SPH's patients were admitted for compulsory and involuntary treatment for a long period of time (three or six months). Two thirds of those treated at the Karlukovo SPH came in the spring or summer season with their personal clothes that are not suitable for the season. Most of the patients live in difficult social and living conditions; some of them are homeless and come to the hospital scantily clad. For this reason, seasonal pyjamas are purchased at the Karlukovo SPH twice a year. Dr. Vasilev states that this is a big expense for Karlukovo SPH, but according to the hospital's policy, it would be better for patients to be well dressed in each season of the year. According to him, this is more humane than the patients being dressed in their personal clothes, which are often either torn or inappropriate for the season.

At the Karlukovo SPH during the day most of the time there are at least two nurses and two orderlies in each ward. No drastic shortages of staff related to the work process were found.

In connection with the treatment of the patients in the Karlukovo SPH, in addition to pharmacotherapy, some of the patients also receive psychotherapy by the hospital psychologist. Karlukovo SPH has appointed a Rehabilitator, who together with the Occupational Therapist and Psychologist of the hospital, as well as the Social Workers fully complement the multidisciplinary teams. The occupational therapist of the hospital mainly performs the functions of an Art Therapist.

In addition, Order No. 90A/25.08.2020 was issued by the Director of the Karlukovo SPH, those patients at a closed regime be taken out for at least one hour a day for a walk and gymnastics in the hospital yard. This Order is strictly observed by the staff of the acute wards, and the other patients on a free regime are free in the hospital yard, which is in accordance with the daily regime approved in the Rules for the Organisation, Activity and Internal Order of the Karlukovo SPH. In the Karlukovo SPH there is no separate place for outdoor exercises, but according to the Order of the Director cited above, all patients have access to the yard for at least one hour a day.

With regard to the COVID-19 pandemic, during the inspection at Karlukovo SPH it was established that it was the only psychiatric hospital in the Republic of Bulgaria that had a Pulmonologist. After the outburst of the epidemic situation in the Republic of Bulgaria, he visited the hospital twice a week and consulted diagnosed and treated patients with COVID-19.

The Director of the hospital claims that in the Karlukovo SPH the Ordinance for temporary physical restraint and isolation is strictly observed, for which relevant journals are filled in, and these measures are reflected in the Case History of the patient. The head of the medical institution claims that all measures for mechanical restraint or isolation are strictly observed and can be properly assessed for the integrated current treatment of all patients.

With regard to contacts with the outside world, Order No106A/26.10.2020 has been issued by the Director of the Karlukovo SPH, also in connection with the existing epidemic situation, stating that

all patients should be provided with access to a mobile phone at any time, as well as after the assessment of the attending physician or the doctor on duty for the presence of such need.

As a result of the inspection, the RHI inspection team made recommendations to the Karlukovo SPH as follows:

1. The management of the medical institution to organize weekly colleges with the staff of the wards for discussion of the state of the microclimate and improvement of the patient-staff relations;
2. The management of the medical institution to submit to the Ministry of Health a reasoned request to increase the daily amount for medicines and food, as well as targeted funds to improve hygiene and living conditions for patients and staff in accordance with the requirements of the medical standard in psychiatry.

In connection with the recommendations made, a subsequent inspection was carried out by the RHI, during which it was found that:

1. The management of Karlukovo SPH has made a request to the Ministry of Health to increase the budget account of Karlukovo for 2022 in terms of food funds, as well as to allocate funds for 2022. In this regard, the MoH has made a proposal to the Ministry of Finance regarding the preparation and presentation of the draft budget of the Ministry of Health for 2022, budget forecasts for 2023 and 2024, as well as an updated budget forecast for 2023 and 2024 of the draft budget under budget programs, to provide additional funds to increase departmental expenses under the "Maintenance" indicator - BGN 15, 5 million for each year. After approval and inclusion of the increase in departmental expenditure under the "Maintenance" indicator in the budget of the Ministry of Health for 2022, the funds will be allocated to secondary budget credit spenders, priority will be given to the State Psychiatric Hospitals and the Emergency Medical Care Centres.
2. Weekly meetings with the staff of the wards are organized for discussion of the state of the microclimate and improvement of the patient-staff relations.

3. Regarding Kardzhali SPH

The inspection was carried out in the medical institution according to an order. During the on-site inspection in Karlukovo SPH, the written opinion of the director of the medical institution was taken. The inspection established the following:

At present, it is necessary to completely renovate all buildings in the Kardzhali SPH, and there is a project readiness at the level of technical design for renovation and for the introduction of environmentally friendly, economical solutions for heating and cooling using renewable energy sources through solar energy. In the budget for 2022 the management of the hospital will prepare a request for capital funds for Construction and Installation Work, elaboration of a conceptual and technical project for renovation of a park area, to be established as an indoor enclosed park for the needs of the Acute Sector building (3 wards with a total of 120 patients), with an appropriate fence and infrastructure connected by a warm connection to each ward. This will enable patients to be taken out in a natural environment and with less staff on a daily basis, in safe conditions.

In the Kardzhali SPH personal space for luggage and belongings of the patients is provided through patient lockers for each patient, wardrobes located in the corridors of the rooms in the Rehabilitation Sector, and storing in more remote places in the other sectors with a warehouses for each ward.

According to the staffing schedule of the Kardzhali SPH, 3 positions have been determined for psychologists and 1 for a social worker, which are already occupied. They conduct diagnostic and psychotherapeutic individual and group therapy, which is performed on a weekly schedule and in a team with other medical staff, both in their offices and in the two rehabilitation halls. Once a month there are meetings of representatives of the Alcoholics Anonymous society from the city of Stara Zagora with patients who are currently being treated in the Kardzhali SPH. In these halls various creative activities such as drawing, modelling, applications, making martenitsas and cards, activities with fun games such as chess, backgammon, cards, etc., are held. If possible, therapeutic societies of patients are organized, engaged in various creative activities: publishing a newspaper by patients, which stands in the foyers of the rehabilitation sector, painting on walls and canvases, writing poetry. Various gardening activities are carried out outdoors with the help of staff (hospital attendant, gardener, nurse).

All patients, including those hospitalised by forensic psychiatric order and involuntarily hospitalized patients, have access to outdoor exercise in accordance with their treatment regimen, including appropriate security. The Kardzhali SPH has an extensive park with a total area of about 72 acres. The SPH is provided with 24-hour unarmed security at the entrance to the hospital, which provides access and guards the borders of the hospital.

As of November 17, 2021, about 90% of the staff at the Kardzhali SPH had completed a full vaccination course for COVID-19. Those who have not been vaccinated are allowed to work after submitting regulated laboratory tests. At the entrance of the hospital before admission for treatment, each patient is examined with an antigen test for COVID-19, and a control test is performed in the clinical laboratory of the Kardzhali SPH in case of suspicious cases in patients or medical staff during treatment.

As part of the prevention measures, vaccination has been organized and conducted since the beginning of the year among patients with priority for those who are on long-term treatment. After an appropriate explanation, notifying the relatives, declaring consent for vaccination, they are clinically examined to establish the current health status of those who wish to be vaccinated. Depending to the possible side effects, accompanying diseases and strict observance of the legal aspects, a vaccination campaign was conducted through the RHI under the control of the Kardzhali SPH lawyer, who is also the person authorized to be responsible for the administration of personal data.

The vaccination covered 73 patients. Among them are all those who stay for long-term treatment, including those under compulsory and involuntary treatment.

Taking emergency measures in the Kardzhali SPH for restraining the patients by physical means is carried out in accordance with the law with means that are certified medical devices and are applied in an appropriate manner within the prescribed time limits to preserve the health of the

patient. These actions are recorded in writing in the relevant medical documents and patients are monitored continuously, physically and remotely via video cameras in real time.

