Women in Prison: Morocco

Analysis from the National Preventive Mechanism

| December 2024

association pour la prévention de la torture
asociación para la prevención de la tortura
association for the prevention of torture

In partnership with Canada

SUBVENTIONNÉ PAR LA VILLE DE GENÈVE

Morocco

UNCAT Ratification	OPCAT Ratification
21 June 1993	24 November 2014

National Preventive Mechanism (NPM)

The Kingdom of Morocco's National Mechanism for the Prevention of Torture within the National Human Rights Council (CNDH/MNP)

NPM legal framework	NPM operationalisation
Law no. 76-15 relating to the reorganisation of the National Council for Human Rights (Official Bulletin No. 6652 of 1 March 2018 (Arabic version) and Official Bulletin No. 6662 of 5 April 2018 (French version).	As of 21 September 2019
NPM structure	**NPM composition**
A specialised structure within the CNDH	20 team members (8 women)

I. Facts and Figures

Prison population	Prisons	Prison staff
Total prison population 102,653	Number of women's prisons 43	Prison staff (total)[1] 13,605
Women in prison 2,535 (2.47%)	Number of women-only prisons 0	Female prison staff[2] 1,574 (11.57%)
	Number of mixed prisons with separate units for women 43	
Source: Rapport d'activité de la Délégation générale de l'administration pénitentiaire et de la réinsertion, 31 December 2023.	*Source: Rapport d'activité de la Délégation générale de l'administration pénitentiaire et de la réinsertion, 31 December 2023.*	*Source: Rapport d'activité de la Délégation générale de l'administration pénitentiaire et de la réinsertion, 31 December 2023.*

II. Recommendations

Body searches

+ Preferably use alternative detection methods and tools such as ultrasound examinations, scanners, security gates, metal detectors, etc.

[1] The total number of prison staff in Morocco is 13,605, of which 12,548 in prisons.

[2] 1,816 women. of these, 1,574 were in prisons.

+ Ensure that search operations, in particular full strip searches, and their results are recorded by systematically keeping a strip-search register, which includes the identity of the person carrying out the strip search, the identity of the person being searched, the reasons for the search and any results obtained.

Access to healthcare

+ Ensure that the Medical Entry Form is used in all prisons.
+ Implement stricter measures to ensure that all necessary information is correctly entered into the medical records when detainees are admitted, in particular by providing regular training for medical staff and raising awareness about the importance of traceability.
+ Create monitoring systems to ensure that each medical file is examined, checked and assessed by the facility's doctor.
+ Allocate additional resources to remedy any discrepancies in correctly entering information on medical forms.

Mental health

+ Improve the programmes that promote and improve the mental health of detainees, and programmes that prevent suicide and self-harm.

III. Detention Issues

At the time of writing[3], the Kingdom of Morocco's National Mechanism for the Prevention of Torture (CNDH/MNP) is finalising its thematic report on the situation and treatment of women and girls deprived of their liberty in prisons. The CNDH/MNP chose to focus on women in prisons because of the particular characteristics of this population and the need to conduct an in-depth analysis to identify any reforms or measures that could guarantee better protection of their rights. This thematic report covers all 43 prisons where women and minors are detained, across the 12 regions of Morocco. Interviews were conducted by the CNDH/MNP with each of the women and girls detained. The following information constitutes some of the preliminary conclusions of this work.

The report, which will be finalised, is mainly intended to document the conditions in which women are detained in an exhaustive manner and to develop a rigorous and systematic assessment that would serve as a basis for feasible and actionable recommendations.

Body searches

a. Legal and regulatory framework

In Morocco, strip searches are governed by the provisions of articles 68 and 78 of law no. 23-98. This law only allows prisoners and visitors to be searched by a person of their own sex and in conditions that preserve their dignity, while guaranteeing effective control.

b. In practice

[3] September 2024.

The NPM's visits to prisons housing women prisoners revealed that they are systematically searched in the following situations, in accordance with Articles 68 and 78 of Law no. 23-98[4]: when they enter the facility; before and after any visiting room or family visits; before and after any extraction; before any transfer; and at the end of any daily activity. The staff interviewed also stated that stripping detainees during body searches takes place in two stages (they undress the upper part of the body, then put their clothes back on before they undress the lower part of the body).

