

NEEDS ASSESSMENT

BASIC NEEDS IN ROUMIEH, BEK AND TRIPOLI PRISONS LEBANON



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ACRONYMS

| | |
|-------|---|
| MoJ | Ministry of Justice |
| Mol | Ministry of Interior |
| MoPH | Ministry of Public Health |
| WHO | World Health Organization |
| AICS | Italian Agency for Cooperation and Development |
| MS | Mouvement Social |
| AJEM | Association Justice and Mercy |
| UPEL | L'Union Pour la Protection de l'Enfant Au Liban |
| BBA | Beirut Bar Association |
| LCARR | Lebanese Charitable Association for Reform and Rehabilitation |
| LUPD | Lebanese Union for People with Physical Disabilities |
| BEK | Barbar El Khazen (prison) |
| NGO | Nongovernmental Organization |
| USD | United States Dollar |
| CLDH | Lebanese Center for Human Rights |
| GP | General Practitioner |

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1. Introduction

1.1 Context Description

Since October 2019, Lebanon has been going through an unprecedented economic crisis. The World Bank has ranked Lebanon among the top three gravest global financial crises since the mid-nineteenth century¹. The Lebanese currency has lost more than 95% of its value, reducing residents' ability to access basic rights, including food, water, health care, and education.

Anti-government protests, which began on October 17, 2019, against political corruption, continued in 2020. Corruption is mainly related to the sectarian system that has prevailed in Lebanon since the establishment of the state in 1920. It is reflected through the successive Lebanese governments and was reproduced through elections based on the sectarian distribution of parliament seats.

The Coronavirus pandemic came on the heels of severe financial and political crises. The government failed to reimburse hospitals, and even urgent cases were not provided by life-saving medical care interventions. Shortage in foreign currencies is restricting the import of vital medical equipment and medicines².

The catastrophic explosions in Beirut's port on August 4, 2020 – which killed 218 people and injured more than 6,000 – were devastating for the Lebanese healthcare system. The impact of the explosions at the national level adds on the long-term structural vulnerabilities including poor infrastructure (deteriorated electricity sector, water supply shortages, and inappropriate waste management), public financial mismanagement, and large macroeconomic weakness.

The series of crisis have left families and children in Lebanon in a dire situation. According to a recent assessment conducted by the UNICEF, the majority of families cannot afford to meet the basic needs of their children. Families are forced to look for harsh measures to support their children, including forced child marriage, child labor, and skipping their children's main meals.

Crisis' chain is exacerbating the challenges and problems of an already-stressed penitentiary system. Prisons overcrowding is one of the key factors contributing to inhuman detention conditions in Lebanon. The high level of pre-trial detention and the lack of alternative measures are critical drivers of incarceration rates growth.

Overcrowding is undermining the ability of prison administration to fulfill the basic needs of prisoners in terms of food, water, hygiene, and security. The quality and quantity of food distributed by the prison administration has decreased, and inflation is eroding inmates' financial means. Prisons fail to meet the basic needs of prisoners in terms of healthcare services. Chronic medicines, cleaning products, mattresses, beddings and clothing are in short supply. Families' visits are becoming less frequent due to transportation fees' increase. The infrastructure is very poor, the facilities are

insufficient and the equipment (transport vehicles, ambulances, etc.) are decaying. Overcrowding also is compromising the provision and effectiveness of rehabilitation programs, vocational training and cultural activities.

Additionally, prison systems often suffer from organizational barriers, including the unspecialized, underpaid and rotating prison staff, the high level of corruption, and the outdated legislation (decree 14310 in 1949). In addition to the lack of risk assessment and management of offenders.

Prison systems are also facing criminal justice barriers including the political interference in judiciary. Political and sectarian leaders are interfering in the resolution of cases that touched on public interests (for instance, the Beirut Port explosion investigation), in addition to the removal and appointment of judges.

Prison Population

There are 6.460 prisoners in 25 Lebanese prisons: 6.050 males, 250 females, and 160 juveniles³. The occupancy level, based on the official operational capacity⁴, is 323%. The majority of the prison population (80%) is awaiting trial. Prisoners usually wait for months or years before trial, well beyond the limits established by the law. Except for sex and gender, prisoners are neither classified nor separated according to their criminal records, or the legal reason for their detention.

| | Prison | Convicted | Pre-trial detainees | Total |
|----|---------------------|------------------|----------------------------|--------------|
| 1 | Roumieh (Juveniles) | 12 | 121 | 133 |
| 2 | Roumieh | 1025 | 2442 | 3467 |
| 3 | Kobbe Tripoli (Men) | 77 | 702 | 779 |
| 4 | Zahle | 75 | 571 | 646 |
| 5 | Jib Jennin | 6 | 96 | 102 |
| 6 | Baalbek | 12 | 66 | 78 |
| 7 | Tebnin | 5 | 105 | 110 |
| 8 | Nbatiyyeh | 0 | 0 | 0 |
| 9 | Alay | 10 | 67 | 77 |
| 10 | Sour | 7 | 107 | 114 |
| 11 | Zgharta | 2 | 67 | 69 |
| 12 | Jezzin | 7 | 120 | 127 |
| 13 | Halba | 6 | 71 | 77 |
| 14 | Rachaya | 2 | 45 | 47 |
| 15 | Amioun | 5 | 56 | 61 |
| 16 | Jbeil | 7 | 43 | 50 |

| | | | | |
|----|--------------------------|-------|-------|------|
| 17 | Batroun | 11 | 46 | 57 |
| 18 | Douma | 1 | 22 | 23 |
| 19 | Bent Jbeil | 1 | 50 | 51 |
| 20 | Tripoli | 0 | 9 | 9 |
| 21 | Marjeyoun | 6 | 41 | 47 |
| 22 | Baabda (Women) | 10 | 92 | 102 |
| 23 | Kobbe - Tripoli (Women) | 17 | 52 | 69 |
| 24 | Barbar El Khazen (Women) | 4 | 27 | 31 |
| 25 | Zahle (Women) | 5 | 37 | 42 |
| | Total | 1313 | 5055 | 6368 |
| | Percentage | 20.6% | 79.4% | |

Table 1- Incarceration rate by prison and conviction status⁵

| Nationality | % |
|-------------|-------|
| Lebanese | 57.5% |
| Syrian | 29.2% |
| other | 13.3% |

Table 2- Incarceration rate by nationality⁶

Detention conditions

Conditions of imprisonment in Lebanon are known to be far behind acceptable standards. Prisons have insufficient facilities and services, which present critical challenges in providing humane detention conditions and safeguarding compliance with applicable national and international laws, standards and principles. Healthcare services, provision of basic needs, workshops and other necessary services are inadequate to meet the needs of detainees.

The excessive use of pretrial detention and the length of pretrial procedures – which can be indefinite in some cases – are critical drivers of prison overcrowding. The latter also compromises the provision and effectiveness of educational/vocational programs and recreational activities.

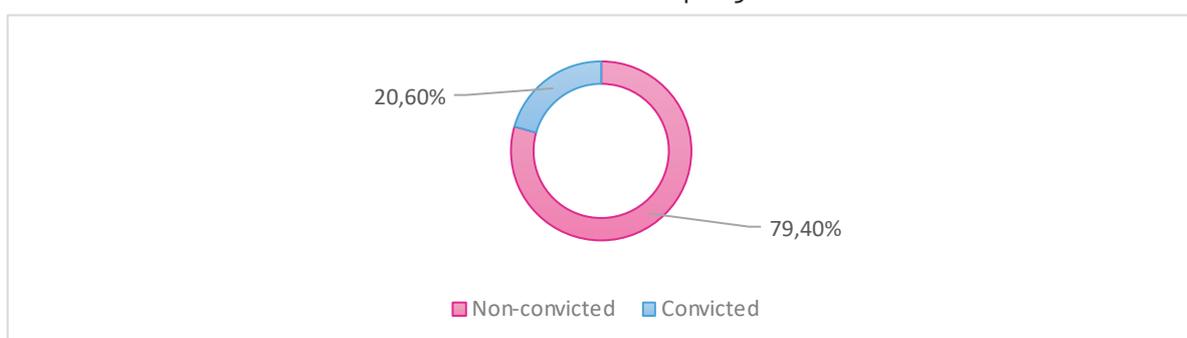


Figure 1 Incarceration rate by conviction status⁷

Lebanon’s two central prisons – Roumieh and Zahle – are the only structures designed to be official jails. Some facilities currently used as prisons were originally built for different purposes (horse stables, army barracks, police stations or warehouses). Some have never been structurally adapted. Even after structural changes have been made, most facilities continue to present significant problems in terms of their appropriateness as prisons and their maintenance.