Depending on their mental state, patients have access to mobile phones, as well as to a landline telephone through an automatic branch telephone exchange. An external telephone line for contacts is provided to each compartment. In the rehabilitation sectors (160 beds), patients have their personal telephones at all times. In the acute sectors (120 beds), telephones are stored at the SPH and given back to the patients at their discharge, but patients have the opportunity for a permanent telephone connection, with relatives through staff and two telephone lines of the automatic exchange to each ward.

In connection with the findings of the CPT delegation on the suspicious practice of false discharges, I draw would like to draw attention to the fact that the Kardzhali SPH is involved in two projects for the deinstitutionalisation of patients with mental disorders:

- Project BG05M90P001-2.038-0001-C01 “New long-term care for the elderly and people with disabilities”, with the Social Assistance Agency;
- Project “Social inclusion of persons with mental disorders and intellectual disabilities”, under procedure BG05M90P001-2.062 under the Human Resources Development Operational Program, after written permission from the Ministry of Health (No. 22-00139/22.06.2021 by Dr. Toma Tomov, Deputy Minister of Health) between the Municipality of Kardzhali and the Kardzhali SPH in its capacity of mandatory partner.

For more than 15 years in the community (Kardzhali) a day centre for rehabilitation and resocialization Orpheus has been functioning for patients with mental disorders, opened on the initiative and with the involvement of specialists from the Kardzhali SPH, whose activities is continued and carried out by the Municipality of Kardzhali in close cooperation with the Kardzhali SPH.

As a result of the inspection, the RHI inspection team made recommendations to the Kardzhali SPH as follows:

1. The management should take actions in accordance with the Order No. ПП-ПБ3Н-КЖ 1-4-62 of 11.10.2021 of the Regional Directorate “Fire Safety and Protection of the Population” - city of Kardzhali and a prescription for the SPH Kardzhali to remove all wardrobes from the corridors of the Rehabilitation Sector, according to the requirement of Art. 34, para. 1, item 4 of Ordinance No. 81213-647 of 01.10.2014 until 15.12.2021. Actions should be taken to ensure optimal spaces for patients in the sectors where such a space deficit has been established by building a new sector and reconstruction of the Rehabilitation Sector;
2. The management to take emergency measures in the Kardzhali SPH for the restraining by physical means to be carried out in accordance with the legislation with means that are certified medical devices and are applied in an appropriate manner within the prescribed time limits to preserve the health of the patient;
3. The management of the medical institution to organize weekly colleges with the staff of the wards for discussion of the state of the microclimate and improvement of the patient-staff relations, deadline: immediately, permanent;

4. The management of the medical institution to submit to the Ministry of Health a reasoned request to increase the daily amount for medicines and food, as well as targeted funds to improve the hygienic living conditions for patients and staff in accordance with the requirements of the medical standard in psychiatry, deadline: January 2022.

With a view to taking action on the Report of the Committee, as a result of its visit to the Republic of Bulgaria, conducted in the period 01-13 October 2021, in parallel with the inspections in these three SPHs, a follow-up inspection will be carried out by the Medical Supervision Executive Agency with the following findings:

In the course of inspections by the Medical Supervision Executive Agency in the three medical facilities, the case histories of patients were examined on a random basis, which were formed according to the requirements of the standardized documentation and contained: Admission procedure, mental status, neurological status, physical status, psychiatric syndrome, diagnosis according to ICD-10, diagnostic and treatment plan, supervisions, regime. The case histories have attached, in implementation of Ordinance No. 24 of July 7, 2004, for the approval of the medical standard “Psychiatry”: Medical evaluation during hospitalization; nurse assessment at admission; Initial assessment of suicidal risk and aggression. The observation and follow-up of the patients is reflected in the case histories, as well as the prescribed drug therapy. The courses are informative on the mental state, intake of food, fluid, medication, vital signs and consultations with specialists.

The measures taken for physical restraint of the patients follow the normative requirements of Ordinance No. 1/28.06.2005, on the procedure for applying measures for temporary physical restraint in patients with established mental disorders, namely according to Art. 6 paragraph 2 – the duration cannot exceed 2 /two/ hours, and according to Art. 14 – the patient is entered in a book about the measures taken for temporary restriction for the relevant date.

An organization was created to introduce modern psychiatric treatment by multidisciplinary teams, and in addition to pharmacotherapy, some of the patients are also given psychotherapy by the hospital psychologist, and in some of the medical facilities rehabilitators and occupational therapists, as well as psychologists and social workers, are also appointed. At the time of admission, an individual treatment plan has been prepared for each patient, including the goals of the treatment, the therapeutic means and the staff responsible for them. Patients participate in the preparation of their individual treatment plans and are periodically informed about the results of their treatment. The attending physician, the senior nurse of the ward, social workers, psychologists and rehabilitators participate in their preparation.

In all examined case histories in the three medical facilities, identical single omissions were observed with regard to the regular documentation of the “Progress Assessment” – a basic tool for follow-up and effective patient assistance, as well as the “Follow-up Interview” – a mandatory element of the progress assessment.

The directors of Karlukovo, Lovech and Kardzhali SPHs have been issued mandatory instructions in accordance with Art. 7d, para. 2, item 3³³ of the Law on Medical Institutions to ensure the

³³ **Article 7d.** (New, SG No. 102/2018, effective 1.04.2019) (1) (Amended, SG No. 54/2020, effective 16.06.2020) The government authorities, officials, natural persons and legal entities shall be obliged to co-operate with the officials of the Medical Supervision Executive Agency in the course of said officials exercising their powers.

accurate, timely and periodic documentation in the case histories of the progress assessment and the follow-up interview in accordance with the terms, content and conduct regulated in Ordinance No. 24/07.07.2004 for the approval of medical standard “Psychiatry”.

At the moment, a Report of the National Preventive Mechanism has also been received for an inspection carried out in three other state psychiatric hospitals.

The report of the National Preventive Mechanism of the Ombudsman of the Republic of Bulgaria covers Pazardzhik SPH, Byala SPH, Tserova Koriya SPH, Tsarev Brod SPH and Veliko Tarnovo Mental Health Center, and is based on the inspection of the following criteria:

1. State of the material and technical base;
2. Living conditions in stationary mode — personal space, food, general infrastructure;
3. Budget in two main directions — salary fund and maintenance of the hospital;
4. Condition of the staff;
5. Measures against the COVID-19 pandemic;

The report found similar groups of violations and deficiencies for the inspected hospitals.

Firstly, the insufficiency of the support means, incl. for food for the patients, but along with this — an increase in the salary fund has been established. Another finding is the increased stay of patients, which practically means that the hospitals do not fulfill their functions as medical facilities for active treatment, but to a large extent have unregulated social functions. An important finding is also the reduction of staff mainly in terms of psychiatrists, but also of support staff and non-medical specialists (social workers). The ombudsman found that this is a systematic violation of the “Psychiatry” Medical Standard, which is a prerequisite for untimely and poor-quality treatment of patients with mental disorders and the risk of not controlling cases of aggression and auto-aggression. With regard to the anti-epidemic measures against the COVID-19 pandemic, the report did not find any violations of the requirements and a good provision of the necessary means for anti-epidemic protection was noted.