Apart from cell searches, which are recorded in dedicated registers, strip searches are not recorded in registers. This lack of procedure and traceability of body searches makes it impossible to control and standardise the proper conduct of strip searches, which are certainly necessary for security, but there is a potential risk of it leading to ill-treatment and/or traumatic experiences for the women detainees.

According to the testimonies gathered, strip searches of female detainees are conducted exclusively by female staff and out of the presence and sight of staff of the opposite sex, in accordance with the provisions of Article 68 of Law 23-98 and the standards of the Nelson Mandela (52) and Bangkok (19) Rules.

The Délégation générale de l'administration pénitentiaire et de la réinsertion (DGAPR) has indicated that for strip searches of detainees, in case of a transfer or in case of an extraction before the court and to the hospital, prisons have a register that tracks this operation and this in accordance with the Délégué Général's memo no. 48/2015. The DGAPR also indicates that for strip searches after the detainees' daily activities, such a register would cause a considerable delay in the course of these daily activities.

The DGAPR has indicated that all prisons have walk-through metal detectors and hand-held metal detectors in sufficient quantities. Hand-held metal detectors are distributed to all units, including the women's unit. However, the DGAPR believes that the alternatives available to it only allow for the detection of metals and not illegal substances such as drugs and hallucinogenic tablets. As a result, detection equipment cannot replace the body search required by law.

Solitary confinement, isolation

a. Legal and regulatory framework

Solitary confinement is applied either as a security measure, or for health reasons, such as contagious diseases (art. 31-32 Law 23-98), or as a precaution (preventive isolation) for 48 hours before the disciplinary commission is held (art. 58 Law 23-98), or by order of the investigating judge (art. 75 Law 23-98) or at the request of the detainees themselves if the reasons they give are justified (art. 31 Law 23-98).

b. In practice

The DGAPR has indicated that solitary confinement has 2 distinct components:

[4] Law no. 23-98 relating to the organisation and operation of prisons, Official Bulletin no. 4726 of 11/09/1999, pp.715-728: http://www.sgg.gov.ma/BO/bo_fr/1999/bo_4726_fr.pdf. This law was recently amended by Dahir n° 1-24-33 promulgating law no. 10-23 relating to the organisation and operation of prisons. This new law was published in BORM no. 7328 of 17 safar 1446 (22 August 2024). The provisions relating to strip searches are governed by articles 72, 73, 165, 172 and 173 of the new law 10-23. According to article 173 of law 10-23, detainees are frisked by pat-down or by using a metal detector and, if necessary, stripped naked. This article adds that the examination of body cavities may only be carried out by a healthcare professional working at the prison or by staff trained for this purpose. It concludes that the strip search must be carried out in a place that preserves the detainee's privacy and dignity.

solitary confinement for medical reasons and solitary confinement for other reasons (notably security, placement in a disciplinary cell, etc.). It is up to the doctor to decide whether solitary confinement is appropriate for health reasons (contagious diseases, mentally disturbed detainees who present a danger to others). Medical monitoring (and its frequency) is provided by the doctor in each case. The end of this measure is also determined by the doctor, depending on the detainee's medical condition.

With regard to solitary confinement for other reasons, the doctor gives his opinion whether it should be ended for health reasons (their medical condition is incompatible with this measure). The doctor is required to visit prisoners 3 times a week for security isolation and at least 2 times a week for disciplinary isolation. He may, however, give his opinion to terminate the measure whenever he feels that the medical condition has become incompatible with this measure.

The doctor is only asked to give his opinion on extending the isolation for security reasons, in accordance with paragraph 5 of article 32, as the duration of disciplinary isolation is well defined.

As far as mental health conditions are concerned, solitary confinement is applied on a case-by-case basis according to the opinion of the hospital's attending psychiatrist, recorded in the patient's medical file. Some psychiatrists recommend solitary confinement for a specific period of time under close medical and security supervision (especially if the detainee poses a danger to others). The solitary confinement of detainees is recorded in an isolation control register.

According to the staff interviewed in the facilities visited, pregnant women, breastfeeding women or women accompanied by babies/young children and/or who have recently given birth, the elderly, the chronically ill, people suffering from mental health conditions and minors are not subject to the isolation regime.