In most prisons, accommodation areas are severely overcrowded. Cells, rooms and dormitories have no furnishing, and detainees lay down on mats or other materials (if available). In many of those prisons, floor space is insufficient for all prisoners to lie down at the same time, and they have to make shifts.

| | Total | Occupancy |
|------------------|-------|-----------|
| Prisons | 6368 | 323 % |
| Detention Center | 1860 | 222% |
| Total | 8228 | |

Table 3 - Occupancy rate in prisons and detention centers⁸

The increase in the use of incarceration has put excessive pressure on existing facilities. This trend is continuing to rise and is due to an increase in the number of persons being detained. This increase is caused by the following:

- a. excessive use of pretrial detention measures;
- b. increase in the average length of detention of both pretrial and convicted persons;
- c. judicial paralysis and overburdened courts.

Moreover, sanitation and hygiene constitute additional challenges in most of the prisons. Toilets are sources of diseases due to shortage of detergents and cleaning agents. Lack of funding, poor facilities and inadequate sanitation infrastructure are the main factors contributing to the poor sanitary situation.

Most of the prisons struggle to prioritize rehabilitation and reintegration programs, in spite of a critical need for psychiatrists, psychologists, and social workers. NGOs are trying to fill this gap but they are not able to cover the needs of all prisons.

The three prisons: Roumieh, Tripoli and Barbar El Khazen

The Central Prison in Roumieh

The Central Prison of Roumieh is located in the Mount Lebanon region, in the north of Beirut. The construction of the facility began in 1963 and was inaugurated in 1971, before its construction was

completed. It was designed to be a prison. The prison consists of five blocks that hold over 3,500 prisoners, even though the prison was originally designed with a capacity of 1,000 detainees. Even though pretrial detainees and sentenced prisoners were supposed to be separated in the different blocks, severe overcrowding has forced the authorities to mix the two populations.

Roumieh's complex is divided into 5 blocks:

Block A (Maison Centrale): this block was not intended to house prisoners. However, due to overcrowding, it is currently being used to hold detainees, both pre-trial and sentenced.

Block B: this block holds detainees in pretrial or sentenced for crimes related to religious radicalism. It is divided into 3 floors with 57 cells on each floor (divided into 3 aisles) with a total of 171 cells in the block.

Block C: this block is divided into 3 floors with around 50 to 57 cells on each floor (divided into 3 aisles) with a total of 171 cells in the block. It holds detainees, both pre-trial and sentenced.

Block D: Blue building: it is divided into 3 floors with around 50 to 57 cells on each floor (divided into 3 aisles) with a total of 171 cells in the block. It hosts inmates with mental disorders and those with HIV-positive status.

Juveniles Section: it consists of 2 floors that are separated from the rest of complex. It houses male juvenile detainees.

The official capacity of Roumieh prison is 3,000 detainees. This data is used by official government bodies, while based on ICRC standards⁹ of minimum floor space occupied per detainee (3.4 m²), it results in a maximum capacity of 1,050. The occupancy rate is obtained by dividing the number of detainees by the official capacity of the prison. If the ratio is higher than 100, there is an over occupancy, and if the ratio is lower than 100, there is an under occupancy. At the time of writing this report, there were 3,600 detainees in the prison for an official capacity of 3,000 detainees, corresponding to an occupancy rate of 120% resulting in an over occupancy.

Tripoli Prison

Tripoli prison is located in an independent Internal Security Forces (ISF) compound in the City of Tripoli, North Lebanon. The building was built in 1943 for the purpose of horse stables at the time of the French mandate. The compound is composed of four buildings:

- Building C is for governmental offices
- Building D is for kitchen
- Building E is the men's prison
- Building F is the women's prison

The official capacity of the men's prison is 350 detainees. This data is used by official government bodies, while based on ICRC standards¹⁰ of minimum floor space occupied per detainee (3.4 m²), it results in a maximum capacity of 264. Therefore, the occupancy rate at the time of writing this report, is 222.57%, corresponding to 779 detainees in the prison for an official capacity of 350 detainees, resulting in an over occupancy.

The official capacity of the women’s prison is 135 detainees. However, per ICRC recommendations the operational capacity is of 68. At the time of writing this report, there were 69 detainees in the prison out of an official capacity of 135 detainees, corresponding to an occupancy rate of 51,11%, and resulting in an under occupancy.

Barbar El Khazen Prison

Barbar El Khazen Women’s Prison is located in an independent ISF government building in Koraitem, Beirut. The building in which it is currently housed was opened in March, 2008. The building was built for the purpose of ISF officers. It is composed of several floors which serve mainly as ISF offices.

The official capacity of the BEK prison is 80 detainees. However, per ICRC recommendations the operational capacity is of 57. At the time of writing this report, there were 31 detainees in the prison for all official capacity of 80 detainees, corresponding to an occupancy rate of 38,75% resulting in an under occupancy.

| | Roumieh Central Prison | Roumieh Prison-Juveniles Section | Tripoli (Men) Prison | Tripoli (Women) Prison | Barbar Al Khazen (Women) Prison |
|---------------------|---|---|---|---|---|
| Address | Roumieh – Mt. Lebanon | Roumieh Prison – Juveniles Section | Al Qobba, Gendarmerie Building, Ground and Frist Floors | Al Qobba, Gendarmerie Building, Ground Floor | Beirut, Barbar Al Khazen Internal Security Building |
| Legal Specification | Held without trial, accused and those sentenced to imprisonment regardless of the duration of their sentences. (A.2, P.1, Decree 14310) | Law no 422/2002 on Juveniles | Held without trial, accused and those sentenced to imprisonment for up to 6 years or those who still have 6 years remaining in their sentence. (A.2, P.3, Decree 14310) | For women convicts whose sentence is up to 6 months, or who still have 6 months remaining are held in regional prisons. (A.9 Decree14310) | Women convicts are held in the central women’s prison located in Beirut regardless of the duration of their sentences. (A.9 Decree 14310) |
| Capacity (ISF) | 3000 | 270 | 350 | 135 | 80 |

| | | | | | |
|---------------------------------|------|-----|-----|----|----|
| Capacity (ICRC recommendations) | 1050 | 76 | 264 | 68 | 57 |
| Number of Prisoners | 3467 | 133 | 779 | 69 | 31 |

Table 4 - Prison Profiles¹¹¹²

1.2 ARCS in Lebanon

Founded in 1985, ARCS Arci Culture Solidali APS is an Italian non-governmental organization, founded on the initiative of ARCI, the most important Italian social promotion association. ARCS has been active in Lebanon since the 1980s. However, its engagement in the country has become more structured since 2014. Since then, it has established contacts and developed strong partnerships with local organizations by implementing protection, education and livelihood programs to support the most vulnerable groups such as children, single women headed households, refugees, person with disabilities (PwDs) and people at risk in all regions of the country. In 2021, ARCS supported 6,795 direct beneficiaries in Lebanon, including 2,853 women and 741 children, reaching a total of 222,226 people who benefited indirectly from ARCS programs in the country. Over the past year, ARCS has implemented its interventions in close collaboration with local organizations and several municipalities. It has focused many of its interventions in the areas of human rights, job placement, gender economic and social empowerment, and strengthening educational, cultural, protection, social and economic stability services for children, youth and women.

In line with the actions and strategies described above, ARCS's current planning in Lebanon focuses on four axes of intervention:

- 1. Protection of the refugee population, especially women and children.** ARCS offers support and help to refugee populations through support to Community Centers that, with a holistic and multidisciplinary approach, create and strengthen a local referral system for the care and protection of children and the most vulnerable, including people with disabilities. At the same time, ARCS supports the economic empowerment of women, refugees and non-refugees, promoting their access to income through vocational training pathways.
- 2. Promotion of human rights and access to justice.** ARCS supports prisoners' rights by carrying out actions aimed at improving prison living conditions and supporting Lebanese organizations in promoting lobbying and networking to Lebanese institutions.
- 3. Increasing social stability, resilience and health conditions.** ARCS contributes to mitigating inter- and intra-community tensions by improving the socio-economic environment of the most vulnerable sectors by promoting their access to income, both through Rapid Employment actions and through vocational training pathways including for people with disabilities.
- 4. Emergency interventions and humanitarian aid,** in the WASH and primary and secondary health sectors in favor of vulnerable populations and Syrian and Palestinian refugees and

improvement of public health facilities in the provision of health services including in the aftermath of the COVID-19 pandemic.

DROIT: Rights, Social Reintegration, Vocational Guidance & Protection for Young Adults, Women and People with Disabilities Held in Lebanese Prisons.

The project is co-funded by the Italian Agency for Development Cooperation (AICS) and managed and implemented by ARCS, in partnership with the Lebanese NGOs Mouvement Social and AJEM. The project is divided into three components: provision of services to prisoners in the central prison of Roumieh and in the women's prison of Barbar El Khazen (Beirut); provision of services aimed at the social rehabilitation of former prisoners at the Rehabilitation Center of Rabieh; promotion of advocacy, monitoring and awareness-raising actions on prison issues and prisoners' living conditions.

Concerning the first component, the services provided in the three years of the project covered psycho-social services, legal support, professional training and cultural and recreational activities for adult prisoners of Roumieh and for women detainees at the BEK.

The Rehabilitation Center of Rabieh, managed by AJEM, deals with social rehabilitation of former prisoners through paths of accompaniment to autonomy, with professionalizing courses and social support.

