As the international umbrella organisation of the movement against torture, our core mandate is to provide support to torture rehabilitation centres and programmes worldwide so they can address the needs of the victims. Therefore, I am delighted to see that more centres and programmes working with reparation including rehabilitation of victims of torture wish to become members of the International Rehabilitation Council for Torture Victims (IRCT). As these lines are written, 114 member centres are accredited with the IRCT and prospects are looking very promising for more.

The year 2005 was a turning point for the IRCT, not least thanks to the generous four-year grant (2005-2008) from the government of the Netherlands, in addition to the continuous support from Denmark, Sweden, and the OAK Foundation. These allowed the IRCT to enhance its local and regional capacity-building efforts considerably - directed primarily towards the partners in developing countries. During 2005, network and regional training seminars were held hosting torture rehabilitation centres and programmes from all parts of the world. Enhancing the capacity of the treatment centres through training and sharing experience on advocacy, fundraising, documentation, and new treatment methodologies is a key activity for the General Secretariat. All of this to expand and improve the rehabilitation of the huge number of survivors knocking on the doors of rehabilitation centres and programmes worldwide.

2005 was also a milestone for the IRCT. On 5 November the organisation celebrated its 20-year anniversary commemorating the victims of torture and celebrating the many individuals who devote endless time and energy to the fight against torture and to rehabilitate torture survivors. The celebration was a spectacular event taking place at Kronborg Castle north of Copenhagen, Denmark – known from William Shakespeare’s play “Hamlet, Prince of Denmark.”

The first two decades of IRCT’s existence have been marked by the many courageous and admirable initiatives of the founders of the movement against torture. 2005 became the year of consolidation, taking stock and uniting strengths to enhance the impact of an international organisation working on the medical, legal and social level to assist torture survivors and to advocate for greater governmental accountability.

The need to speak out collectively and convincingly against torture and its perpetrators was accentuated in 2005 as a rapidly changing global context challenged the absolute prohibition of torture. The IRCT unequivocally continued to criticise the breaches of international law committed in prisons and detention camps in places such as Abu Ghraib, Iraq, and Guantánamo, Cuba as well as in the Darfur region in the Sudan.

The UN High Commissioner for Human Rights, Louise Arbour states: “there is reason to doubt the reliability of intelligence gained through prolonged incommunicado or secret detention - some standards on the treatment of prisoners cannot be set aside. Recourse to torture and degrading treatment exposes those who commit it to civil and criminal responsibility and, arguably, renders them vulnerable to retaliation.”

For the IRCT, it is key that torture or torturous acts must never be allowed or accepted - under any circumstances. As stated by UN Special Rapporteur on Torture, Professor Manfred Nowak, in connection with the IRCT Council meeting in November 2005: Pandora’s box must not be opened!

The IRCT provided a platform for the voice of the victims to be heard on numerous occasions, including during the Human Rights Commission in Geneva in April and at the OSCE meeting in Warsaw in September. The new TV-spot for the 26 June campaign was aired to approximately 300 million viewers and together with the local centres and programmes the message of the IRCT was unambiguous and clear: Torture must never be allowed and it is up to us to stop this scourge!

One of the tools for better justice is documentation of abuses. The Istanbul Protocol Implementation Project uses the first set of international guidelines on the investigation and documentation of torture. The Istanbul Protocol bridges the medical and legal disciplines paving the way for proper evidence.
and documentation of torture and thus leading to better informed trials against the perpetrators, strengthening the fight against impunity. The first phase of the project was completed in early 2005, including the training of hundreds of doctors and lawyers in five countries. The IRCT was very satisfied with the recognition of these achievements, also in the form of financial support from the EU to continue the work with the Protocol in ten countries in 2006 to 2008.

A continuous priority is to encourage governments to increase their support to the survivors of torture. The IRCT has urged governments to increase their financial support to the UN Voluntary Fund for Victims of Torture (UNVFVT). Simultaneously, the IRCT has been urging governments, in countries where this is a possibility, to incorporate the treatment of torture survivors as a priority in the national health services. Above all, the IRCT continues to urge governments to uphold their obligations to this vulnerable group and sustain their support of them all over the world.

Torture itself has a huge cost for the individual and the family and for society at large. Thanks to generous support from the donors to our work, we have had the strength to offer reparation to thousands of torture survivors last year, particularly through rehabilitation services. We are committed to continue.
The central common denominator of centres and programmes in the IRCT network lies in the provision of health care as the core of an integrative approach to treatment.

In many countries, survivors of torture face social consequences such as stigma, shame and survivor guilt feelings, but especially the lack of access to affordable and specific health care for consequences of torture (sequels). This is offered primarily by the centres and programmes that operate in the IRCT network.