In view of the violations and deficiencies found in the report, the Ministry of Health has provided the Ombudsman of the Republic of Bulgaria with more detailed information related to the verified psychiatric care facilities, as follows:

1. Regarding the funding of the psychiatric care system

In the “Psychiatric Assistance” program, departmental costs for the State Psychiatric Hospitals and administered costs for financing activities are planned in accordance with the established Methodology for subsidizing medical facilities in accordance with Ordinance No. 3 of April 5, 2019 for medical activities outside the scope of mandatory health insurance, for which the Ministry

(2) In the course of exercising their powers the officials of Medical Supervision Executive Agency shall have the right to:

1. require the inspected persons to produce all required data, documents, reports, information and written explanations related to the activities controlled including the right to free access to the working premises of the medical treatment facilities and persons referred to in Article 7c (3);
2. access the medical records kept by the medical treatment facilities and persons referred to in Article 7c (3);
3. issue mandatory instructions for a specified period and monitor compliance with them.

of Health subsidizes medical facilities, and the criteria and procedure for subsidizing medical facilities.

Within the spending ceilings of the ministry for the relevant year, expenses are determined by areas of policies and budget programs, including on the budget of the “Psychiatric Assistance” program.

The mechanism of the preparation of the Ministry's budget is determined by Internal rules for the Organization of the Budget Process, approved by the Minister of Health. The process of drawing up and implementing the budget of the Ministry of Health is in accordance with approved Instructions by the Minister of Finance, drawn up on the basis of Art. 67, para. 6 of the Public Finance Act (PAF). With their approval, the Minister of Finance gives instructions and sets the terms for the preparation and presentation of the annual draft budget.

State psychiatric hospitals have the status of a secondary budget authority and the Ministry of Health determines and approves their budgets within the defined total amount of expenses under its budget. Outside the parameters of the approved costs, it is planned to present reasons for regulatory and structural changes.

In connection with the compilation of the budget of the Ministry of Health for the relevant year, the secondary budget administrators (SBA), including SPH, are required to draft the budget expenditures, with written instructions given in advance, based on the decisions of the Council of Ministers and the instructions of the Ministry of Finance (MoF), for the preparation and presentation of the draft budgets to the primary budget managers.

With instructions, the Ministry of Finance gives guidelines that the basis for the amount of expenses should be the expenses of the previous year, on a historical basis.

The information that is collected for each stage of the compilation of the medium-term budget forecast and the draft budget, the implementation and reporting of the budget in a program format includes both financial and non-financial indicators — targets, program implementation indicators and benefit/effect indicators. The distribution of funds by individual types of activities/expenditures is carried out within the approved expenditure ceilings.

During the year, the costs are periodically analysed and, if additional funds are needed, they are included in the estimates for the implementation of the budget when preparing the annual decision of the CM for internally compensated changes of approved costs in areas of policies/budgetary programs under the budget of the Ministry of Health.

2. Regarding the provision of medicinal products

The Ministry of Health (MoH) provides medicinal products intended for the treatment of mental and behavioral disorders due to the use of opioids, dependence syndrome, to the medical facilities that are designated as final recipients in accordance with Ordinance No. 34 of 25.11.2005 on the order of payment from the state budget for the treatment of Bulgarian citizens for illnesses outside the scope of compulsory health insurance (promulgated in State Gazette, no. 95 of 29.11.2005).

The Veliko Tarnovo Mental Health Centre and the Pazardzhik State Psychiatric Hospital have been designated as final recipients in accordance with Ordinance No. 34 of 25.11.2005 for both 2021 and 2022.

The Ministry of Health provides the medicinal product with the INN Methadone after conducting a public procurement in accordance with the Law on Public Procurement for the treatment of patients, regardless of their health insurance status.

Currently, the Ministry of Health has a contract for the provision of the medicinal product Methadone Sopharma oral solution 10 mg/ml - 100 ml x 1, which is distributed proportionally to the medical facilities- final recipients, in accordance with the bimonthly requests made by them.

In 2021, the number of patients treated with Methadone in the Veliko Tarnovo Mental Health Centre is constant — an average of 17 patients per month, with a maximum capacity of 40 patients.

In 2021, the number of patients receiving Methadone treatment in the Pazardzhik SPH is also constant — an average of 36 patients per month, with a maximum capacity of 50 patients.

The Veliko Tarnovo Mental Health Centre and the Pazardzhik SPH, as the final recipients, regularly receive the medicinal product Methadone Sopharma free of charge for their needs in the treatment of persons with mental and behavioural disorders.

3. Regarding the need for repair activities and provision of funds for the repair of the Pazardzhik SPH and Byala SPH

Pazardzhik SPH only claimed in 2019 the need for funds to repair the terraces of the building worth BGN 60 000 including VAT, which, according to the attached bill of quantities, represent current repairs and should be financed from the maintenance budget. The Commercial Companies and Property Directorate has not received any information that the funds have been requested in the following years. The hospital has a good material base and good living conditions, due to the fact that the said repair is ongoing, it is not financed with capital costs. In 2019, the remaining psychiatric hospitals, in which the living conditions are significantly worse and whose repairs have been assessed to be paid for with capital costs, were financed with capital costs as a priority.

In 2019, Byala SPH stated that the third men's and second women's wards had been being repaired at a cost of BGN 270 000. At the beginning of 2019, the medical facility also applied for the "Beautiful Bulgaria" project to the Ministry of Labour and Social Policy with a project: "Renovation of the Second Women's Ward" with an estimated cost of construction and repair works of BGN 191 311 including VAT. In the same year, funds in the amount of BGN 15 000 were allocated from the capital expenditure budget of the Ministry of Health for the purchase of a washing machine and a dryer. Renovation of the above two wards has been requested by the hospital in 2020 and 2021 as well, but as it is ongoing, it has not been funded with capital expenditure.

It should be noted that in 2019, funds in the amount of BGN 1 806 077 were allocated for the renovation of the material and technical base (overhaul and acquisition of long-lasting tangible assets) of the State Psychiatric Hospitals /SPH/, in 2020 – BGN 162 466, and so far in 2021 – BGN 853 631.

As a result of the inspections carried out in the three state psychiatric hospitals and the deficiencies found, a recommendation and an instruction to implement the recommendations of the inspection was sent to the medical facilities.

In view of taking appropriate actions for the implementation of the recommendations, a letter has also been prepared to all RHIs with instructions to carry out the necessary control in hospital care facilities providing psychiatric care:

1. When carrying out the current health control in the medical facilities for inpatient psychiatric care, among other things, inspections should also be carried out on the compliance with the requirement to ensure the legally defined 6.5 square meters per hospital bed;
2. In June 2022, each RHI should plan and carry out a comprehensive inspection (with representatives of the competent directorates in the inspection) of the state of the material and technical base of the psychiatric hospitals, and depending on the identified need, issue orders for carrying out the necessary repair works, in order to ensure compliance of the medical facilities with the health requirements and the requirements of the respective medical standards. Depending on the volume of the necessary repair works, the instructions should specify a deadline for their implementation. In the legally determined period, control inspections for the implementation of the prescribed measures should be carried out.

As a result of the inspections carried out in the three state psychiatric hospitals and the deficiencies found, a recommendation and instructions for their implementation was sent to the medical facilities.

In implementation of the „National Recovery and Resilience Plan“, an investment of the Ministry of Health for “Modernization and Development of Psychiatric Assistance in Bulgaria” is envisaged. The project is in line with the principles of equal opportunities and non-discrimination on the basis of any indication — racial, sexual, social, economic, political, religious, health, etc., aimed at the whole population and those in need, who will provide equal and timely access to psychiatric care with improved surveillance and treatment options. The principle of equal opportunities is also respected by ensuring the same quality of mental illness treatment service throughout the country through identical measures depending on the type of object for all structures of the psychiatric care system. The measures to be implemented are aimed at all users of psychiatric care in the country, not being gender-disaggregated. In view of the specificity of psychiatric care, strengthening its capacity and possibilities for monitoring and treatment as added value will help combat domestic violence and support policies in this area. Through the implementation of the project, the buildings of the psychiatric care system in the country will be renovated, the material and technical facilities will be improved, new medical equipment will be purchased. The realization of the investment will achieve a strengthening of the sustainability of the psychiatric care system, as well as increase its accessibility and capacity to meet the needs of the population of the Republic of Bulgaria.