The third component, coordinated by ARCS, included a series of roundtables with the Italian partners - ARCI Toscana, the Ombudsperson of the Tuscany Region, No Peace Without Justice and Antigone - local partners, civil society organizations and Lebanese institutions, in a process of exchange of practices with respect to the penitentiary and judicial system.

Furthermore, from this exchange experience, a Task Force on the conditions of detainees has been established by the project partners and coordinated by ARCS, with the objective of bringing together the main stakeholders working in prisons at different level (CSOs, authorities) and merging synergies towards a reform of the penitentiary system in Lebanon.

2. The Needs Assessment

2.1 Objectives of the Analysis

The main objective of this analysis is to provide an overview of prisons conditions in Lebanon and to better understand the needs of the detainees in the three main Lebanese prisons : Roumieh, Barbar El Khazen and Tripoli. Following ARCS' participatory approach and putting the beneficiary at the center of the decision-making, this assessment will help ARCS to design new interventions and better respond to the main needs identified.

Objectives:

- To evaluate the conditions of existing infrastructures and related needs in terms of main-

tenance, rehabilitation, safety, and security.

- To identify detainees' basic needs: water, nutrition, and health.
- To analyze detainees' legal situation: access to justice and length of pretrial detention
- To evaluate prison staffing (ISF personnel) in terms of qualifications, human resources, and equipment.
- To identify missing basic services inside prisons.

2.2 Methodology

Conceptual Framework

To prepare the assessment, a comprehensive approach was used in order to identify the target population's unmet needs and propose potential solutions. Throughout the analysis, a corporate approach has been applied by exploring the demands and needs of informants in prisons. Evidence-based recommendations are attached at the end of the assessment. The assessment analyzes the three prisons against provisions in relevant international standards and good practice to provide accurate and up-to-date information on the detainees' needs and to highlight areas requiring attention, assistance and support.

| Provisions in relevant international standards and good practice | |
|--|--|
| <p>The Nelson Mandela Rules Are based on an obligation to treat all prisoners with respect for their inherent dignity and value as human beings, and to prohibit torture and other forms of ill-treatment. They offer documented guidance on a wide variety of topics including disciplinary measures, healthcare, hygiene, recruitment and training of prison staff.</p> | <p>The Bangkok Rules "The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders". It is the first international instrument which provides specific and detailed guidelines on responding to the gender specific needs of women in the criminal justice system, as well as of the children of such women.</p> |

Figure 2 - Provisions in relevant international standards and good practice ¹³

| Key Requirements as per International Standards and Best Practice | |
|--|---|
| Prison Infrastructure | Prison premises and processes shall meet requirements of security, safety, sanitation, cleanliness, and suitability for detention and imprisonment. |
| Prison Staff | Prison services should be systematically developed with a view to sustaining and improving prison staff capacity in line with the specific skills required of a prison officer. |
| Basic Needs, Sanitation and Hygiene | The prison system shall not aggravate the suffering inherent to depriving individuals from their liberty. |
| Health Services | All prisoners should have access to the health services available in the community without discrimination on the grounds of their legal situation ('equivalence of care'). |
| Security | All prisoners are to be treated with respect for the inherent dignity and value of the human person. |
| Prison Work and Rehabilitation Programs | Work should be assigned, and other rehabilitative services should be offered, to prisoners based on an individualized assessment of their capacities, needs and dispositions. |
| Contact with the Outside World | The treatment of prisoners shall emphasize not their exclusion from the community, but their continuing part in it. |
| Women Prisoners | The treatment and services made available to women prisoners and girls in prison should reflect their distinctive and gender-specific needs. |
| Prisoners with Mental disabilities | Prison staff should be made aware of the special needs of prisoners with mental disabilities, and ensure that they are provided with appropriate support. |

Table 5 -The essential principles under each thematic category that are drawn from relevant international standards and best practices ¹⁴

Methodological Framework

Primary data sources:

The researcher conducted interviews with a number of prison and health authorities:

Head of Prisons Directorate at the Ministry of Justice.

Head of the Internal Security Forces Prison Department at the Ministry of Interior and Municipalities.

Head of Prisons Branch Gendarmerie at the Internal Security Forces.

Head of Central Prisons Division in Lebanon.

Deputy Head of Central Prisons Division in Lebanon.

Commander of Roumieh Prison.

Commander of Tripoli Prison.

Head of Roumieh Medical Center.

Head of Tripoli Medical Center.

The researcher conducted in depth discussion with relevant stakeholders such as organizations, national and international, involved in the provision of healthcare and other services in prisons:

Focal points of the World Health Organization (WHO).

NGOs working in prisons: AJEM, MS, NUSROTO, UPEL, Father Afif Osseiran, LCARR, CLDH, LUPD.

Beirut Bar Association.

Secondary data sources:

The researcher reviewed a number of reports and papers published on conditions of detention in Lebanon:

The comprehensive national report on prison conditions in Lebanon. Ministry of Interior and Municipalities.

Poverty and torture and ill-treatment in Lebanon. Submission to the UN Special Rapporteur on extreme poverty and human rights on the occasion of his visit to Lebanon.¹⁵

LEBANON. Joint submission in view of Lebanon's second periodic review by the human rights council.¹⁶

The national Action Plan for human rights in Lebanon.¹⁷

Healthcare Structure and Hygiene in Lebanese Prisons.¹⁸

Handbook for prison leaders.

Handbook on prisoners with special needs.

ICRC on Water and Sanitation in Prisons.

The researcher considered the following national policies, legal frameworks and handbooks related to prisons in Lebanon:

The necessary mechanism to initiate the transfer of the authority to supervise prisons to the Ministry of Justice.¹⁹

Decree 14310 (1949) regulating prisons and detention centers under the authority of the Ministry of Interior.

Decrees 17315 (1964) and 151 (1983) aimed to transfer prison control to the Ministry of Justice.

Decree 1157 (1991) determining the structural organization of the Internal Security Forces.

Prison inspection index. Ministry of Justice.²⁰

Report on prison systems and conditions. Lebanese Parliament.²¹

Code of Criminal Procedure²².

The researcher collected information about the types of prisons and their capacity, and the legal and demographic profiles of the detainee population from:

Statistics provided by the Internal Security Forces.

The prison directorate website.²³

Questionnaires and Interviews

Prison Evaluation Checklist consists of two parts: (1) A form for individual prison ([Prison checklist 1](#)) and (2) A form on the prison system as a whole ([Prison checklist 2](#)).

Two interview guides:

- ✓ one was used with prison authorities at the MoJ and Mol and senior members of the management team at the three prisons. ([interview guide 1](#))
- ✓ one was used with health authorities in prisons. ([interview guide 2](#))

The interviews and discussions with the organizations involved in the provision of services in prisons were open, and relevant questions from the interview guides and the checklists were asked.

Limitations

The preliminary methodology has foreseen prison visits and individual meetings with prisoners. However, these steps were not achieved, as prison authorities prohibit any external visits. In addition to prison staff, only NGO members working in prisons are permitted to access prisons.

To address this limitation, the researcher collected a variety of data sources, including data from prison authorities at different ministries, and national and international civil society organizations. The findings are then corroborated, thereby increasing the validity and reliability of the results.

3. Main Findings

3.1 Accommodation & Hygiene

The unhealthy living environment in Roumieh and Tripoli (men) prisons is the driving cause of respiratory diseases and dermatological infections affecting the prisoners. Poor detention conditions include: severe overcrowding, high humidity, lack of heating or cooling systems, insufficient sunlight, and lack of hygiene. In both prisons, cells are crowded and cramped. Each cell holds more

than 13 inmates while large dormitories hold more than 100 prisoners. Both prisons lack beds, blankets, and pillows. Sheets, if available, are not washed regularly, causing an outbreak of bugs and skin disease.

However, the conditions of detention in BEK and the women section of Tripoli are better. All parts of the prisons are properly maintained and kept clean. The cells are equipped with beds/new mattresses, air conditioning and fans. Clothes worn by prisoners (in the three prisons) are insufficient and inappropriate.

| Prison | Mattress | Blanket | Clothing |
|-----------------|----------|---------|-----------------------|
| Roumieh | 2000 | 2000 | 3500 men and 150 boys |
| Tripoli (Men) | - | - | 800 men |
| Tripoli (Women) | - | - | 70 women |
| BEK | - | - | 35 women |

Table 6 - Basic needs in terms of accommodation²⁴²⁵

The three prisons are facing shortages of basic hygiene supplies, detergents and cleaning agents. Inmates are not able to perform all public works to maintain the cleanliness and hygiene of the prison. Due to lack of funding and increase of goods prices, prison authorities no longer distribute soap. Prisoners are not provided with toilet articles necessary for health, cleanliness and proper care of hair, teeth, and body.

Female inmates (in BEK and Tripoli prisons) often complain of a lack of essential hygiene products such as sanitary pads. NGOs are trying to provide hygiene and cleaning products but they are unable to meet all the needs of prisoners.