While beatings are the most common forms of torture, more specific techniques can be observed in many countries. Some techniques may "only" cause scars, but many of the more specific forms may lead to lasting impairment and chronic pain. Regional variation in specific forms of torture can create characteristic immediate and long-term specific sequels, like those of "telefono" (beatings to both ears with subsequent injuries to the outer and inner ear) and "falanga" (beatings to the soles of the feet, leading to swelling and extreme pain). Psychological sequels are frequent and can be unspecific, like depression, but also different forms of posttraumatic stress disorder, accompanied by concentration difficulties, intrusive memories of torture, anxiety, or recurring nightmares and disturbed sleep. These prohibit normal life, impair functioning in the family, the workplace, and as an assertive member of the community and frequently are the result of physical and psychological symptoms that often become chronic. As first observed in holocaust survivors, untreated symptoms and stress-related changes in behaviour of people who have been exposed to torture can also lead to well-documented indirect sequels in behaviour of the second and even third generation children. Stigma, problems in finding and maintaining work, and persecution can create further problems for family members.

Torture can in this context be seen not only as an extremely common and important health hazard, but also as a threat towards democracy and civil society. Medical and psychological health care interventions must address the complexity of consequences of torture.

The IRCT promotes an interdisciplinary approach: professionals from different disciplines working together on the rehabilitation and social reintegration of torture survivors. Depending on available resources and the needs of survivors, rehabilitation centres provide services such as physiotherapy, counselling, psychological care, psychiatric care, medical care, social welfare and community visits.

The IRCT strategic plan reflects the need for increased outreach and exchange of diagnostic and treatment-oriented knowledge developed by the centres. The increasing and successful collaboration with international organisations including the World Medical Association, the International Academy of Law and Mental Health, and the World Psychiatric Association is a part of this initiative. A global initiative for documentation, monitoring, and research is a further key element to providing increased quality of treatment and understanding of sequels of torture in a period of increasing awareness of torture-related health care problems.

Provision of Health Care for Torture Survivors

The staff from the Nyala Centre for Victims of Torture, Darfur, Sudan, at their new outpatient clinic at the Kamal Camp for Internally Displaced Persons. Second from left, Executive Director Dr. Nagib Nagm Eldin, Amel Centre for Treatment and Rehabilitation of Victims of Torture, Khartoum, Sudan.
This report documents the global activities that took place as part of the campaign, it provides inspiration for the activities of the coming year and can serve as a fundraising tool.

**TV-Spot around the Globe**

In 2005, a special effort was made to raise awareness about 26 June. The Spanish film director Isabel Coixet produced a 30-second TV-spot with focus on the 26 June campaign. In cooperation with centres and programmes worldwide, the IRCT agreed with 14 international and national television stations to broadcast the spot free of charge. The 14 TV stations were as follows: Al Jazeera, Qatar, Republican Television, Cameroon, RTL, Croatia, DR1 and DR2, Denmark, TV 5, France, Deutsche Welle, Germany, TVC 21, Moldova, African Independent Television, Nigeria, Canal+, Peru, SIC, Portugal, Canal+ and Televisió de Catalunya, Spain and Bay News 9, USA.

The message is that unlike a tsunami or another natural disaster, you can actually do something to stop a man-made disaster like torture. Altogether some 300 million viewers were able to see the spot.

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**26 JUNE – TOGETHER AGAINST TORTURE**

The United Nations International Day in Support of Victims of Torture on 26 June has developed into a day when thousands of people all over the world actively show their support, concern and remembrance under the slogan “Together against Torture”. Through a variety of activities, rehabilitation centres and programmes in the IRCT global network draw the world’s attention to the need of putting an end to torture and other forms of ill-treatment and to pay respect to the hundreds of thousands of victims. Survivors of torture participate in some of the events and use the opportunity to speak out against torture.

In 2005, the IRCT coordinated the global campaign for the eighth consecutive year. Through the distribution of campaign materials, fact sheets and other information materials to the rehabilitation centres and programmes, the IRCT facilitated this year’s global activities. The IRCT homepage was actively used to distribute written materials, to share ideas and experiences through the discussion forum, to attract media and serve as inspiration with a picture and image gallery.

Many campaign participants shared information on their respective 26 June events in 2005, and support from the Netherlands Ministry of Foreign Affairs made possible the publication of *Together against Torture: IRCT Global Report on the UN International Day in Support of Victims of Torture – 2005*.

A dance performance celebrating the dignity and determination of torture survivors was organised by the Centre for the Care of Survivors of Torture (CCST) in Ireland.

**In celebration of 26 June, the “Africa Drummers” entertained guests at the Iziko South African Museum in South Africa**

**26 JUNE – TOGETHER AGAINST TORTURE**

*The International Day in Support of Victims of Torture is an occasion to reaffirm our commitment to eradicate torture and cruel, inhuman or degrading treatment or punishment, in whatever guise or manifestation they occur.*

- UN Secretary-General Kofi Annan
Torture never calls for celebration. However, 2005 called for a celebration of the International Rehabilitation Council for Torture Victims (IRCT) which reached the milestone of 20 years of work against torture and for reparations and redress to its victims since it was founded in Copenhagen in 1985.

It is unquestionably the commitment and perseverance of thousands of experts and volunteers that sustain the IRCT as the global movement addressing the plight of the victims. At times under extremely difficult conditions, health professionals, lawyers and social workers have struggled to render assistance to often very vulnerable human beings. Colleagues have been tortured or killed for their humanitarian and human rights work, centres have been closed down, staff has been threatened. But for the benefit of the survivors, the movement manages to persist and grow in spite of harassment of human rights defenders and staff, in spite of funding constraints and political pressure.