In implementation of the investment is envisaged the renovation and modernization of the building stock of the medical institutions from the system of psychiatric care — State Psychiatric Hospitals, Centers for Mental Health and Psychiatric Clinics and Departments of Multiprofile Hospitals for Active Treatment. For all medical institutions in the system of psychiatric care in the country, modern medical equipment will be provided, and the specific medical equipment, equipment and furnishings in terms of type and number will be tailored to the individual needs of each structure,

taking into account the functions it performs, the availability of medical specialists and the revealed structures.

The total duration of the project is 45 months and will be implemented in the medium term by the end of 2025. The budget of the project BGN 28 521 410 including VAT, of which BGN 23 767 842 European funding and VAT amounting to BGN 4 753 568 national co-financing.

Under the HUMAN RESOURCES DEVELOPMENT Program 2021-2027, investments are foreseen to improve the qualification of employees working in the psychiatric care system by developing programs for training, analyses, methodologies and training of staff and developing and introducing new mental health services in the community. For the implementation of the planned activities will be prepared and announced by the Managing Authority of the program guidelines for applying for direct grant with a specific beneficiary Ministry of Health.

It is clear from the actions taken, that for the Republic of Bulgaria the improvement of the mental health system is a priority, both at political and operational level. We hope that communication with CPTs will continue in this constructive spirit.

Establishments under the authority of the Ministry of Labour and Social Policy

1. Actions undertaken at the national level for the overall change of the model of care for persons with disabilities housed in homes for adults with disabilities and social services for residential care:

As it has been emphasized more than once, we fully share the views of the Committee in the Public Statement on Bulgaria dated 04.11.2021 about the need for a radical and categorical change in the model of care for people with disabilities accommodated in homes for people with disabilities. The Bulgarian state has the will and a clear commitment not only to close these homes, but also to generally change the model of care, since social services are not just buildings, but on the contrary - they are an instrument for qualitatively changing the lives of disabled people and for their successful social inclusion. This is the direction of the reform that we have undertaken. We are aware that in some services the path will be more difficult and long. We also share the views of the Committee that the basis of the change in the model of care for people with disabilities is not the significant financial resources and investments that are provided for the implementation of the reform, but a change in attitudes towards these people and above all the availability of well-prepared and skilled staff who understand and empathize with their specific needs. A substantial part of the efforts at the national level are currently aimed at taking concrete measures to improve the quality of care, as well as improving the working conditions, pay, professional training and skills of employees providing social services, including in homes for people with disabilities, which has been identified as a major challenge within the Committee's observations.

In Bulgaria, a large-scale reform for the deinstitutionalization of care for people with disabilities and the elderly has been undertaken, which, in addition to the closure of all specialized institutions for persons with disabilities by 2035 (according to § 34 of the Transitional and Final Provisions of the Social Services Act), provides also a qualitatively new approach in the way of organizing care for these persons, as well as the introduction of quality standards to which all social services should comply. In the field of social services, all the necessary prerequisites have been created at the legal level to prevent practices related to violence against persons using social services, as well as cruel and inhuman or degrading treatment or punishment. By Resolution No. 135 of 22.06.2022 of the Council of Ministers, the Ordinance on the Quality of Social Services (OQSS) was adopted. This regulation sets new quality standards for all social services. As homes for people with disabilities are set to be closed by 2035, separate quality standards and criteria have been developed, which will ensure that increased scrutiny is ensured. The standards are for organization and management, qualification and professional development of employees and for the effectiveness of the service in view of the results achieved for the persons who use it, in response to their needs. It also defines the minimum requirements to the number and qualifications of the necessary employees who carry out the activity of providing the various types of social services, the requirements to the activities carried out by the employees in the provision of the various types of social services, the obligations of the providers of social services to ensure professional and career development of their employees, etc. The standards have been developed according to the specifics of the service provided (for example, for residential care, day care, advocacy and mediation, therapy and rehabilitation, training, support for acquisition of work skills, etc.), as well as the target group for which it is provided subject to compliance of the principles of non-discrimination and equality.

The Ordinance also regulates specific standards and criteria for guaranteeing the rights of residents, for developing a procedure for protection from violence, abuse, harassment and discrimination.

Also included are those for access to advocacy, mediation and legal protection services, development and approval by the provider of a procedure to avoid conflicts of interest for residents placed under limited or full restraint. The application of measures for physical restraint of residents using social services is not allowed. Specific training of employees to control the manifestation of unacceptable behaviour and aggression and team/individual supervision in cases of residents with problematic behaviour is foreseen. The focus of the standards is on empowering people using services and promoting their independence and social inclusion. The standards are developed in such a way that they take into account the opinion of residents at each stage of the provision of the service, and a large part of the indicators to the criteria formulated for each standard include the survey of the opinion of residents. Special emphasis is placed on residents' rights and protection and the need for all staff to know the UN Convention on the Rights of Persons with Disabilities (when the social service is provided for persons with disabilities). The provider should guarantee to the maximum extent respect for the personal dignity of residents and their protection from abuse and violence.

The OQSS also regulates the methods by which municipalities and other providers of social services, as well as the Agency for the Quality of Social Services (AQSS), shall control and monitor the quality of social services. The regulation regulates the types of checks through which AQSS shall carry out its control activities, the order in which they shall be carried out, the documents that shall be prepared for the results of the checks, etc. The procedure for filing complaints and reports of violated rights under the Social Services Act (SSA) and the regulations for its implementation is also regulated. In this way, control functions and monitoring functions in the field of social services, which are carried out at three levels, are significantly strengthened.

Regarding the shortage of social service workers in homes for people with disabilities, which was addressed as a major problem in the CPT Report, we believe that a key factor in solving it is improving the working conditions and pay of the workers. In this regard, in 2020, an Ordinance was adopted on the standards for the remuneration of employees performing social service activities financed from the state budget, which has been in force since the beginning of the year. The ordinance defines the minimum amounts of individual basic monthly salaries of employees, according to the different groups of positions. The minimum wages for each group of positions in all types of social services is determined as a percentage of the minimum salary for the country and ranges up to 250% of the minimum salary. With the adoption of the ordinance, conditions were created for an increase in the remuneration of employees engaged in the provision of social services, which is one of the prerequisites for increasing their quality and efficiency. The Ordinance also creates guarantees for regular updating of specialists' fees. By providing better conditions for payment of labor for employees providing social services, as well as differentiation in relation to their qualifications, it is also possible to attract specialists to work in the social sphere, including those in health care, which is also one of the recommendations of the Committee for the Prevention of Torture (CPT).

All of the problematic areas contained in the preliminary remarks of the Report regarding the high capacity of the homes and their remoteness from large population centers in inaccessible areas are addressed through the long-term care reform, which, as already stated, is legally guaranteed through the SSA. In July 2022, an Action Plan for the period 2022-2027 for the implementation of the National Strategy for Long-Term Care was adopted (Decision No. 509 of 21.07.2022 of the Council of Ministers). The plan is in line with the Common European Guidelines for the Transition from Institutional Care to Community Care, as well as with the UN Convention on the Rights of

Persons with Disabilities. The plan covers measures during the second stage of the implementation of the process of deinstitutionalization of care for people with disabilities and the elderly and increasing the efficiency of the long-term care system.