In Roumieh and Tripoli prisons, shower installations are inadequate, and prisoners are not able to comply with the needs of nature when necessary cleanly and decently. This includes dirty and small bathrooms and the lack of toilet seats.

For many prisoners, clothing is humiliating and degrading, and this basic need is often overlooked by the prison system.
 (Comdt. Bilal Omar, Gendarmerie)

| Item | Roumieh | Tripoli | BEK |
|-----------------------------------|-----------------------------|--------------------------|--------------------------|
| Bleach (Javel) | 2000 L | 500 L | 200 L |
| Antiseptic detergent (Dettol) | 2000 L | 500 L | 200 L |
| Dishwashing liquid | 2000 L | 500 L | 200 L |
| Bathroom cleaning product (Flash) | 2000 L | 500 L | 200 L |
| Soap | 3500 | 1000 | 100 |
| Powder detergent | 2000 Kg | 500 Kg | 100 Kg |
| Laundry detergent powder | 2000 Kg | 500 Kg | 100 kg |
| Mop sheet | 700 | 200 | 100 |
| Trash bags | 1000 large / 1000 medium | 500 large/ 500 medium | 200 large/ 200 medium |
| Scouring sponge | 5000 | 2000 | 1000 |
| Toilet paper | 5000 | 2000 | 1000 |
| Broom | 1000 | 500 | 200 |
| Plunger | 1000 | 500 | 100 |
| Dustpan | 1000 | 500 | 100 |

Table 7 - Basic needs in terms of hygiene and sanitation²⁶

3.2 Water & Food

The three prisons lack the resources to undertake repairs to potable water. Clean drinking water is not available to prisoners, and this is getting worse as prisoners do not have sufficient funds to purchase clean bottled water.

Water tanks filters in Roumieh prison need to be serviced. In Tripoli prison, cleaning and disinfecting water storage tanks is paramount, particularly with the spread of Cholera.

In BEK prison, water is in short supply, and tap water is not accessible as frequently as necessary for general hygiene and cleaning purposes because the water tanks are shared with the police barrack

| Water Tanks | |
|-------------|--------------------------------------|
| Roumieh | Replace cartridge filters |
| Tripoli | Cleaning and treatment with chlorine |
| BEK | New water tanks |

Table 8 - Basic needs in terms of water infrastructure

On the other hand, food quality and quantity in prisons are mainly related to the budget allocated by the Lebanese Government, which has long been insufficient. Although the prison service is required to meet nutritional standards regarding quality and quantity, the food is restricted as a result of the economic crisis and the rising cost of goods. Prison administration lowered the quantity of meat (lamb and chicken) served weekly²⁷.

According to the UN Committee against Torture, meals are served cold and undercooked. Vegetables and dairy products are rarely served. Apples are the only fruits served in the prison, and one apple is shared between two prisoners.

In Roumieh and Tripoli (men) prisons, meals are prepared by a cook, served in large containers and distributed by the inmates, who take control of the portion size²⁸. Therefore, it is challenging to guarantee that the inmate will receive the amount of food allocated to him. In women's prisons (BEK and Tripoli) food is prepared by the prisoners themselves and meals are adapted to their special dietary needs.

On October 25, 2021, a report on "Food Assessment in Roumieh prison" has been done by the World Health Organization, revealing some important findings summarized as follows²⁹:

"Detainees, like other individuals, satisfy their basic need for food before paying attention to recreational or cultural activities. Thus, rehabilitation programs will therefore be ineffective if they take place within an environment of nutrient and food scarcity." (Col. Ghassan Osman, Mol)

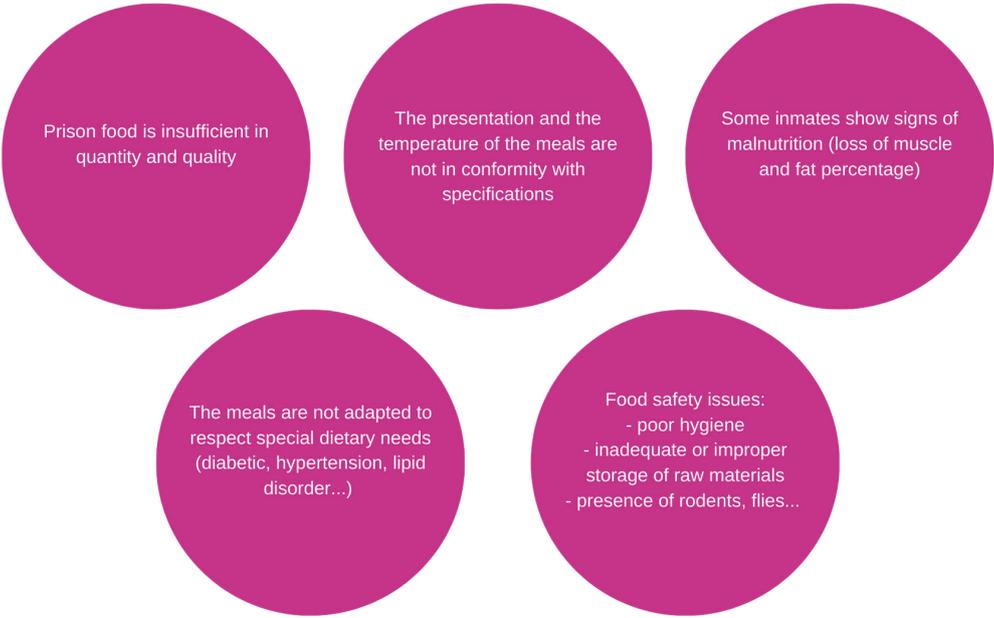


Figure 3 The results of the food assessment conducted by the WHO³⁰

In BEK and Tripoli prisons, the authorities allow prisoners to receive food prepared by their families. Prison regulations provide that “pre-trial prisoners are free to receive meals from outside, provided that they respect the prison regulations and the meal times set by the prison governor”. However, since the beginning of the health and socio-economic crises, and due to high transportation costs, families of the prisoners have found it more difficult to visit their incarcerated relatives and bring them food and/or money. In Roumieh prison, food cannot be brought in from outside for security reasons, to prevent the entry of drugs. Additionally, prisoners can no longer afford to buy food from the store “Hanout” in Roumieh prison as the prices have been rising since the beginning of the socio-economic crisis.

The three prisons include appropriate kitchen facilities, and in Roumieh inmates are allowed to cook on “heaters” inside the cell. However, the facilities lack trays, heaters, spoons, bowls and cups.

| | Basic Foods | Kitchen cookware | Ensure fair distribution of meals |
|--------------------------|---|---|--|
| The three prisons | Rice, sugar, wheat, bulgur, lentil, cooking oil, etc. | Pots, frying pans, heaters, bowls, etc. | Compartment serving trays, cups, spoons. |

Table 9 - Basic needs in terms of food³¹

3.3 Healthcare

The Ministry of Interior and Municipalities appoints doctors who are responsible for prison care after consulting the Ministry of Health. However, the medical service in prisons is not compliant with articles 52 and 53 of Decree No. 14310 of 1949. There is a lack of general practitioners, specialists (psychologists, psychiatrists, dentists), and medication for prisoners. Medical visits are infrequent, and the medical services do not meet prisoners’ needs. Moreover, prison facilities lack specialist care to address the needs of prisoners with disabilities.

The three prisons suffer from a shortage of doctors and the number of doctors attending prisons to provide medical care is inadequate and disproportionate to the number of prisoners. Another difficulty is that prisoners’ requests to be examined by a specialist are subject to administrative delays. Additionally, consultations with psychiatrists are not held regularly.

| | Tripoli Prison inmates (Men) | Tripoli Prison inmates (Women) |
|---------------------------|-------------------------------------|---------------------------------------|
| Diabetes | 15 | 1 |
| Hypertension | 10 | 7 |
| Lipid disorder | 3 | - |
| Psoriasis | 1 | - |
| Thyroid disease | 1 | 2 |
| Cardiovascular | 20 | 2 |
| Asthma | 7 | - |
| Cancer | 1 | - |
| Prostate | 1 | - |
| “Neurological conditions” | 19 | - |
| Physical disabilities | 1 | - |

Table 10 – Detainees’ health conditions (Tripoli prison)³²

In Roumieh and Tripoli prisons, pharmacies of the medical centers of the Internal Security Forces, suffer from a lack of medical equipment and essential medicines including drugs for chronic diseases, dermatological conditions, inflammation, sedation, urinary tract problems, and lipid disorders. There is consequently a dependency on medications donated by NGOs to make up for these shortages.

| | | |
|------------------|---------|---|
| Healthcare Needs | Roumieh | 15 Nurses 10 GPs 7 Specialists |
| | Tripoli | 4 Nurses 1 Female GP 6 Specialist 1 Pharmacist |
| | BEK | 1 Nurse 1 GP 2 Specialist |

Figure 4 Healthcare needs³³

In the three prisons, newly-arrived prisoners undergo a medical examination by a nurse. However, they are not systematically screened for HIV and hepatitis because screening tests are becoming expensive. Healthcare services are free, except for some medications, and lab/imaging tests. Prisoners’ families and NGOs are trying to provide chronic medications and to pay for the tests.