The IRCT is a health-professionally based organisation and the only global movement working with rehabilitation of torture survivors and other forms of reparation. The fight against impunity prevails as justice is an important step to stop new torture. The continuous development of new centres, often by their own initiative, with the assistance of the IRCT, has meant an increase in the availability of treatment capacity for the huge number of victims in need of help.

During the days prior to the anniversary, the IRCT held its annual Council meeting. At this meeting, a panel discussion was held. Among the panellists was UN Special Rapporteur on Torture, Professor Manfred Nowak, addressing how the so-called war on terrorism affects the fight against torture.

“The 20-Year Anniversary: Commemoration and Celebration

“You are a truly international, independent and neutral movement and your reputation is impressive.”

- Her Royal Highness Princess Benedikte of Denmark, IRCT 20-Year Anniversary Event, Kronborg Castle, 5 November 2005
CAPACITY-BUILDING TO IMPROVE AND EXPAND REHABILITATION

Thanks to a substantial grant from the Netherlands Ministry of Foreign Affairs but also the generous continued support from the Danish government, OAK Foundation and the Swedish government, a series of new activities in support of victims of torture in the developing world were launched by the IRCT in 2005.

The design of this major capacity-building initiative takes advantage of past capacity-building programmes which the IRCT has implemented in previous years but also the well-functioning IRCT network which facilitates the core values of the organisation: freedom from torture, shared responsibility, an end to impunity, better documentation, cultural sensitivity, democratic development through transparency and accountability, partnerships, professional development and increased and better treatment capacity. Thus the initiative deals with all the elements which are needed to provide a full reparations scheme for torture survivors. Activities leading to the prevention of torture are an integral part.

The long-term goal is to support regional networks and to increase the overall capacity and institutional sustainability of rehabilitation centres. In 2005, general capacity-building seminars were conducted in all five development regions — in addition to a number of targeted missions in order to support and expand the professional networks and capabilities.

Torture and ill-treatment often target vulnerable groups such as minorities, women, political and intellectual opposition, refugees, internally displaced persons and children. The focus on capacity-building in developing countries brings appropriate treatment closer to these victims. The vast majority of torture victims live in developing countries, where most centres have limited financial resources. They have a dedicated health professional staff with very little time for and experience in fundraising and certain administrative tasks but with a clear prioritisation of the treatment aspects.

In 2005 plans for the support of an internship and peer supervision programme were finalised. This programme supports the professionalism of the centres’ operations on organisational matters. Moreover, tools exploiting opportunities for advocacy and fundraising are prioritised in the years to come through this exchange programme. The regional training seminars are also used for these activities.

The regional seminar in Sub Saharan Africa focused on fundraising and grant management. While activities to raise awareness are successful in terms of having more torture survivors coming forward to seek treatment and legal support, many rehabilitation centres cannot address these needs with the current resources available. Furthermore, the participating centres used the meeting to establish new knowledge exchange initiatives in the region. Sub Saharan Africa needs far more support to address the many challenges of the region.

The Asian regional seminar in Islamabad focused on improving donor reporting and collaboration and how to increase visibility for the rehabilitation centres towards potential
donors in the region. Important donors and partners, including the European Union, the United Kingdom Foreign & Commonwealth Office, the United Nations Voluntary Fund for Victims of Torture, the Office of the United Nations High Commissioner for Refugees and a representative from the Embassy of the Netherlands participated in this fruitful dialogue.

The Latin American and Caribbean seminar focused on the social-political context. A major outcome of the regional meeting was the elaboration and adoption of the Caracas Declaration which urges all states in Latin America and the Caribbean to ratify the Optional Protocol to the Convention against Torture.

In the Middle East and North African seminar, topics such as the role of advocacy in preventing torture, community approaches to mental health care and strategic planning of rehabilitation services were priorities.

Training of Medical Doctors and Forensic Experts in Uzbekistan

With a grant from the government of the United Kingdom, the IRC has in collaboration with the World Health Organization (WHO) been able to train 97 health professionals (69 medical doctors and 28 medical assistants) working in the penitentiary system in Uzbekistan on human rights and health. The training focused on the international standards for health care in prisons and the role of prison doctors. Furthermore, the participants obtained an increased knowledge of the identification, assessment, and documentation of alleged cases of torture within the penitentiary system. In addition to the 97 prison doctors and assistants trained during the 9-month project, 35 forensic experts were trained in using the Istanbul Protocol.

The activities supported by the grant from the Netherlands Ministry of Foreign Affairs will be continued and elaborated throughout the next three years. The objective is to further build on and facilitate initiatives in developing countries.
The Istanbul Protocol is the first attempt to set international guidelines for the investigation and documentation of torture in accordance with the UN Convention against Torture. Investigating and documenting alleged cases of torture can help victims to obtain compensation and redress and ensure that perpetrators are punished when a torture case is brought before a court.

The objective of the first phase of the Istanbul Protocol Implementation Project (IPIP) has been to establish a flexible framework for the universal implementation of this Protocol through the initial implementation in institutions, courts, hospitals and rehabilitation centres in five countries; Georgia, Mexico, Morocco, Sri Lanka and Uganda.