A key place in the plan is given to the measures and activities planned for implementation, aimed at: providing support at home to persons with disabilities and elderly people dependent on care; development of quality and affordable social and integrated health and social services, closing 41 homes for people with disabilities and reforming homes for the elderly; increasing the efficiency of the long-term care system; building the necessary infrastructure to provide the services. In line with the National Strategy for Long-Term Care, the priority of the new plan is the development of a network of quality and affordable social and integrated health and social services at home and in the community. The new services will comply with the principles of deinstitutionalization of care for persons with disabilities and the elderly while respecting their rights according to their needs. A new emphasis in the action plan is the implementation of innovative measures for the introduction of modern information and communication technologies in the provision of services at home such as telecare and teleassistance. New approaches to support independent living for people with disabilities such as "shared living" and "active care" will also be piloted. The plan envisages: provision of quality care and support in new services in the community for a minimum of 2,700 persons with mental disorders, mental retardation, physical disabilities, sensory disorders and dementia, who will be moved out of specialized institutions; creation of new services for residential care and day care and support for over 8,300 people with disabilities and elderly people unable to take care of themselves; care and support at home and in the community, including through patronage care, remote services and assistance support for over 50,000 people with disabilities and elderly people unable to take care of themselves. In 840 of the already existing social services, state delegated activities, the environment will be improved, including through measures to ensure energy efficiency.

The focus of the plan is definitely not the construction of social services for residential care. Such services will be built only for those persons who, due to long years of institutionalization, have no opportunity to reintegrate into their biological families (some of them have spent almost their entire lives in a specialized institution) and for them an appropriate living environment must be provided in their transition to independent living. At the same time, the number of persons who are still waiting for placement in residential care services for persons with disabilities is large. Adequate residential care must also be provided for some of them. A problem is also the prolonged stay on social indications of persons who reside permanently in medical institutions (psychiatric hospitals) and cannot actually be moved out because they have nowhere to go and no one to take adequate care of them. The new services that will be built will be fully in accordance with the Ordinance on the quality of social services. All new social services that will be created will be provided in a material base that meets certain quality characteristics, will be accessible to all target groups (including persons with special needs), will provide an opportunity for social inclusion in the community (including physical proximity of the building to the community and to supporting services) and last but not least – the environment for providing the services will be organized in such a way as to create conditions for independent living of the persons who use them. Providers need to provide a suitable environment for the service's activity close to other services (educational, health, therapeutic, sports, for the organization of leisure time, etc.) and in a communicative place, so that the needs of the residents are met to the greatest extent.

It is extremely important to point out that within the framework of the new social infrastructure that will be built, not only the construction and equipment of new social and integrated health and social services for residential care is included, but also that of supporting specialized and advisory social services for persons with disabilities, to provide an opportunity for adequate day care, consultation, therapy, rehabilitation, acquisition of skills for leading an independent life and for acquisition of work skills by persons with disabilities.

The implementation of the Plan is tied to specific measures and activities from the Recovery and Resilience Plan (RRP). The financing of the Plan will be supported both by the state budget and by funds from the European Regional Development Fund (ERDF), the European Social Fund+ (ESF+) and through the RRP. For all services created within the framework of the reform, it is planned to ensure sustainability from the state budget after the end of the project financing.

The reform undertaken by the state is definitely not expressed only in legislative initiatives and a vision for future actions laid down in the strategic documents, but also in real and concrete actions to improve the living conditions of people accommodated in specialized institutions, both by strengthening control and monitoring, and by providing methodical support to municipalities for capacity building as main providers of social services, as well as through a continuous increase in funds for social services. Compared to 2017, the funds have almost doubled in 2021 by BGN 210.49 million (BGN 211.43 million in 2017, and BGN 421.92 million in 2021). The availability of relatively sufficient financial resources for the provision of quality social services is indicated by the fact that some of the services in the country realize a transitional balance of financial resources (unused financial resource within a year). Such a transitional balance, and at that a serious one, was realized also by the three specialized institutions visited by the Committee in October 2021 (Home for Adults with Intellectual Disability (HAID), Banya, Home for Adults with Mental Health Disorders (HAMHD), Petkovo village, and HAMHD, Gara Lakatnik).

It is important to clarify that with the creation of AQSS in 2020, the control and monitoring in the field of social services seriously increased, as an important prerequisite for prevention of non-appropriate practices in social services and improving their quality and efficiency. The findings registered in the CPT Report, as well as the findings of the control bodies in the field of social services in Bulgaria, show that in some of the homes for people with disabilities there are violations not only of the European Convention for the Prevention of Torture, Inhuman or Degrading Treatment or Punishment, but also the Bulgarian legislation in the field of social services. They also show that the quality of services provided varies in homes of same type, with the same funding standards and with the same requirements to the quality of care and staff. This fact is disturbing and requires much more serious methodical support for those municipalities which, despite the provided conditions and funds, are unable to provide quality services. Currently, AQSS provides continuous methodological support to the municipalities as bodies responsible for the provision of social services financed from the state budget, including homes for people with disabilities. In the cases in which gaps and inconsistencies with the special legislation in the field of social services are found, methodical guidelines are given to each social service provider and a deadline is set for providing information on the actions taken. In case of non-fulfilment of the given mandatory prescriptions, the sanctions provided for in the legislation are imposed.

As a result of the visit of the CPT in October 2021 and the presented observations about the living conditions of the people in the homes visited, the competent authorities immediately took the necessary actions to eliminate the identified problems. Timely inspections have been carried out by AQSS. In connection with the established violations in HAID Banya, 9 mandatory prescriptions

have been given, 5 of them with an "immediate" deadline. In connection with the established violations in the HAMHD, Petkovo, 14 mandatory prescriptions have been given. For the established violations in HAMHD, Gara Lakatnik, 6 mandatory prescriptions have been given. The mayors of the three municipalities, on the territory of which the homes are located, have made commitments to immediately take actions to eliminate the identified problems regarding the care, the material conditions for providing the services and the employees. AQSS has provided methodological support for the implementation of the prescriptions. The last 46 residents of HAMHD, Gara Lakatnik, are to be moved out and referred to use appropriate social services for residential care, and the home will be closed. Active work is currently underway with residents to prepare for removal and to be referred to use appropriate social services. Also, it is planned that HAID, Banya and HAMHD, Petkovo will be closed within the framework of the action plan until 2027, which envisages that a total of 41 homes for people with disabilities will be closed by that date.

With regard to the CPT's findings of physical abuse of residents by staff, poor hygienic conditions in homes, and the use of unregulated means of isolation and immobilization, we share the Committee's view that such practices should not only be tolerated, but should be immediately sanctioned. These practices contradict not only international norms and standards, but also our national legislation. Despite the prerequisites created at the national level for changing the model of care for the disabled, accommodated in homes and social services for residential care, it is a worrying fact that there are those that do not provide the necessary quality care for the residents, and the local authorities that administrate them do not manage to effectively organize the management of the funds provided by the state. In this context, it is important to clarify that social services in Bulgaria, including those provided in homes for people with disabilities, are decentralized and managed by municipalities. Municipalities are responsible for compliance with the quality standards of social services, including the material base, and have a commitment to its improvement, especially since the buildings in which the services are provided are generally municipal property. Therefore, in May 2021, the Ministry of Labor and Social Policy (MLSP), together with the Social Assistance Agency (SAA) and AQSS, prepared and distributed recommendations to the municipalities. The purpose of the recommendations is to provide additional assistance to the municipalities in order to ensure better quality care for the persons using social services for residential care and preventing violations of their rights. The recommendations also contain specific measures to be taken by municipalities to improve care for individuals, such as: promoting social work with residents; development and implementation of a procedure for acting and intervention in crisis situations; provision of 24-hour video surveillance on the territory of the services; holding regular briefings for employees on the prevention of violence and on resident rights; provision of psychological support, as well as group and individual supervision of employees for the prevention of violence against residents and strengthening of monitoring by the municipality, etc.