Sick prisoners who cannot be treated in prison are transferred to civilian hospitals. The latter is asking for fresh dollars before admission. Regarding hospitalization, the WHO only covers life-saving and limb-saving cases³⁴. Therefore, cold cases, cancer treatments and dialysis cases are not covered, and most of the time, prison administration lacks the means to treat the inmates.

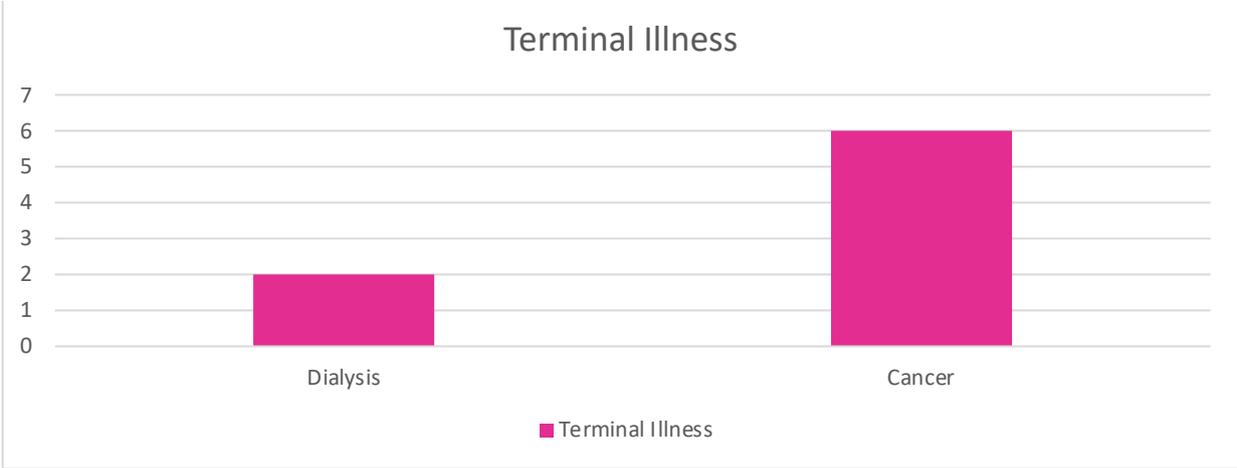


Figure 5 - Terminal Illness in Roumieh Prison³⁵

| | Blood glucose meter | Pulse oximeter | Blood pressure monitor | Oxygen concentrator |
|----------|---------------------|----------------|------------------------|---------------------|
| Quantity | 5 | 5 | 5 | 5 |

Table 11 - Healthcare needs in terms of medical devices (Roumieh Prison)³⁶

In the three prisons, the administration maintains medical files of all prisoners, a record of illnesses, and the number and causes of deaths in custody. Recently, the WHO and the ISF have conducted a healthcare assessment in Roumieh prison, and a database containing prisoners’ medical files is now available for the ISF. Therefore, the medical centre in Roumieh is now included within the PHC (primary healthcare centre) network and accredited by MoPH. As a result of this accreditation, it is expected that the Ministry of Public Health will be able to cover the majority of chronic medications in Roumieh Prison.

However, the urgent healthcare needs in the three prisons are:

- Hospitalization, particularly for cold cases, dialysis and cancer patients.
- Emergency drugs and equipment: oxygen cylinder, tetanus vaccine, anticoagulants, epinephrine, nitroglycerin, diphenhydramine, albuterol, aspirin, glucose, scabies treatment, etc.
- Medical tools: glucose meter, oximeter, blood pressure monitor, oxygen concentrator, insulin needles, syringes, oxygen masks, saline bag, sterile gauze, etc.
- Missing medications in the three prisons (Appendices 2 and 3).
- Allocate qualified general practitioners, specialists and nurses as showing in the table below:

| | Roumieh | Tripoli | BeK |
|----------------------|-----------------|-----------------|-----------------|
| Public health nurse | 10 | 3 | - |
| Dental nurse | 5 | 1 | 1 |
| General practitioner | 10 | 1 | 1 |
| Cardiologist | once a week | once a week | - |
| Dermatologist | once a week | once a week | - |
| Psychiatrist | twice each week | - | once a week |
| Endocrinologist | once a week | - | - |
| Pulmonologist | once a week | - | - |
| Neurologist | once a week | once a week | - |
| Gynecologist | - | - | twice each week |
| Orthopedist | - | twice each week | - |
| Nephrologist | - | once a week | - |
| Pharmacist | - | - | - |
| Radiologist | 1 | - | - |

Table 12 - Breakdown of healthcare needs in the three prisons³⁷

3.4 Legal Situation

As a result of a slow and malfunctioning judiciary system, combined with laws that permit indefinite pre-trial detention, most detainees have not yet received a trial. Of Lebanon's 6,368 inmates, 5,055 are awaiting trial, creating a pre-trial detention rate of 79.4%. Criminal trials, mainly in serious crimes, are prolonged, and suspects are held for a long period of pre-trial detention. In some cases, hundreds of individuals, who have already finished serving their sentences, remain behind bars because they are unable to pay their fines.

In some instances, indefinite pre-trial detention is not only cruel but also against the law. According to the nature of the crime, the maximum length of pre-trial detention is set by Article 108 of the Code of Criminal Procedure. The period of period of pre-trial detention for a felony - legally described as a crime with a penalty ranging from three years to a life sentence - cannot exceed six months. Those accused of misdemeanors - crimes with penalty ranging from ten days to three years- should only wait two months before their trial. These safeguards measures are never respected. Murder suspects spend more than three years awaiting trial. Those accused of crimes relating to drugs spend more than one year in pretrial detention.

Investigative judges rarely apply alternative measures to detention. While the code of Criminal Procedure does include a number of alternatives of imprisonment, the law cannot be applied ef-

fectively and completely as prison systems lack the technological and logistical means to adapt any alternative actions.

On the other hand, the financial crisis is impacting the judiciary work in courts, this includes logistic challenges, transportation issues and electricity cuts. Since August 2022, 400 out of 600 judges are on open strike demanding better working environment and higher salaries. They have suspended all judicial work, including release warrants.

However, the judicial process is barely moving even before the strike. The members of the High Judicial Council are appointed based on the recommendations of political and sectarian leaders. Therefore, the absence of administrative and financial independence endangers the independence of the judiciary. Judges are appointed by decree following the approval of the council, in accordance with article 5(b) of Decree-Law No. 150/8. However, the recent appointments of new judges are still pending because the Ministry of Justice refused to accept the recommendation of this council.

Additionally, trials are being delayed for several reasons:

- Health-related reasons: the impact of the COVID-19 pandemic on courts.
- Ongoing strikes: lawyers, judicial assistants and judges.
- Lack of transportation to court hearings.

Detainees who cannot afford a lawyer have no access to free legal aid, and they are not informed of their respective mechanisms. Legal aid is only provided by NGOs and Bar Associations and is usually limited to felony cases. However, there is no judicial or other control on the quality of the legal aid provided. According to the NGOs, the number of inmates who would be eligible for legal aid is very high. This aid will help prisoners to cover the following legal costs:

1. appoint lawyers.
2. pay fines and bails.
3. secure release warrants.
4. request remand/integration of penalties.

3.5 Rehabilitation and Reintegration Programs

International standards for treatment of prisoners, stipulate that imprisonment should not be limited to the deprivation of liberty, but rather encompasses the concept of reformation and rehabilitation of prisoners, so that they can more easily be reintegrated into society. However, rehabilitation and reintegration programs are of the best and most cost-effective way of preventing recidivism, with great benefits not only for the prisoners themselves, but also for the society in general. Rehabilitation includes a number of programs, including education services, vocational training, mental health, substance abuse, and employment.

However, under-resourcing, combined with overcrowded prisons imply that rehabilitation programming remains very limited in most prisons. The necessary funds, equipment, and teaching staff are unavailable to enable educational and vocational programs, and efforts are not always made to encourage the participation of inmates, particularly for persons with disabilities. Therefore, detainees mainly rely on NGOs for vocational and spiritual activities. Civil society organizations arrange and run few activities: sports (yoga, walking, and gymnastics), IT courses, and educational/vocational training, but the frequency, type, and access to these activities vary between different prisons, as well as within the same prison.

However, while planning reformation and rehabilitation of inmates, it is important to regularly and systematically assess the prisoners and to provide programs according to their needs, risks and ability to be responsive to the program. Additionally, it is important to implement rehabilitation programs that enhance prisoners' work and generate income in order to increase their self-esteem, qualifications, and employability upon release.

3.6 Prisoners with Disabilities

Article 1 of the Convention on the Rights of Persons with Disabilities provides that:

*"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".*³⁸

However, the challenges people with disabilities face in society are magnified in detention. Prison environment accelerates the disabling process given the poor detention conditions, overcrowding, medical negligence, and psychological stress.