Any prisoner who considers himself to be under threat may request to be placed in preventive isolation for their own protection. Persons placed in isolation for their own protection may, however, appeal against decisions relating to their placement. They may submit complaints or grievances to this effect to the Director, the Regional Director, the DGAPR, the judicial authorities or the CNDH. In addition, their situation may be reassessed on the advice of the psychologist and doctor.

Use of means of restraint

a. Legal and regulatory framework

The only legal bases that set out the conditions and procedures for the use of means of restraint or coercion are those set out in article 62 of law no. 23-98. This article lists handcuffs, shackles and straitjackets among the means of coercion that may be used.

b. In practice

Interviews with female prison staff did not indicate the existence of an internal procedure for the use of means of restraint. Despite the wide range of means of coercion authorised by law, the practice followed by the prisons visited is limited to handcuffing (arms in front).

In this context, the DGAPR has indicated that it has a very limited number of hand and foot restraints, and they are only used for the category of very dangerous male detainees and in very limited situations, and under no

circumstances are these restraints used for women detainees.

According to the testimonies of the staff interviewed, means of restraint are not applied to all categories of detainees. In fact, pregnant women, women in labour and/or immediately after childbirth are not subjected to it.

Access to healthcare

The privacy and confidentiality of detainees' medical examinations are guaranteed[5] in 82% of the prisons visited by the NPM. In this respect, the DGAPR indicated that healthcare management in prisons requires the involvement of several actors, which makes confidentiality difficult.

The NPM noted a shortage of medical and nursing staff in several of the prisons visited. The DGAPR indicated that prisons without permanent doctors are covered by agreements with doctors from the public or private sector, by the mobility missions of DGAPR doctors conducting consultations and by telemedicine. The DGAPR has also indicated that it is continuing to recruit nurses to meet the challenges and improve the quality of care and services for detainees.

Medical consultations for women take place in dedicated medical and dental offices and are performed by a woman doctor or dentist whenever they are available. In prisons where only male medical or dental staff are available, consultations are systematically conducted in the presence of women nurses or women civil servants. In accordance with Mandela Rule 24.1, all women prisoners who are ill are entitled to free medical consultations both in prison and in public hospitals, as well as free medication. Prisoners who require specialist treatment or surgery are transferred to public hospitals in accordance with Mandela Regulation 27.1. Except for urgent cases, which go through a flexible and fast-track system, detainees who need to be transferred to a hospital follow the ordinary procedure, which requires them to go through the appointment platform, but delays have been reported. This affects the treatment of detainees with chronic illnesses.

Pregnancy monitoring for women detainees, which is conducted by the Ministry of Health and Social Protection, is conducted in accordance with the Ministry's recommendations in 76% of cases[6]. No matter how far along the pregnancy is, each new detainee is asked to provide her previous medical records, and if not, everything is taken care of at the prison. All pregnant women who gave birth while in prison received the full range of pregnancy monitoring services.

Best practice : Strengthening healthcare provision

In accordance with an agreement signed between the Délégation générale de l'administration pénitentiaire et de la réinsertion, the Ministère de la Santé et Protection Sociale and the Fondation Mohammed VI pour la Réinsertion des Détenus (Mohammed VI Foundation for the Rehabilitation of Prisoners) to improve the provision of healthcare, detainees are given priority and smooth, quick access to consultations and specialised services in hospitals, as far as possible given the various and numerous constraints that exist in these facilities. In addition to the platform to make appointments, each prison has

[5] Dahir no. 1-15-26 of 29 Rabii 11 1436 (19 February 2015) promulgating law no. 131-13.

[6] Order of the Minister of Health no. 2519-05 of 30 chaabane 1426 (5 September 2005) Setting the conditions and episodes of medical monitoring of pregnancy, childbirth and its aftermath; Monitoring pregnancy and the post-partum period, manual for the use of healthcare professionals, December 2011 edition.

staff that are responsible for making appointments in hospitals or bringing them whenever the prison doctor deems this to be in the patient's best interests. Services provided in hospital are covered by compulsory health insurance (AMO Solidaire). All drugs and medical devices are purchased by the prison administration. The prison administration is responsible for the cost of using the private sector for any biological or X-ray tests or function tests that are not available in the hospitals.