In March 2022, all municipalities on the territory of the country were informed by the MLSP about the identified problems in the homes for adults with disabilities, established during the periodic visits of the CPT in Bulgaria, as well as the recommendations made in this regard for ensuring better life for the residents. The municipalities were again requested to undertake measures related to: improvement of the material base and living conditions of residents; promoting social work with residents; developing procedures for the prevention of violence against residents, between residents themselves, as well as of residents against employees, and strengthening monitoring by the municipality to detect and deal with all forms of violence; providing the necessary employees;

strengthening the capacity of employees to work with persons with problematic behaviour by providing specialized training, exchange of experience and good practices; not allowing the application of restrictive measures and means (including medication, outside of prescribed therapy) to control the behaviour of residents; providing professional support to employees and conducting regular briefings, etc.

In order to monitor the measures taken by the municipalities, including in accordance with the recommendations of the CPT, in the period from March to April 2022, AQSS carried out thematic inspections in 75 of the total of 77 homes for adults with disabilities. The inspections were also carried out in fulfilment of AQSS' commitments under the SSA. Pursuant to § 34 of the Transitional and Final Provisions of the SSA, the executive director of AQSS made a reasoned proposal to the executive director of SAA on the sequence and period of closure of the homes for adults with disabilities managed by the municipalities, based on an analysis of the inspections carried out. HAID, Samuil, Razgrad region and HAMHD, Govezhda, Montana region, were not included in the scope of inspections, due to prepared indicative action plans for closing these homes. According to SAA data, on 06.06.2022, the last residents were removed from the HAMHD in the village of Govezhda. As of July 1, 2022, the home is closed. These two homes, as well as HAID, Kudelin, Bregovo municipality, which is already closed (as of 01.01.2022), were visited by the Committee in August 2020.

With regard to the CPT comments concerning the reform in the field of deinstitutionalization of care for people with disabilities and the elderly (item 141 of the Report), it is important to note that all new social services, including those for the provision of residential care, which are created in line with the deinstitutionalization process and where persons moved out from the specialized institutions determined to be closed are placed, fully comply with the adopted normative and strategic documents in the field of social services and the Common European Guidelines on the Transition from Institutional to Community-based Care. This is guaranteed through the functional requirements and guidelines prepared by the MLSP for the construction of the infrastructure of the new social services, which are created with funds from the European Union. In this way, the funding of institutional care in any form will continue to be precluded. The objective assessment of the eligibility of each building is based on the fulfilment of the conditions for: (1) the provision of high-quality social service, (2) for the possibility of social inclusion of the users (including the physical proximity of the building to the community and to supporting and accompanying services) and last but not least (3) to create conditions for independent living of the accommodated persons. All requirements are aimed at the safety, security and accessibility of the environment. Also, in order to ensure sufficient personal space for users of social services for residential care, no more than two residents may be accommodated in one room, and the number of employees depends on the number of residents of the service. These requirements are in accordance with the Ordinance on the Quality of Social Services.

2. Measures taken on the specific recommendations in the CPT Report:

A. Abuse, violence and measures of physical restraint

Bulgarian legislation in the field of social services definitely does not allow the application of practices for physical and mental abuse of people using social services. As already stated, with a view to preventing non-appropriate practices related to bad treatment of people using social services by employees, the Ordinance on the Quality of Social Services includes specific requirements for social service providers to ensure sufficient number of employees with the

necessary professional training. Employees are required to know and comply with the Code of Ethics for employees performing social service provision activities. The provider shall provide employees with access to qualification programmes and training courses appropriate to their scheduled duties and responsibilities. For this purpose, it shall develop and implement a programme for introductory and upgrading training of employees. Employees providing social services for residential care, as well as those providing social services in homes for people with disabilities, should have undergone specialized training of a minimum of 24 academic hours in the last 12 months. The provider is obliged to provide them with individual and group supervision at least twice a year.

In the standard concerning the rights of users under Appendix No. 25, § 2, para. 1 of the Transitional and Final Provisions of the OQSS on the standards and criteria for the quality of social services provided in homes for people with disabilities, it is required all employees to be acquainted with the UN Convention on the Rights of Persons with Disabilities, as well as the Convention on the Protection of Human Rights and fundamental freedoms, the Convention for the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The provider should guarantee to the maximum extent respect for personal dignity and protection of residents from abuse and violence. The provider should develop and implement the procedure for protection against violence, abuse, harassment and discrimination. Employees should have undergone annual training on protection from violence. In registered cases of violence, the provider is obliged to provide the necessary external specialists to provide psychological and/or social support to a resident who is a victim of violence, and this needs to be reflected in the individual support plans.

The provisions of the OQSS expressly prohibit the application of measures to physically restrain residents. The supplier should not allow the application of such measures, being obliged to provide specific training to employees/exchange of experience, including to control the manifestation of unacceptable behaviour and aggression. Team/individual supervisions are foreseen in cases of residents with problematic behaviour, and the measures applied in case of unacceptable behaviour are described in the file of the respective residents. As can be seen from the information presented, sufficient guarantees have been created at the national level through the adopted OQSS to prevent practices related to physical violence of social service users, obligations of social service providers and employees to implement procedures to prevent violence and abuse, as well as regular trainings and supervisions on the subject. In addition to monitoring the implementation of social service quality standards, AQSS continues to monitor the quality of the social services provided, as well as the process of implementing the recommendations sent to the municipalities several times and to conduct periodic briefings for employees regarding the non-admission of any or forms of violence or abuse towards residents.

With regard to the recommendation that the Bulgarian authorities take measures throughout the country to ensure that all security guards employed in homes for adults with disabilities shall not have direct contact and work with the residents and shall have limited and clearly defined functions, in the course of AQSS's inspections of homes in the period March - April 2022, cases where security guards were responsible for providing any care to residents, were not identified. In homes where security guards are employed, they do not deal directly with residents and are only responsible for the access regime at the entrance of the home. Regarding the implementation of the recommendation to take appropriate measures to protect residents from other residents' violence, it was found that there is still a lot to be desired in terms of taking effective preventive measures within the scope of control over acts of aggression and violence between residents. In this regard,

the municipalities, in their capacity as homes managing bodies, have been required to take measures according to their competence.

B. Living conditions

Regarding the recommendation to improve the material base and living conditions of the people living in the three homes visited, as well as in all homes for people with disabilities, as a result of the methodological instructions sent to the municipalities, concrete actions were taken and results were achieved in a number of homes. The improvements are expressed in various construction and repair activities; construction or renovation of sanitary units; repair of bedrooms; purchase of new equipment and furniture for bedrooms; allocation of wardrobes and personal lockers for storing personal belongings of residents, etc. Work on improving the material base and living conditions continues.

During the last inspection by AQSS in the above mentioned period in HAMHD in the village of Petkovo, a well-maintained building stock was found, and the bars on the old building in the courtyard, established by the CPT, were removed, and the openings remaining after their removal were walled up for the purpose of ensuring resident safety. Relatively good conditions have been created to satisfy the basic needs of residents. As a result of the instructions given during the previous inspection, actions were taken to secure individual personal belongings of the residents, but it was found that there is still much to be achieved in this direction. The possibility of storing personal clothes and other belongings is also provided in all residents' rooms, including in connection with the recommendations of the CPT. The bedrooms are equipped with a TV, table, chairs and individual beds, wardrobes and lockers. The furniture is functional and comfortable. Residents were visibly relaxed and communicative. After the lifting of the restrictive measures of the health authorities in connection with the spread of COVID 19, residents are actively participating in organized activities outside the confines of the home. Already in November 2021, an order was issued to conduct weekly briefings for employees related to the attitude towards residents.