Prisoners with physical and mental disabilities are mostly detained in Roumieh prison (no exact data is available), one prisoner with physical disability is detained in Tripoli prison. The needs of prisoners with physical disabilities depend on the type of their disability, however there are some major issues that are common to all. For instance, offenders with sensory disabilities may be indirectly discriminated against in their access to justice, unless the charges against them are provided in a mode that is accessible to them. Additionally, due to their vulnerable physical condition, prisoners with disabilities are at a higher risk of being abused by prison staff and other prisoners³⁹. They have to depend on other inmates over their day-to-day lives, leading to a feeling of helplessness, worsening their condition. Due to architectural barriers, prisoners with limited mobility face difficulties in accessing prison services, participating in activities and programs that are not adapted to their special needs. However, it is challenging for these prisoners to get to places like the library, halls, or medical facilities. Prisoners with visual disabilities are deprived of access to books and learning opportunities, unless books in Braille are available. The limited opportunities for counselling programs, such as "group psychosocial support" sessions for prisoners with hearing or speaking disability, dramatically increase mental health problems.

Prisoners with mental disabilities have a complex set of needs relating to their access to justice and detention conditions. Due to their mental disability, they may confess falsely particularly in the absence of qualified legal assistance. In addition, prison systems fail to provide an environment which promotes the mental well-being of prisoners with mental disabilities, given prison overcrowding, lack of sanitation and hygiene, and the increased risk of violence. The stigmatization encountered by people with mental disabilities from other prisoners and staff is impacting prisoners' access to educational and vocational training programs.

However, prisoners with intellectual disabilities are likely to be in need of special health care services, such as cognitive behavioral therapy, occupational therapy, speech therapy and physiotherapy.

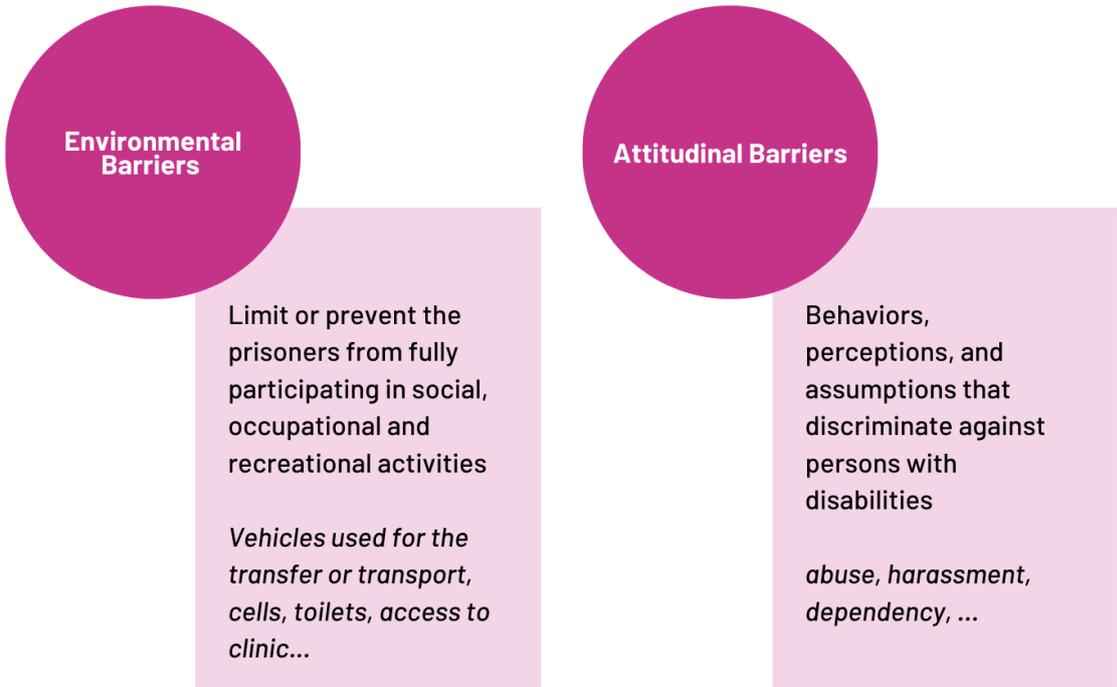


Figure 6 - Some of The Challenges People with Disabilities face in prisons⁴⁰

3.7 Maintenance and Rehabilitation

In Roumieh and Tripoli prisons, the aging infrastructure, overcrowding and humidity made the situation almost unbearable for prisoners and prison staff. Maintenance activities include the rehabilitation of power system, damp treatment projects, inspecting ceilings, floors, and windows for water damage during winters, and repairing toilets. In both prisons, the electrical network in the cells should be completely rehabilitated given that wires are exposed.

However, in BEK prison the conditions are much better, and the maintenance activities are limited to minor repairs.

| Roumieh | Tripoli | BEK |
|---|---|---|
| <ul style="list-style-type: none"> • Rehabilitation of Building A • Rehabilitation of electricity power distribution, Juvenile center • Creation of an outdoor area, Building C • Damp treatment activities, Juvenile center • Maintenance of entrance gates • Repair windows and doors, Building D • AC repair • Replace defective lamps | <ul style="list-style-type: none"> • Rehabilitation of the building • Repair the electrical installations and lighting in the rooms and corridors of the medical and administrative wing • Repair the AC, medical center • Repair the water pressure pump, medical center | <ul style="list-style-type: none"> • Lighting system repair • AC repair |

Table 13 - Basic needs in terms of rehabilitation⁴¹

The three prisons suffer from power outages, and the number of electric generators is insufficient. However, adopting renewable energy source is critical because diesel fuel prices are surging.

| | Roumieh | Tripoli | BeK |
|--------------|---------|---------|-----|
| Power in kVA | 800 | 650 | 350 |
| Quantity | 2 | 1 | 1 |

Table 14 - Basic needs in terms of infrastructure⁴²

3.8 Prison staff

Despite the decrees of 1964 and 1983 on the administration of prisons by the Ministry of Justice, prisons are still under the authority of the Ministry of Interior (decree 14310). The idea of transferring prison administration from the custody of the Internal Security Forces to the Ministry of Justice consolidated long ago. Decree No. 17315 dated 08/28/1964 was actually issued, which established the "Prison Administration" and linked it directly to the Minister of Justice. Then Article 29 of Legislative Decree No. 151 dated 16 9/1983 (organized by the Ministry of Justice) that the Prisons Directorate is concerned with the affairs of prisoners, their care and rehabilitation, and the application of prison regulations.

In the context of this legislative trend, a national strategy was adopted to begin transferring the authority of prison management to the Ministry of Justice pursuant to Cabinet Resolution No. 34 dated 3/7/2012, which presented the necessary mechanism for transferring the authority to supervise prisons to the Ministry of Justice. The prison administration is affiliated with the Ministry of

Justice and works under its supervision.

Decree No. 1157 determines the structural organization of the Internal Security Forces. Law 17 of Interior Security Forces provides that the role of the ISF inside prisons is limited to “guarding prisons and managing the same when required”. Therefore, rehabilitative practices and reintegration interventions are neglected by prison administrations, and very disparately met by non-governmental stakeholders, including civil society and the private sector.

Prison staff is composed of members of the Internal Security Forces (ISF), a national police force whose members have no specific training to operate as prison staff. Some training sessions are provided by NGOs, but the high turnover of staff (in and out prisons) implies that the skills gained are not put into practice.

According to NGOs working in prisons, inadequate human resources are allocated to the three prisons. However, it was not possible to estimate the ratio of prisoners per operational/security officer for so-called security and privacy concerns raised by prison authorities.

Regarding the equipment, the majority of vehicles used for the transfer or transport of prisoners, as well as the ambulances, are not working. The three prisons lack appropriate security monitoring systems such as scanners and cameras. Therefore, security and safety issues are emerging as a consequence of prison staff shortages. These issues include inmate escapes, gangs, contraband, and riots. A critical concern for prison officials is drugs, SIM cards and weapons smuggling

| | Available | Ready | Need Repair |
|--------------------|------------------|--------------|---------------------------------|
| Ambulance | 25 | 7 | 18: Roumieh: 2 Tripoli: 1 |
| Transport Vehicles | 85 | 18 | 67: Roumieh: 7 Tripoli: 9 |

Table 15 - Basic needs in terms of maintenance ⁴³

On the other hand, prison officers rarely receive the praise they deserve. A closer look at the current situation shows that, as well as workplace conditions, prison officers are facing many challenges: a) overcrowding; b) increase in radicalization and violence; c) low pay and high transportation fees. However, prison staff must have working conditions suitable for the demanding nature of their job, including better pay, decent and suitable conditions of employment, specialized training, and adequate staff levels.

4. Recommendations

Accommodation & Hygiene

- Provision of basic furnishings in terms of mattresses, blankets, sheets and pillows
- Provision of essential hygiene items and clothing
- Provision of cleaning agents, detergents and tools

Water & Food

- Rehabilitation of the water infrastructure.
- Establishing chain of food provision based on the standard nutritional requirements.
- Provision of “medical diets” for people whose diets are limited due to health reasons.
- Provision of cookware and kitchen tools.