A total of 244 health professionals and 123 legal professionals in the five target countries have participated in training activities. A diverse range of training materials has been developed in English, Spanish, French, Arabic and Georgian and a selection of these materials is now available on the IRCT webpage.

The IPIP was implemented through a number of awareness raising activities as well as training seminars for health and legal professionals in standards and guidelines for the investigation and documentation of torture.

The main effects of the activities in the five countries include improved professional skills, increased knowledge and focus on torture-related problems, and increased trust and collaboration between the health and legal professions. Moreover interaction increased between NGOs and government bodies. A key benefit was the commitment to include psychiatric reports systematically in medical reports.

The project has been carried out in a partnership between the IRCT and the World Medical Association together with the Human Rights Foundation of Turkey, REDRESS Trust, and Physicians for Human Rights USA. The European Commission (EIDHR) has contributed 80% of the budget. Matching funds have been provided by the British High Commission in Sri Lanka, the Dutch Embassy in Uganda and the government of Norway.

Based on the important lessons learned in the first phase, the project "Prevention through Documentation – the Istanbul Protocol Implementation Project Phase 2" continues in a total of 10 countries.
INCREASED FOCUS ON IMPUNITY AND REPARATION FOR THE VICTIMS

During 2005, the IRCT has focused on keeping the struggle against impunity on the international political agenda. The IRCT brought the voices of the survivors and rehabilitation centres and programmes to the international fora to explain the importance of their work to prevent torture and impunity. From this perspective, a key issue addressed was the necessity of joint efforts of medical and legal professionals to document, investigate and provide evidence in courts around the globe to prove cases of torture.

During the 61st session of the United Nations Commission on Human Rights, the IRCT invited Judge Renate Winter, serving on the International Court of Sierra Leone, to a roundtable discussion of medical and legal professionals on documenting torture to produce evidence in court proceedings. Dr. Frances Lovemore, Director of the Amani Trust, Mashonaland Programme in Zimbabwe, and Dr. Inge Genefke, IRCT’s Ambassador also participated. They provided examples from court cases to debate the challenges of documenting and providing evidence of torture from their different professional perspectives using the framework of the Istanbul Protocol. The importance of accurate documentation to prevent impunity goes hand in hand with ensuring that torture survivors obtain adequate reparation.

During the Commission on Human Rights, the IRCT worked toward the adoption of the UN Basic Principles of Remedy and Reparation for Victims of Human Rights and Humanitarian Law Violations. Adopted at the 61st session after fifteen years of work, these principles contain states’ obligations towards torture survivors, including the right to rehabilitation. Furthermore, the IRCT liaised with diplomatic delegations to encourage support for the resolution on torture which strongly condemns the use of torture and any attempt to circumvent the absolute prohibition. The basic principles include already existing legal obligations of states towards torture victims. They also identify mechanisms, modalities, procedures and methods for the implementation of existing legal obligations regarding different forms of reparation, including rehabilitation.

During the OSCE Human Dimension Implementation meeting in September in Warsaw, Poland, Dr. Lilla Hardi from the Cordelia Foundation in Hungary, an accredited member of the IRCT, presented the role of medical professionals documenting torture. At the plenary Dr. Hardi also delivered a statement explaining the work, experiences and results of the Cordelia Foundation in relation to monitoring of places of detention as well as training and supervision of border guards and social workers working with refugees.

The year 2005 has been marked by the attempts by several states to challenge the absolute prohibition of torture. Attempts have been made to justify national security policies which violate human rights.

The IRCT has submitted letters and statements (sometimes together with partner organisations) to influence governments and legislative and judicial bodies to strengthen the prohibition of torture. The IRCT movement has also supported centres in their advocacy initiatives at national and regional levels, for example, the Optional Protocol ratification campaign organised by ITEI in Bolivia.

The IRCT addresses not only the devastating effects of torture on the victims, but also on families, communities and societies at large.

In line with this, the IRCT has coordinated a campaign on behalf of CINAT (the Coalition of International NGOs Against Torture - Amnesty International, Association for the Prevention of Torture, International Commission of Jurists, International Federation of ACAT, World Organisation Against Torture, Redress and the IRCT) for the ratification of the UN Convention against Torture. Forty-eight countries have yet to ratify the Convention; a challenge the IRCT will continue to address.
In 2005 the IRCT embarked on a process to strengthen communication within the network and externally towards a range of target groups including the public at large, politicians and donors.

Being an organisation of centres and programmes scattered all over the world composed by a huge variety of cultures, languages and religions calls for a clear policy on communication. A new, comprehensive communication strategy of the IRCT was adopted at the Council meeting in November.

On the basis of the strategy, the IRCT re-launched its home page www.irct.org and launched an internal website: “Members Area” to share knowledge and to enhance communication among centres and the General Secretariat. The site includes regular updates from the General Secretariat on results and goals. The launching of the two sites meant the introduction of the new corporate image of the IRCT, changing the logo to blue.