In accordance with Bangkok Rule 14, 67, some of the establishments visited have an HIV prevention programme that takes into account the prevention of mother-to-child transmission. However, inmates do not systematically benefit from preventive health measures, which are particularly important for women, such as screening for gynaecological cancers. In the absence of a permanent programme, screening is performed during campaigns organised in only 25% of prisons in 2023.

STI/HIV/HCV screening is offered systematically to all detainees during the medical examination upon admission, during routine consultations and during awareness and screening campaigns. STI/HIV services are integrated into the regular activities of the Prison Health Units. Voluntary HIV screening complies with the WHO's 5 "C" rules and is carried out in accordance with the Guidelines on HIV screening in Prisons, the subject of an agreement signed in February 2017 between the DGAPR, the CNDH and the MSPS. Juvenile detainees benefit from awareness-raising on HIV and Sexual and Reproductive Health (voluntary HIV testing depends on the consent of the guardian). Tests for STIs (HIV, viral hepatitis B and C, and syphilis) are systematically offered to pregnant women and performed during the first days of incarceration. If tests are not available in prison health units or MSPS facilities, they will use private laboratories.

The NPM was informed that in 2024 the DGAPR had initiated a CAP (Knowledge, Attitudes and Practices) study to identify and determine the best services needed for the different categories of women, in particular pregnant women, women with children and elderly women. The DGAPR has also indicated that it organises annual recruitment competitions for nursing, medical and dental staff, with a substantial number of budgeted posts. The low attractiveness of prison work and the heavy medical workload have an impact on the number of doctors.

Initial medical examination

This examination, which represents the detainees' first contact with the prison healthcare system, is intended to gather information on their socio-economic status, clinical history and data, physical condition on admission, medical and surgical history, drug habits, psychiatric treatment with prescription, serological screening (HIV, HBV, HCV), search for signs of tuberculosis and their overall condition on admission, according to the form designed and implemented by the DGAPR.

If the patient is a woman detainee, additional information is collected regarding late menstruation, a current pregnancy and whether the pregnancy was monitored prior to incarceration, if any check-ups were performed, as well as the number of children accompanying her, their age and sex.

The purpose of the initial medical examination of the detainee is to ensure continuity of care in the event of previous treatment, and to detect any contagious or progressive illness that would require isolation or in-house care.

Mental health

The NPM found that 67% of the health services in the prisons visited had psychologists but neither psychiatrists nor nurses qualified in psychiatry. It also noted problems with training programmes for health staff in mental health care, it detected difficult situations for women and assessing the mental health needs of women detainees.

The initial medical examination form gives instructions that the questionnaire to identify the risk of suicide/attempted suicide/harm to the person's physical integrity must be systematically completed in the event of: unkempt appearance or clothing; agitation; history of psychiatric treatment; history of suicide attempt; history or scar of self-mutilation; no answer to the question whether life is worth living; chronic toxic habits involving tobacco, alcohol, cannabis, glue or thinners; the use of cocaine, heroin; taking psychotropic prescription medications.

The CNDH/MNP team noted that this questionnaire is not systematically completed by detainees with a history of chronic toxic habits involving tobacco or alcohol, psychotropic drugs, attempted suicide or self-harm, or scarring, sometimes due to the use of an old format that does not provide instructions on situations that require an assessment to determine the risk of suicide or physical harm.

The DGAPR has indicated that a new Medical Entry Form and a questionnaire to identify the risk of suicide or self-harm has been drawn up, along with a prevention manual. A data collection matrix has also been developed to complement the support materials and tools already in place, which will be used to generate recommendations and multi-participatory actions with the other DGAPR departments (socio-cultural, security, etc.) in order to reduce the risks as much as possible. This is done in tandem with medical treatment and other supportive measures (socio-cultural, security and creating a protective environment). The implementation of this package of preventive services is still experiencing some difficulties in being properly applied in all prisons, given the constraints in terms of human resources and the existing means.

All detainees suffering from mental health problems are treated by MSPS psychiatrists and receive all the medication (psychotropic drugs) they need free of charge. In 84% of the prisons visited, the health services do not offer a specialised treatment programme for women addicted to drugs, as recommended by Mandela Rule 24. In all prisons, and in accordance with Bangkok Rule 41, women in need of mental healthcare are housed in non-restrictive areas and receive appropriate treatment, and the use of restraints or sedative medication is not routinely used, in accordance with Mandela Rule 49.