Healthcare services

- Guaranteeing continuity of specialized health staff and psychosocial services.
- Provision of medical supplies, emergency drugs and chronic medicines.
- Provision of hospitalization services particularly for critical cases, dialysis and cancer treatment.

Legal Situation

- Provision of necessary financial resources to activate the legal aid system, through offering free of charge legal services for those who do not have sufficient means to pay for legal representation, fines and integration of penalties requests.

Rehabilitation and Reintegration programs

- Promoting rehabilitation programs inside prisons and post-release services to foster prisoners’ social reintegration.
- Enhancing prisoners’ work with a view to generate income for prisoners, increase their self-esteem, qualifications, and employability upon release.
- Establishing spaces allowing communication of incarcerated persons with the external world.
- Enhancing education and vocational training programs in juvenile detention centers.

Prisoners with Disabilities

- Equipping cells for the physically handicapped inmates.
- Ensuring the equal access of prisoners with disabilities to prison activities, including educational and vocational training programs, counseling, and recreation.

Maintenance and Rehabilitation

- Rehabilitation of power infrastructure, lighting and ventilation systems.
- Repairing the damaged transport vehicles and ambulances.
- Provision of diesel fuel/gasoline.

Prison Administration

- Providing prison administrations with technical and practical guidance on how to initiate and/or enhance rehabilitation programs, in close coordination with other (non-)governmental stakeholders, including civil society and the private sector.
- Providing continuous training to the prisons' officials on various topics including communication, conflict resolution, prisoners with disabilities, juveniles, etc.
- Supporting the ISF working in prisons and their families.

Civil Society Advocacy and Monitoring Networks:

- Reform the legislation, policy and practice in relation to pre-trial detention, sentence reduction and alternative measures.
- Establishment of mechanism of regularly-based needs assessment.
- Support advocacy actions to raise awareness on the conditions of prisons in Lebanon and to address dedicated funding for the improvement of the living conditions of inmates and detention facilities.

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Appendix 1

The needs in Roumieh Juvenile Center⁴⁴

| Item | Quantity |
|----------------------|-----------------------------|
| TV (17 inch) | 6 |
| Small fridge | 6 |
| Fan | 6 |
| Cooking Heater | 12 |
| Winter Heater | 3 |
| Table | 12 |
| Chair | 72 |
| Coffee pot | 16 |
| Cooking pot | 14 |
| Frying pan | 14 |
| Washing machine | 1 |
| dryer | 1 |
| Mat | 14 |
| Lamp | 40 screw base + 30 pin base |
| Electric cable wire | 2 |
| Satellite cable wire | 2 |
| Electrical tape | 4 |
| Electrical switch | 6 |
| Intercom | 1 |
| Rubber paint (crème) | 4 gallons |
| Paint thinner | 16 gallons |
| Silicone | 50 |
| Mixer shower | 7 |

Appendix 2

Tripoli Prison needs in terms of medications⁴⁵

| Medication | Needs/package/year | Medication | Needs/package/year |
|----------------|-----------------------------|-----------------|--------------------|
| Adol | 5400 | Motilium | 100 |
| Aspicot | 150 | Buscopan | 100 |
| Augmentin | 200 | Renie | 50 |
| Amoclan | 200 | Doroxina | 400 |
| Butalin | 150 | Dolipranne | 400 |
| Cetalerq | 200 | Inderal | 25 |
| Concor | 100 | Lasix | 25 |
| Ciprolon | 200 | Maxi zing | 100 |
| Daflon | 100 | Deanxit | 100 |
| Depakine | 24 | Vit C | 200 |
| Dicloneurobion | 100 | Gentadexa | 100 |
| Galvus met | 75 | Mebo crème | 100 |
| Glucophage | 75 *3 (500, 750 and 850 mg) | Dermovate | 200 |
| Histamed | 150 | Polygynax | 200 |
| Magne B6 | 150 | Lotriderme | 200 |
| Metrolag | 100 | Albenda | 50 |
| Mucum syr | 100 | Clofen | 50 |
| Muserol | 200 | Calcium | 200 |
| Ospamox | 200 | D-vital | 200 |
| Profinal | 400 | Betnovate | 100 |
| Prokinin | 50 | Ercefuryl | 100 |
| Risek | 400 | Flagyl | 200 |
| Rodogyl | 400 | Myxen | 100 |
| Scopinal | 400 | Normix | 100 |
| Sinecod | 100 | Profenid | 200 |
| Surgam | 400 | Permethrine | 500 |
| Zeta cort | 100 | Ulcedex | 100 |
| Rapidus | 400 | Lorvast | 100 |
| Dulcolax | 200 | Lotense | 100 |
| Winex | 200 | Calamine | 500 |
| Omedar | 400 | Benzyl benzoate | 500 |

Appendix 3

Roumieh Prison needs in terms of medications⁴⁶

| Medication | Needs/package/ year | Medication | Needs/package/ year |
|---------------------------|------------------------|----------------------|------------------------|
| Actos 30 mg | 36 | Gentamicin 80mg amp | 120 |
| Aspicot 100mg | 2400 | Heperona 25 mg | 36 |
| Atrovent N inhaler | 1800 | Irbesartan 300mg | 168 |
| Benzyl Benzoate 1l Lotion | 1200 | Isoptin 80 mg | 60 |
| Brilinta 90 mg | 24 | Jardiance 25 mg | 480 |
| Butalin inhaler | 2400 | Lorvast 20 mg | 8400 |
| Co diovan 160/12.5 mg | 540 | Molsidomin 4 mg | 240 |
| Co-Aprovel 300/12.5 mg | 600 | Seroxat 20mg | 240 |
| Colchicin 1mg | 96 | Sintrom 4mg | 48 |
| Concor 5mg | 1440 | Trental 400 mg | 36 |
| Diovan 160 mg | 144 | Tryptizol 25 mg | 1320 |
| Discotrine 5mg | 60 | Vasoserc Forte 16 mg | 600 |
| Escitalopram 10 mg | 240 | Xatral XL 10 mg | 1320 |
| Galvus met 50/1000 mg | 840 | Zyloric 300 mg | 720 |

Appendix 4

Medications (All prisons)⁴⁷

| Medication | Pack- age/year | Medication | Package/ year |
|--------------------------|-------------------|----------------------------|------------------|
| Actos 30 mg | 36 | Co Diovan 80/12.5 mg | 216 |
| Adol 500mg | 36000 | Co-Aprovel 300/12.5 mg | 720 |
| Albenda 200 mg | 540 | Concor 5mg | 1800 |
| Aldacton 25 mg | 198 | Concor AM 5 | 270 |
| Anafranil SR 75mg | 126 | Corvasal 2 mg | 540 |
| Aprovel 300mg | 180 | Corvasal 4 mg | 270 |
| Aspicot 100 mg | 2340 | Coversyl 5 mg | 72 |
| Atonium 50mg | 108 | Curam 1g | 14400 |
| Atrovent Comp inhaler | 1260 | Cusimolol eye drops | 18 |
| Atrovent N inhaler | 1260 | Cyclovex 400 mg | 18 |
| Bedranol 10mg | 72 | Cynt 0.3mg | 36 |
| Bedranol 40 mg | 36 | Daflon 500mg | 900 |
| Betamicoter Cream | 9000 | Daktarin Cream | 540 |
| Brilinta 90 mg | 36 | Daktarin Oral Gel | 270 |
| Brintallix 10 mg | 90 | Dalacin C 300mg | 720 |
| Butalin inhaler | 2340 | Deanxit 0.5mg | 270 |
| Calcium 600mg | 540 | Debutine 200mg | 1260 |
| Captace 25 mg | 90 | Depakin Chrono 500mg | 1350 |
| Ceftriaxone 1g inj | 1170 | Depomedrol 40mg inj | 2700 |
| Ciprolon 500mg | 3600 | Dermovate Cream | 10800 |
| Citoles 10 mg | 270 | Diameril 2mg | 2340 |
| Claridar 500mg | 3600 | Diamicron MR 60 mg | 540 |
| Clofen Gel | 4500 | Diclofinac Sodium 75mg inj | 1800 |
| Clopixel Depot 200mg inj | 144 | Difen B12 inj | 4500 |
| Clorpromazine 100 mg | 630 | Diovan 160 mg | 216 |
| Clorpromazine 25 mg inj | 180 | Diovan 80 mg | 216 |
| Co diovan 160/12.5 mg | 900 | Diprosalic Cream | 450 |