“Visibility” of the work of the IRCT is one of the keywords of the outreach efforts. In all regions of the world, centres and programmes have used numerous opportunities to underscore the importance of rehabilitation and to strengthen the voice of the victims, taking into careful consideration that some centres work in an environment in which visibility can still be a risk to both victims and staff.

Among a range of projects, one in particular provided the organisation with considerable exposure: the Iraqi ear reconstructive surgery project. Media from the Washington Post to Middle East media covered the results of the first operation in London and the BBC produced and broadcasted an exclusive documentary about the project accompanying the first patient from Basra to London and back to Iraq.

Media kits have been prepared by the General Secretariat and disseminated to centres and programmes to enhance their advocacy and communication efforts. Around 40 press releases/statements were published during the year. An external newsletter is electronically disseminated to subscribers including, among others, health professionals and politicians.

The dialogue between rehabilitation centres and politicians and media is of paramount importance for the outreach and advocacy carried out by centres. Most centres produce or translate communicative tools to be used for this purpose locally. The General Secretariat prepared a variety of brochures and publications, which were disseminated.

Many interviews on the importance of the struggle against torture and explaining the importance of rehabilitation and redress were given on several occasions, among these, interviews during the regional trainings seminars emphasising the global nature of our work.

At a press conference held in Copenhagen in April, IRCT Secretary-General Brita Sydhoff (third from left) and IRCT Medical Consultant Dr. Suad Al-Saffar (second from left) presented the new IRCT project: “Reaching Torture Victims in Post-War Iraq: Co-ordinating and Facilitating Interventions to Deliver Rehabilitation Services to Iraqi Torture Victims”.

“A STRONGER VOICE FOR SURVIVORS OF TORTURE”
IRCT centres and programmes working to assist victims of torture all over the world are dependent on decisions of a range of donors. The EU is a leading contributor to the support of torture survivors globally. EU legislation dealing with the issue of torture and EU budget lines can have great direct and indirect impact on a number of IRCT centres that base part of their work on funding from the European Union.

Through the IRCT Liaison Office in Brussels, the IRCT promotes the eradication of torture by constantly highlighting the absolute prohibition of torture with political bodies of the European Union.

The Liaison Office also seeks to ensure a steady increase of funding under the EU budget for rehabilitation centres and programmes worldwide. In particular, the office monitors all EU co-operation and assistance programmes relevant for activities of torture rehabilitation and prevention of torture.

Important activities in 2005 were:

- Awareness-raising among EU institutions of the rehabilitation needs of torture victims and the need to prevent torture and end impunity.
- Working towards enhanced funding for both rehabilitation and prevention. The European Commission is developing a new instrument for Human Rights and Democracy which will ensure the continuity of the program entitled “European Initiative for Democracy and Human Rights” (EIDHR). In December 2005 the European Commission published a consultation paper on the “Thematic Program for the Promotion of Democracy and Human Rights Worldwide.” The IRCT reacted with a comprehensive document to the Commission with a list of recommendations, some of which were accepted and incorporated into the final document of the Commission.
- Provision of technical support to IRCT members regarding the EIDHR: information about the launching of calls for proposals; interpretation of the guidelines; guidance on how to fulfill the Commission’s criteria; facilitating meetings of representatives from local partners with EU officials.
- Networking with human rights, development and humanitarian NGOs based in Brussels (AI, FIACAT, OMCT, ECRE etc.). Participation in the Brussels based Human Rights and Democracy Network.

SPECIAL FOCUS ON THE EU – A LEADING CONTRIBUTOR TO THE SUPPORT OF TORTURE SURVIVORS
REACHING TORTURE SURVIVORS IN IRAQ

During Saddam Hussein's rule, the Iraqi police tortured countless men, women and children using methods such as electric shock to sensitive parts of the body, extraction of fingernails, rape and mock executions. Today tens of thousands of Iraqis are primary torture survivors while a substantial percentage of the country's population are secondary victims. And the number is growing. In 2004, US prison guards tortured detainees in Baghdad's Abu Ghraib prison. Furthermore, a number of recent reports from international human rights organisations show that the use of torture is continuing in post-Saddam Iraq.

Throughout 2005 the IRCT has worked in a concerted manner to provide direct assistance to Iraq's torture survivors. Dozens of local health, legal and administrative professionals have received training in subjects such as physical and psychological consequences of torture, identification of trauma and PTSD, and documentation of torture. In November a full-scale rehabilitation centre – the Al Fuad Centre for Medical and Psychological Rehabilitation – became operational. Located in the city of Basra, the centre is run by local staff and provides medical, psychological, legal and social rehabilitation services. Moreover, Iraqi health and legal professionals are trained at the centre with the long-term aim of building the capacity of Iraq's public health care and legal systems to address the needs and rights of torture survivors.

The main contributors to the work in Iraq are the Danish Ministry of Foreign Affairs and the European Commission.

Punitive Ear Amputations are Healed

The IRCT developed a project to benefit Iraqi ear amputees following a mission to Basra during which the Iraqi Ministries of Human Rights and Health specifically requested that the IRCT address this particular group of victims. During Saddam Hussein's regime, at least 1,600 young Iraqi men had their ears cut off as punishment for refusing to join the former dictator's army.