During the conversations and interviews with some of the employees and residents from AQSS, it was established that the activities of the residents in the community and their participation in sport events have been resumed. Visits to historical sights and excursions have also been resumed.

In the course of the monitoring, it was found that a large part of the residents participate in various activities by interests. The flower beds created in the yard of the home are refined and maintained with the help of the residents. According to the observations of the control authorities, the purpose of all activities and events in the home is to stimulate the overall development of the personality, the activities should correspond to the wishes and abilities of the residents. The specialists in the home work in the direction of building skills in residents to make independent decisions in specific situations, to overcome difficulties, to master daily activities, making optimal use of their resources and capabilities.

During the inspection carried out at HAID, Banya, it was established that, in general, care is taken to comply with sanitary and hygienic standards, but due to the poor technical condition of Block 1, they are difficult to implement. In this regard, it is planned to carry out a major repair of Block 1, incl. the service premises and bedrooms.

In the month of November 2021, the following were purchased: beds - 30 pcs.; mattress - 30 pcs.; mattress protector - 30 pcs.; pillows - 30 pcs.; lightweight quilt - 60 pcs., and bed sets (single) – 60 pcs., but at the time of the inspection it was found that the purchased (wooden) beds were already

broken and replaced with metal ones. In Block 2 and Block 3, the bedrooms are furnished with individual lockers, chests of drawers and wardrobes, all rooms have TVs and are generally welcoming and clean. The roof was also partially repaired. Video surveillance cameras have been installed in the three residential blocks.

HAID in Banya provides 24-hour medical care. A nurse and two orderlies on duty in each building take care of residents around the clock. All residents have a personal doctor with a medical practice in Banya, who visits the home once a week. If treatment is necessary, residents are taken to doctor's office. Preventive and advisory examinations of the accommodated residents are carried out regularly. Dental care is provided by a dentist with a practice in the city of Plovdiv - once a year preventive examination and treatment is carried out if necessary. Residents receive specialized medical assistance from neurologists in the city of Karlovo, as well as from a psychiatrist at the Centre for Mental Health, Plovdiv. At the time AQSS inspected the home, residents were dressed in clean, seasonally appropriate clothing. Some of them communicated with the representatives of the agency, sought attention and contact, walked in groups around the yard of the home. In order to improve the care of the people accommodated in the home, the municipality held a competition to award its management to an external provider with the necessary experience in the provision of social services, with whom a contract was concluded, starting from 01.05.2022.

Regarding the living conditions in HAMHD, Gara Lakatnik, Svoge Municipality, as already mentioned above, at the moment all residents are referred to use social services suitable for them. In February 2022, a complex inspection was carried out in the home, and in April, monitoring was carried out. During the comprehensive inspection, it was established that adequate measures were taken related to the removal of the residents and their accommodation in appropriate social services. The constitutive protocol of the inspection was sent to the mayor of the municipality of Svoge on 17.02.2022, with attention being drawn to the fact that in connection with the upcoming removal of the residents and their accommodation in appropriate social services, if necessary, the AQSS can be referred to for the provision of methodological support regarding the creation of an organization for the preparation of the necessary documentation in accordance with the requirements of the regulations in the field of social services. At the time of the inspection, the commission did not find any harsh treatment or indications of violence towards residents. A relaxed atmosphere is observed. No actions damaging the dignity of the accommodated persons were found.

Individual assessments and support plans were prepared for residents by a team formed within the framework of the project "New long-term care for persons with disabilities" under the 2014-2020 Development of human resources Operational Programme, implemented as part of the process of deinstitutionalization of care for people with disabilities and the elderly. Fifteen residents of the home are directed to use appropriate social services for residential care in the municipality of Vratsa, and seven of them - in the municipality of Kyustendil. With the finalization of the activities under the project "Construction of a complex for social services for persons with mental disorders in the municipality of Svoge", all 46 persons using social services in the home are to be moved out and accommodated in the newly created social services for residential care. As for the information requested by the CPT on the number of employees and the positions held by them in the newly created social services for residential care, it should be specified that in Appendix No. 12 to Art. 11, para. 1 of the OQSS regarding the quality standards and criteria of the specialized social service residential care for adults with disabilities, the requirements for the provider to ensure a sufficient number of employees with the necessary professional training, are regulated (Standard 9, Criterion

9.1). In accordance with indicator 95, the provider should provide the following categories of employees in the service: basic specialists necessary for the functioning of the service; recommended specialists (if necessary); employees directly involved in serving residents and employees supporting the functioning of social services. An official staffing schedule has also been defined, according to which the main specialists are a social worker and a nurse (if there is a health office), and the category of recommended specialists includes a psychologist, occupational therapist/ergo therapist and a geriatric specialist. An orderly/assistant is indicated as an employee directly involved in serving the residents, and if necessary, supporting employees are involved in the activity of providing the service - cook, hygienist, driver/maintenance. The minimum number of the main categories of employees shall be consistent with the number of residents of the service, and the coefficient for determining the number of employees is 0.9 (i.e. with a certain minimum number of 8 persons using the social service, the provider should provide seven employees to provide the service). The provider is obliged to comply with the specified regulatory requirements.

C. Staff and care provided to people using social services in homes:

As already noted, a leading emphasis of the reform in the field of social services and the process of deinstitutionalization of care for people with disabilities and the elderly is placed on the development of employees providing social services with a view to increasing their professional capacity and improving the quality of care for the residents. Through the SSA, the right to introductory and upgrading training is regulated for the employees carrying out the activity of providing social services and the employees carrying out the activity of referral for the use of social services. These trainings are mandatory. The law regulates the mentoring of employees who for the first time carry out activities in the provision of social services. The law also introduces the right to regular supervision both for the employees involved in the provision of social services and for the employees involved in the referral for the use of the services. At the national level, the necessary prerequisites have been created to ensure higher and adequate salaries for employees through the adopted Ordinance on the standards for the remuneration of employees performing social service activities, financed from the state budget.

In the part concerning the qualification and professional development of employees engaged in the provision of services, the Ordinance on the quality of social services formulates standards regarding the structure and qualification of employees, namely that they shall be sufficient in number and have the necessary professional training. The minimum requirements for the number and qualifications of the necessary employees who carry out the activity of providing the various types of social services, the requirements for the activities carried out by the employees in the provision of the various services and the obligations of the providers to ensure the professional and career development of their employees, are defined. The provider should organize an effective employee management system by implementing appropriate measures for the professional support of employees in terms of lifelong learning. In accordance with the SSA and OQSS, the provider should provide induction and refresher/specialist training for employees, supervision, mentoring, volunteering and interns in the service activities. In this way, the recommendations of the Committee to strengthen the capacity of employees to work with persons with problematic behaviour are addressed, by providing specialized training, exchange of experience and good practices, etc.