The DGAPR has indicated that, given the shortage of psychiatrists nationwide and the unattractiveness of working in prisons, it is difficult to sign agreements with psychiatrists. However, all detainees requiring psychiatric treatment are sent to hospitals and receive support services from DGAPR psychologists. As part of the agreement to strengthen healthcare provision for prisoners, the MSPS is regularly asked to include prison doctors and nurses in the ongoing mental health training sessions it organises for its staff, and several doctors and nurses have benefited from modules designed to improve their mental health care skills.

With regard to the treatment of addictive disorders, the DGAPR has indicated that, in partnership with the MSPS, it has set up 10 addiction units in prisons, 6 of which provide continued opiate substitution treatment with methadone for prisoners who were already enrolled in this programme before their

incarceration and who were being monitored at MSPS addiction centres. The addiction units in prisons also provide a package of services including RdR (Harm Reduction) and psychological support. Specialised theoretical and practical addiction training, particularly in substitution treatment for hard drugs, was provided for medical and nursing staff in prisons with addiction units dispensing methadone. Similarly, more than 20 prison doctors have received a university diploma in Addictionology.

In all prisons, women detainees who are put on psychotropic drugs are either suffering from a proven psychiatric disorder or an addiction disorder and in all cases are monitored by psychiatrists at MSPS hospitals. The DGAPR added that women who require continued methadone treatment and who are enrolled in the MSPS opiate substitution programme before their incarceration receive this treatment in the prison's addiction unit, with the possibility of transferring from one prison to another that offers this service. They also receive regular follow-up at MSPS addiction centres and harm reduction services, in addition to psychological support in prisons. Detainees addicted to substances other than opioids are regularly monitored by psychiatrists at MSPS facilities, and psychotropic medication is regularly administered in hourly doses by female nursing staff.

Life in prison: regime and activities

The CNDH/MNP was informed during interviews with women detainees that women have fewer opportunities for paid work than men. Although the work assigned to women detainees is not appalling, it does not contribute sufficiently to their vocational training. In addition, they lack opportunities to acquire skills in production units, which would facilitate their reintegration after release.

The vocational training activities offered to women detainees are fewer and more varied than those for male detainees. They are generally limited to hairdressing, cutting and sewing. The DGAPR states that access to vocational training depends primarily on the wishes of the women concerned and secondly on meeting the conditions and prerequisites set by the departments concerned.

IV. Women in Special Situations of Vulnerability

Women with their children in prison

Best practice: Outside day-care centres and support for women accompanied by their children

One of the best practices the CNDH/MNP observed to help women accompanied by their children is that Social Services registers children between the ages of 3 and 5 in day-care centres outside of the facility. In addition, a sum equivalent to 250 DH worth of purchases is offered by the Social Solidarity Association of Civil Servants of the General Delegation for Prison Administration and Rehabilitation to each woman accompanied by her children as assistance. This social aid is recorded in a special register and comes in the form of food, cleaning products, hygiene products for children, and even clothes.

V. Alternatives to detention

Morocco has adopted draft law[7] no. 43.22 on alternative sentences, which aims to improve the Moroccan justice system and overcome the problem of prison overcrowding. The new law no. 43.22 on alternative penalties provides for four alternative penalties for offences punishable by up to five years' imprisonment, namely community service, electronic surveillance, restrictions on certain rights or imposing certain control, therapeutic or rehabilitation measures, and daily fines.

Control measures such as hospitalisation or rehabilitation are also provided for. However, alternative sanctions are not applicable in cases of terrorism, money laundering, trafficking in organs or psychotropic substances. Nor do they apply to the sexual exploitation of children or people with disabilities, corruption, embezzlement, misappropriation of funds, breach of trust or misappropriation of public funds.

This report is part of the Global NPM Report on Women in Prison.

Access the full report here: www.apt.ch/global-report/

[7] Dahir no. 1.24.32 of 24/07/2024 promulgating law no. 43.22 on alternative sentencing was published in BORM no. 7328 of 22/08/2024, pp. 5327-5333. According to article 4 of this new law, it will come into force as soon as the regulations required for its implementation are published in the Official Gazette of the Kingdom of Morocco within a maximum period of one year.