The psychological significance of healing a disfiguring injury as striking as a mutilated ear can hardly be overstated. It helps the victim regain self-esteem and sense of justice, improving his and his family's quality of life dramatically.

In December 2005 two amputees travelled from Basra to London where they had their disfigured ears replaced. Said one of the amputees, 33-year-old taxi driver Khalid Jameel after the 9-hour operation: "I have such gratitude; a smile is back on my face". The amputees were accompanied by three Iraqi surgeons and a nurse who underwent training to learn the complicated technique, supervised by two of the UK's leading experts in ear reconstruction surgery. As the project progresses, more surgeons and nurses will be trained with the aim of integrating the required expertise into Iraq's public health care system.

The IRCT financed the surgery, travel and accommodation for the two patients thanks to support from the United Nations Voluntary Fund for Victims of Torture (UNVFVT), the 4-leaf Clover Torture Prevention Foundation and private donations. The surgery training was provided for free by the London Clinic and Mt Vernon Hospital.

The IRCT Senior Medical Consultant, Dr. Suad Al-Saffar, together with Mr. Khalid Jameel at a press conference with focus on the ear reconstructive surgery.
In 2005 an additional seven centres became accredited members of the IRCT, thus bringing total membership to 104 by the end of 2005. Located in 62 countries, the centres and programmes represent all regions of the world.

The accreditation process was initiated in 2003 when 94 centres became accredited members of the IRCT, thereby qualifying for electing the IRCT Council members and the IRCT Executive Committee at the first IRCT General Assembly.

A centre or programme fulfilling the criteria of the IRCT statutes may request to become a member of the IRCT. These criteria include that it is an independent and non-profit organisation that provides health care to victims of torture, and that the centre or programme has been in operation for at least two years.

Benefits of being an accredited member of the IRCT include: access to up-to-date knowledge in the field; participation in (scientific) conferences, regional meetings and training seminars; contact with partners for projects; participation in the 26 June campaign with support from the IRCT General Secretariat, and access to the Members Area of the IRCT website. This includes: access to the fundraising database, early notification on “Call for Proposals”, support tools when approaching donors, and information on upcoming events.

Still more centres and programmes around the world show interest in becoming members of the IRCT. The General Secretariat supports this development and welcomes it. More members will strengthen the ability of the global IRCT movement to assist victims of torture and will sustain the democratic development of the whole organisation.

MORE NEW MEMBERS – A GROWING MOVEMENT

Welcome to the seven new members in 2005:

Australia
1. Queensland Program of Assistance to Survivors of Torture and Trauma, QPASTT
2. Survivors of Torture and Trauma Assistance and Rehabilitation Service Inc., STTARS

Cambodia
3. Transcultural Psychosocial Organisation, TPO

India
4. Centre for Care of Torture Victims, CCTV

Sweden
5. Swedish Red Cross Centre for Victims of Torture, Skövde
6. Swedish Red Cross Centre for Victims of Torture, Uppsala

Uganda
7. African Centre for Treatment and Rehabilitation of Torture Victims, ACTV

NUMBER OF IRCT ACCREDITED MEMBERS IN THE REGIONS 2005

- Middle East and North Africa: 7
- North America: 17
- Pacific: 5
- Sub Saharan Africa: 11
- Asia: 12
- Europe: 60
- Latin America and Caribbean: 28
A New Member of the IRCT

STTARS, Survivors of Torture and Trauma Assistance and Rehabilitation Service, is a non-profit non-government organisation, established in Adelaide in 1991 in response to the needs of survivors of torture and trauma resettling in South Australia. STTARS became a member of the International Rehabilitation Council for Torture Victims in late 2005.

Bernadette McGrath, Director of STTARS, explains why the rehabilitation centre decided to become a member of the IRCT and what she and the rest of the staff expect as part of the international network:

“Membership of the IRCT links us to an international network of services working, as we do, with survivors of torture. It has meant being part of an exchange and flow of information and ideas that both informs and inspires our own work. The membership lends weight to our profile and advocacy locally and hopefully contributes to building the strength and influence of the IRCT in international forums,” says Bernadette McGrath and adds, “In Australia we work in safe circumstances in a country where we enjoy the rule of law and relative social stability and affluence. We are very conscious of the fact that this is sadly not true for many IRCT members and that many of our sister organisations internationally are much more vulnerable, where the workers place themselves at considerable personal risk on a daily basis and struggle in far more dangerous and difficult circumstances than we personally ever encounter here in Australia.

Being a member of the IRCT is also a small way of showing our respect and concern for those who work under these conditions and expressing our solidarity with all those who struggle to end torture and the abuse of human rights.”
The main financial objectives have been to strengthen the global fundraising capacity and to enlarge the international donor base.

A four-year grant from The Netherlands Ministry of Foreign Affairs of Euro 1 million per year – covering the period 2005-2008 – represents a remarkable step towards fulfilling these objectives. The grant is directed towards capacity-building of the centres located in developing countries. Also the increased grants from the British and Swedish governments are most encouraging.