The quality standards and criteria of individual types of social services also provide for specific ones concerning health care for individuals, as well as the obligations of the health care provider (for the services for which it is applicable). For example, according to standard 12 of Appendix

No. 25 to § 2, para. 1 of the Transitional and final provisions of the OQSS, on the standards and criteria for the quality of social services provided in homes for people with disabilities, it is a regulated obligation of the provider to provide each resident with assistance in receiving medical assistance, as well as access to health services, preventive health care, health care, treatment and rehabilitation. Residents should receive support in choosing a GP and dental care practice. All residents, according to their age, should have passed the necessary number of preventive and outpatient examinations, including dental examinations. All residents should have a Health Care Plan tailored to their needs. The individual medical documentation of each resident should be kept in his/her personal file. The provider has an obligation to monitor the health status of the residents, promptly assisting them in accessing the necessary specialized medical assistance and support during treatment and/or rehabilitation. Regarding the problems identified by the CPT, related to the lack of regular visits by a psychiatrist or a GP, during the AQSS inspections, actions taken by the management of the homes to ensure access to medical care for the residents were registered - regular visits were carried out by the GPs of the residents, as well as by specialist doctors (psychiatrists, dentists and others, depending on the need for the residents in the respective home). Mandatory preventive examinations were also carried out regularly.

The OQSS also addresses the Committee's recommendations regarding the promotion of social work with residents through the development and implementation of social rehabilitation programmes, whereas the provider should provide conditions for the inclusion of residents in activities, events, sports and initiatives according to their individual interests in a way that promotes their personal development and gives them pleasure, a sense of success, self-respect and self-confidence. Activities should be planned together with residents, be an integral part of their daily life and favour their physical, emotional and social development. Individual support plans for individuals are intended to include the relevant therapeutic and/or rehabilitation activities, approaches and their form of provision (individual, group or through a social service for therapy and rehabilitation). Actions have been taken to implement these recommendations in all homes in accordance with AQSS guidelines. All homes inspected by AQSS have access to resident information and the possibility to make personal contacts. Some of the residents in the homes use personal mobile phones, and in some homes, they also use tablets. Telephone access is provided. Premises are allocated for residents to be in contact with by their relatives, when they visit them.

After the end of the anti-epidemic measures in the country, the training of the employees in the services, as well as work with supporting social services in the community, have started. In some of the homes, the hiring of qualified employees remains a problem, especially those located in smaller settlements, where there are still vacant staff positions.

In terms of overcoming the risks related to the spread of COVID-19, it was found that in each of the homes, the necessary anti-epidemic measures were taken to disinfect the premises, vaccinate employees and residents, but despite this, episodic cases of the disease still occur.

As for the CPT's recommendation regarding performing an autopsy on residents who died in the homes, it should be clarified that this issue is regulated in the Health Act. According to Art. 98 of the Act, to persons who died in a medical institution, a pathological autopsy is performed after notifying a parent, adult child, spouse, brother or sister. Pathological-anatomical autopsy of persons who died outside a medical facility may be performed at the request of the doctor who registered the death or at the request of the relatives of the deceased. A pathological autopsy is also performed in the event of the death of a child placed outside the family in accordance with the Child Protection Act. In this case, upon the express written request of a parent, guardian or custodian, the head of

the medical institution may issue an order for exemption from pathological autopsy only if the child died in a medical institution for hospital care. A pathological autopsy is not performed when the corpse is subject to forensic examination. In addition to the above, it should be specified that in the event of violations outside of the special legislation in the field of social services, as well as in the event of suspicion of irregularities committed by officials, AQSS shall refer the competent authorities to take appropriate actions. According to Art. 117, paragraph 3 of the SSA, upon establishing violations of the competence of other bodies, the executive director of AQSS immediately notifies them, and in the case of established violations, where there is data for a committed crime, immediately notifies the prosecution authorities. State authorities and relevant officials are required to provide information and assistance to AQSS officials in the performance of their functions. AQSS officers may also seek assistance from the police authorities of the Ministry of the Interior.

D. Legal guarantees

At the national level, measures have been undertaken to stop the inappropriate practice cited in the CPT Report of appointing employees providing social services in the homes as guardians/custodians to the persons declared legally incompetent, with the power of signing agreements on their behalf, which is a prerequisite for creating of conflict of interest. It should be borne in mind that, according to the SSA, the use of social services by adults, including those declared legally incompetent, guarantees their rights to the maximum extent, despite the still existing legal regime of guardianship, regulated in the Individuals and Family Act. The SSA has put in place all the necessary safeguards so that social services cannot be used against people's will, and their wishes and preferences prevail, regardless of whether they are placed under restraint or not. According to Art. 11, para. 2 of the SSA the compulsory use of social services for residential care by adults is not allowed. Compulsory use of social services is allowed only by court order and only in the cases defined by law. In addition, the use of social services for residential care is allowed only when other possibilities for supporting individuals through social services in a home environment and in the community have been exhausted and that residential care is organized in a way that does not lead to isolation of individuals from the community. The provision and termination of social services to adults declared legally incompetent are in accordance with both the individual wishes of the persons and the opinion of their guardian or custodian, whereas in the event of a contradiction, prevailing is the wish of the person in need of social services (Art. 91, paragraph 1 of the SSA).

In Appendix No. 25 to § 2, para. 1 of the Transitional and Final Provisions of the OQSS on the Standards and Criteria for the Quality of Social Services Provided in Homes for People with Disabilities, it is regulated that the provider should guarantee access to justice and legal protection for all residents. The provider should have developed and approved a procedure to avoid conflicts of interest for residents declared fully or partially legally incompetent. Such persons should have legal representatives outside the circle of the home's employees. In all cases of conflict between the guardian/legal representative and the resident, declared fully or partially legally incompetent, the provider should ensure access to a social service advocacy and mediation. These regulatory requirements are also applicable in relation to the provision of social services for residential care for persons with disabilities.

Apart from the established normative guarantees, it is important to bear in mind that the heads of the homes (including in the context of the recommendations addressed to the municipalities) have taken actions to communicate with the relatives of the residents declared legally incompetent, with

the purpose to appoint as guardians their current family members or relatives. For all other residents, there is periodic correspondence with people in their immediate or family environment, but on the part of the latter there is often a refusal of any commitment and lack of interest.

As for what was stated in the Report about the lack of mechanisms for submitting complaints and providing information about the rights of persons using social services in homes, this issue is also addressed in the Ordinance on the Quality of Social Services. A specific standard is provided for individual types of social services, including residential care, regulating the obligation of the provider to guarantee maximum respect for personal dignity and protection of residents from abuse and violence. The social services providers are required to develop and implement a complaint procedure. Residents should be aware of their right to protection from all forms of violence and abuse and know the procedures for submitting complaints and for protection from violence, abuse, harassment and discrimination. Both the AQSS as a control body at the national level, as well as the municipalities and social service providers, are committed to monitoring the effective implementation of the stated obligations.

It should be noted that inspections and controls by the competent authorities continue, and in July 2022, AQSS started carrying out a series of extraordinary thematic inspections in all Family-type Accommodation Centres for adults with disabilities, activities delegated by the state. In the course of carrying out the inspections, AQSS provides as needed methodical assistance and gives methodical guidelines for improving the quality of care and living conditions in the services.

3. Future actions to implement the CPT recommendations:

- Continuation of the ongoing monitoring and control for effective municipalities' spending of the funds provided by the state and for ensuring quality care for the users of social services for residential care in the homes for adults with disabilities, as well as in residential care services for elderly;
- Provision of the necessary assistance and methodical support of the municipalities by the competent authorities;
- Continuation of the actions to decisively change the model of care for people with disabilities, related to both the deinstitutionalization reform and the actual improvement of the living conditions in the homes and the care provided to the people accommodated there.

In conclusion, we emphasize again that the basis of the system reform process is to change the model of care for people with disabilities, as well as ensuring provision of qualified support from professionals. This is a key emphasis in the reform of the social service system and the deinstitutionalization process. We believe that with the joint efforts of all institutions, the rights of people in a vulnerable situation can be guaranteed in the spirit of pan-European values and compliance with international acts on the protection of human rights.