| | | | |
|-------------------------|------|-------------------------|-------|
| Dulcolax 5mg | 900 | Lercadip 10 mg | 630 |
| D-vital 10000 IU | 360 | Lidocain 10 mg inj | 54 |
| Ebetrexat 5mg | 18 | Lipanthyl 200 mg | 360 |
| Elplerenone 50mg | 36 | Lopid 600 mg | 180 |
| Ercefuryl 200mg | 1440 | Lorvast 20 mg | 1440 |
| Eurofer CF | 180 | Lotriderm Cream | 9000 |
| Euthyrox 50mcg | 180 | Lovenox 40 mg inj | 540 |
| faktu Cream | 720 | Metoclopramid 10 mg inj | 270 |
| Faktu Supp | 720 | Micardis 40 mg | 36 |
| Fenistil Gel | 9000 | Monocinq R 50 mg | 36 |
| Flagyl 500 mg | 2340 | Mucosolvan LA 75 mg | 3600 |
| Fludex 1.5 mg | 36 | Murex 400mg | 900 |
| Folic Acid 1mg | 18 | Myxen 150 mg | 1800 |
| Forlax powder | 900 | Nasonex nasal Spray | 1080 |
| Fortrance powder | 36 | Nebilet 5 mg | 180 |
| Fosrenol 500 mg | 36 | Neurexal 75 mg | 2160 |
| Fucithalamic eye oint | 54 | Omniconas 0.4 mg | 180 |
| Galvus met 50/1000 mg | 810 | Optidex T drops | 540 |
| Ganaton 50 mg | 72 | Oradus Beta10mg | 18000 |
| Gentadexa drops | 540 | Ospamox 1g | 10800 |
| Gentamicin 80mg amp | 270 | Oxalev 500mg | 2700 |
| Glucophage 1000 mg | 2700 | P.M.S. Risperidone 2mg | 360 |
| Gravol 50 mg | 180 | Panderm Cream | 14400 |
| Haldol 5 mg | 180 | Paracetamol 1G amp | 630 |
| Heperona 25 mg | 54 | Plavix 75 mg | 900 |
| Histamed-F | 1800 | Pms Quetiapine 25mg | 540 |
| Insulin Actrapid | 144 | Praxilene 200 mg | 270 |
| Insulin Insulatard amp | 90 | Predicor 20mg | 1800 |
| Insulin Lantus Solostar | 108 | Profenid 100mg Supp | 9000 |
| Insulin Mixtard 30/70 | 450 | Profinal 400mg | 14400 |
| Isoptin 80 mg | 36 | Prokinin 10 mg | 1800 |
| Jardiance 25 mg | 126 | Prometal 25mg | 720 |
| Lanolept 100mg | 18 | Promethazin 2.5% inj | 270 |
| Lasix 40mg | 540 | Rapidus 50mg | 27000 |

| | | | |
|----------------------------|-------|----------------------|------|
| Remeron 30 mg | 1800 | Topamax 25 mg | 72 |
| Risek 20mg | 18000 | Trental 400 mg | 36 |
| Rodogyl | 3600 | Trilagavit amp | 1800 |
| Rowatinex | 180 | Trilagavit Tablets | 2700 |
| Salofalk 1G Supp | 72 | Triltec 2.5 mg | 360 |
| Scopinal 10 mg tablets | 126 | Triltec 5 mg | 720 |
| Scopinal 20mg inj | 2160 | Tryptizol 25 mg | 1260 |
| Sedacoron 200mg | 54 | Urispas 200 mg | 36 |
| Septidine Solution 100 ml | 1260 | Vasoserc Forte 16 mg | 0 |
| Seretide Diskus 50/250 mcg | 630 | Vastarel 35 mg | 216 |
| Seroquel XR 300 mg | 900 | Venlax XR 75mg | 144 |
| Seroxat 20mg | 540 | Xatral XL 10 mg | 900 |
| Sigmat 10 mg | 36 | Zaldem 60 mg | 54 |
| Sinecod Syrup | 360 | Zeta-cort cream | 3600 |
| Stavin 20mg | 180 | Zinoximor 500mg | 9000 |
| Surgam 300mg | 18000 | Zocin 250mg | 3600 |
| Tanakan 40 mg | 450 | Zyloric 300 mg | 360 |
| Tegretol CR 200mg | 900 | Zyprexa 10 mg | 540 |
| Tetagam inj | 90 | Zyprexa 5mg | 270 |
| Tolexin 100mg | 1800 | | |

Appendix 5

Participants

Head of Prisons Directorate at the Ministry of Justice.

Head of the Internal Security Forces Prison Department at the Ministry of Interior and Municipalities.

Head of Prisons Branch Gendarmerie at the Internal Security Forces.

Head of Central Prisons Division in Lebanon.

Deputy Head of Central Prisons Division in Lebanon.

Commander of Roumieh Prison

Commander of Tripoli Prison

Head of Roumieh Medical Center

Head of Tripoli Medical Center

Focal point of the World Health organizations.

Beirut Bar Association.

NGOs working in prisons: AJEM, MS, NUSROTO, UPEL, Father Afif Osseiran, LCARR, CLDH, LUPD.

Note

- 1 World Bank. (2021). Lebanon sinking into one of the most severe global crises episodes, amidst deliberate inaction
- 2 Human Rights Watch. (2021). World Report 2021: Rights Trends in Lebanon.
- 3 Head of the Internal Security Forces Prison Department at the Mol, personal communication, October 7, 2022.
- 4 The official operational capacity refers to the number of prisoners a prison can safely hold given different factors: the design of the prison, the number of beds, the number of prison staff, etc.
- 5 Ministry of Interior-Lebanon. (2022). Prison Population - dated back to September 2022
- 6 Ministry of Interior-Lebanon. (2022). Incarceration rate by nationality.
- 7 Ministry of Interior-Lebanon. (2022). Incarceration rate by conviction status.
- 8 Ministry of Interior-Lebanon. (2022). Occupancy rate in prisons and detention centers.
- 9 International Committee of the Red Cross (ICRC), Water Sanitation Hygiene and Habitat in Prisons, Geneva, 2004.
- 10 International Committee of the Red Cross (ICRC), Water Sanitation Hygiene and Habitat in Prisons, Geneva, 2004
- 11 Adopted from: The Comprehensive National Report On Prison Conditions in Lebanon, Office of the Minister of Interior & Municipalities, The Lebanese Republic
- 12 Statistics are provided by the ISF.
- 13 United Nations Basic Principles for the Treatment of Prisoners, 1990.
- 14 McCall-Smith, K. (2016). United Nations standard minimum rules for the treatment of prisoners (Nelson Mandela Rules). International Legal Materials, 55(6), 1180-1205.
- 15 Available at: <https://www.ohchr.org/sites/default/files/Documents/Issues/Poverty/VisitsContributions/Lebanon/lebanon-visit-restart.pdf>
- 16 Available at: <https://uprdoc.ohchr.org/Account/Login.aspx?ReturnUrl=%2f>
- 17 Available at: https://www.ohchr.org/sites/default/files/Documents/Issues/NHRA/Lebanon_en.pdf
- 18 Available at: https://www.researchgate.net/publication/11048346_Health_structures_and_hygiene_in_Lebanese_prisons
- 19 Available at: <https://pa.justice.gov.lb/index.php?view=PDFViewer&id=10&cid=12&m=5>
- 20 Prison Inspect Index - Prison Reform in Lebanon. UNODC and Ministry of Justice
- 21 Available at: <https://lp.gov.lb/ContentRecordDetails?Id=31621>
- 22 Available at: <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/89874/103351/F-330451556/LBN89874%20Eng.pdf>
- 23 Available at: <https://pa.justice.gov.lb>
- 24 Head of Prisons Branch Gendarmerie at ISF, personal communication, October 21, 2022.
- 25 Head of the ISF Prison Department at the Mol, personal communication, October 7, 2022.
- 26 Ministry of Interior-Lebanon. (2022). Basic needs in terms of hygiene and sanitation. Provided

by G.Ossman.

27 The provision of meat/chicken has been reduced to twice per week instead of four times

28 Head of the ISF Prison Department at the Mol, October 7, 2022

29 Head of the ISF Prison Department at the Mol, October 7, 2022.

30 Key Findings of WHO report. (2022). Interview with G.Osman.

31 Head of Prisons Branch Gendarmerie at ISF, personal communication, October, 21, 2022

32 Provided by Tripoli prison administration

33 Ministry of Interior-Lebanon. (2022). Healthcare needs (Excel sheet).

34 G. Abou Mrad, task force for prisons, October ,17, 2022

35 B. Omar, personal communication, October, 21, 2022.

36 Ministry of Interior-Lebanon. (2022). Healthcare medical devices Roumieh prison.

37 Ministry of Interior-Lebanon. (2022). Healthcare needs: doctors, nurses and specialists (Excel sheet).

38 Convention on the Rights of Persons with Disabilities, Article 1.

39 LUPD, personal communication with the project coordinator

40 LUPD. (2022). Address the challenges of persons with disabilities in the Lebanese prisons.

41 Ministry of Interior-Lebanon. (2022).Maintenance Projects (Excel Sheet).

42 Ministry of Interior-Lebanon. (2022). Power generators (Excel sheet)

43 Ministry of Interior-Lebanon. (2022). Vehicles repair (Excel Sheet).

44 provided by NGO: Afif Osayran

45 provided by Col. Esber

46 provided by Gen. Hanna

47 provided by Gen. Othman



Ph. Haitham Moussawi