The contribution from the OAK Foundation reflects that part of the 2005 centre support scheme grant was paid out in advance in 2004, at the request of the IRTC, to support centres facing imminent financial difficulties in the 2nd half of 2004. The 2004 pre-payment was subsequently deducted from the ordinary 2005 grant.

Given that the IRTC as of 1 January 2005 had a negative net capital of EURO 137,099, the mandatory financial objective for 2005 was to secure a modest positive result. However, institutional donors rarely permit an accumulation of granted funds and only a few private foundations and persons allow for capital consolidation. Fortunately, in 2005 a Danish foundation and the OAK Foundation allowed some of the granted core funds to be used for re-capitalisation.

The positive net contribution of 2005 was Euro 99,576 and the deficit of the net capital reserve was thus reduced to Euro 46,943.

**Balance Sheet Layout**

The balance sheet layout has been structured in order to clearly illustrate the distribution of available funds between basic advocacy and advisory support continuously provided by the General Secretariat to centres and programmes in addition to specific, external capacity building directed towards the global network of centres.

It is important to limit the resources allocated to the maintenance of General Secretariat core competencies so that they do not exceed the grants from the two core donors, the Ministry of Foreign Affairs of Denmark and the private OAK Foundation.

The core part of the expenses has fallen from 50% to 47% from 2004 to 2005 and is expected to decrease further in 2006.

**The Future**

The General Secretariat’s main objectives will continue to be an increase in the available funding for the global network and to further diversify the donor base. Also, the establishment of a small reserve capital will be pursued as a buffer for future external interventions, capacity-building activities and emergency interventions.
### STATEMENT OF FINANCIAL POSITION

**AS AT 31 DECEMBER 2005 AND 2004**

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<td><strong>Total receivables</strong></td>
<td>109,498</td>
<td>75,616</td>
</tr>
<tr>
<td>Liquid assets</td>
<td>590,759</td>
<td>636,905</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>700,257</td>
<td>712,521</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Net capital as at 1 January</td>
<td>(137,099)</td>
<td>(186,300)</td>
</tr>
<tr>
<td>Net contribution for the year</td>
<td>90,156</td>
<td>49,201</td>
</tr>
<tr>
<td><strong>Net capital reserve as at 31 December</strong></td>
<td>(46,943)</td>
<td>(137,099)</td>
</tr>
<tr>
<td>Prepaid projects</td>
<td>332,343</td>
<td>489,342</td>
</tr>
<tr>
<td>Payables</td>
<td>414,857</td>
<td>360,278</td>
</tr>
<tr>
<td><strong>Total payables</strong></td>
<td>747,200</td>
<td>849,620</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>700,257</td>
<td>712,521</td>
</tr>
</tbody>
</table>

### STATEMENT OF ACTIVITIES

**FOR YEARS ENDING 31 DECEMBER 2005 AND 2004**

<table>
<thead>
<tr>
<th>Income</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution from governments, ministries etc.</td>
<td>(EUR)</td>
<td>(EUR)</td>
</tr>
<tr>
<td>Denmark</td>
<td>1,579,664</td>
<td>1,489,648</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>810,461</td>
<td>29,870</td>
</tr>
<tr>
<td>Sweden</td>
<td>176,942</td>
<td>65,213</td>
</tr>
<tr>
<td>Norway</td>
<td>48,974</td>
<td>0</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>90,360</td>
<td>22,248</td>
</tr>
<tr>
<td>European Commission</td>
<td>(89,924)</td>
<td>667,866</td>
</tr>
<tr>
<td>OAK Foundation</td>
<td>551,185</td>
<td>870,841</td>
</tr>
<tr>
<td>Other income</td>
<td>273,819</td>
<td>118,431</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>3,438,881</td>
<td>3,264,117</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures incurred for:</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Secretariat: basic advocacy, advisory</td>
<td>1,685,122</td>
<td>1,593,857</td>
</tr>
<tr>
<td>support to centres and joint expenses</td>
<td>147,222</td>
<td>166,505</td>
</tr>
<tr>
<td>Brussels Liaison Office</td>
<td>147,222</td>
<td>166,505</td>
</tr>
<tr>
<td>Specific external capacity building</td>
<td>1,295,989</td>
<td>756,435</td>
</tr>
<tr>
<td>directed towards centres</td>
<td>150,323</td>
<td>409,871</td>
</tr>
<tr>
<td>Financial grants to centres</td>
<td>170,069</td>
<td>228,248</td>
</tr>
<tr>
<td>International coordination of centre tasks</td>
<td>170,069</td>
<td>228,248</td>
</tr>
<tr>
<td><strong>Total expenditures</strong></td>
<td>3,348,725</td>
<td>3,214,916</td>
</tr>
</tbody>
</table>

| Net contribution for the year                    | 90,156  | 49,201  |

### DONOR ACKNOWLEDGEMENTS

The IRCT gratefully acknowledges the generous support provided by the following governments, intergovernmental institutions, organizations, foundations and individuals:

- The OAK Foundation
- Danish Ministry of Foreign Affairs
- Netherlands Ministry of Foreign Affairs
- European Commission
- United Nations Voluntary Fund for Victims of Torture (UNVFVT)
- Norwegian Ministry of Foreign Affairs
- Swedish Ministry of Foreign Affairs
- Foreign & Commonwealth Office, UK
- Lærerstandens Brandforsikring
- The John and Birthe Meyer Foundation
- Elly Valborg og Niels Mikkelsens Fond
- Mads Clausens Fond
- Aase og Ejnar Danielsens Fond
- Rock wool Foundation
- Knud Høgaards Fond
- Hermann Lunnings Fond
- J. L. Fonden
- Bodil Pedersen Fonden
- Lipmann Fonden
- Andreas Harboes Fond
- Nato Wives Bazaar
- The Sigrid Rausing Trust
- The Conanima Foundation
- Willy Groot and Martinus Helnus
- Danske Bank
- Birgit Petersson
- Linda Bloch
- Knud Højgaards Fond
- Hermod Lannungs Fond
- JL Fondet
- Birgit Petersson
- Linda Bloch
- And several other private donors.
THE PEOPLE
BEHIND THE IRCT

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Abdel Hamid Alana, MA
Community Mental Health, PhD
IRCT President, Director of Training and Education, Gaza Community Mental Health Programme (GCMHP), Occupied Palestinian Territory
Elected Council Member representing the Middle East and North Africa Region

José Quiroga, MD
IRCT Vice-President, Medical Director of the Program for Torture Victims of Los Angeles (PTV), USA
Elected Council Member representing the North America Region

Alfredo Ruiz, MSc Education, Professor
Director of Red de Apoyo por la Justicia y la Paz, Venezuela
Elected Council Member representing the Latin America and the Caribbean Region

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General Secretary and Executive Director of the Bangladesh Rehabilitation Centre for Trauma Victims (BRCVT), Bangladesh
Elected Council Member representing the Asia Region

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Director of Rehabsentral for Torturere - Jylland (RCT-Jylland), Denmark
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Chair of British Medical Association Steering Group on Human Rights, United Kingdom
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James M. Jaranson, MD, MA, MPH
Elected to the Council as an Independent Expert (nominated by the World Psychiatric Association)

Elected by the Europe Region

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Executive Board Member TMBV - Human Rights Foundation Turkey (HRFT) - Ankara, Turkey
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Medical Director of Fundatia ICAR - Centrul Medical de Reabilitare a Victimelor Torturii, Romania

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Medical Director of the Medical Rehabilitation Centre for Torture Victims (MRCCT), Greece

Ludmila Popovici, MD
Executive Director of the Medical Rehabilitation Centre for Torture Victims "Memoria" (MRCCT - "Memoria"), Moldova

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Board Member of Behandlungszentrum für Folteropfer - Überleben für Folteropfer (BZFO), Germany

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Director of Kiltulujuen Joutoutukulaakus (CCTSF), Finland

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Chef de Clinique de Consultation pour victimes de torture et de violence organisées, Unité de Médecine des Voies et des Migrations (UMVM), Switzerland

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Röda Korsets Center för torterade flyktingar, Sweden

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(see Executive Committee)

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(see Executive Committee)

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Director of Centro de Prevención, Tratamiento y Rehabilitación de las Víctimas de la Tortura y sus Familiares (CPTRT), Honduras

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Director of SERSOCE Servicio de Reabilitacion Social, Uruguay

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Niels Krustrup
(see Executive Committee)

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Canadian Centre for Victims of Torture (CCVT), Canada

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Abdallah Mamsour, MD
(see Executive Committee)

Sana Hamze, Psychotherapist
Rastani Centre for Rehabilitation of Victims of Violence and Torture, Lebanon

James M. Jaranson, MD, MA, MPH
Elected to the Council as an Independent Expert (nominated by the World Psychiatric Association)

Elected by centres representing the Country of Domicile

Niels Krustrup
(see Executive Committee)

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Donald Payne, MD
Canadian Centre for Victims of Torture (CCVT), Canada

Elected by the Middle East and North Africa Region

Abdallah Mamsour, MD
Community Mental Health, PhD
(see Executive Committee)

Sana Hamze, Psychotherapist
Rastani Centre for Rehabilitation of Victims of Violence and Torture, Lebanon

Abdallah Mamsour, MD
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Frances Lovemore, MD
Director of AMANI Trust, Mashonaland Programme, Zimbabwe

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Vivianne Nathanson, MD, Professor (see Executive Committee)
James M. Jaranson, MD, MA, MPH (see Executive Committee)

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• Lara Miller (BA), Communications and Fundraising Coordinator (maternity replacement)
• Poul Shure-Nielsen (Journalist), Media Coordinator
• Kristine Olsen (BA), Information Officer
• Johan Reventlow (BA), Webmaster (maternity replacement)
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• Anne Wedege, Assistant, Torture Journal (part-time)
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• Janice Granados (MA), Assistant to the IRCT Ambassador (part-time)

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• Margriet Blauw (MD), Deputy Medical Director
• Jens Højgaard Dall (MSc), Programme Coordinator, Sub-Saharan Africa
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• Bent Børsen (Professor, MD, DSMSc), Senior Medical Consultant (part-time)
• Suad Al-Saffar (MD, Psychologist), Senior Medical Consultant, Iraq Project (part-time)

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• Eva Barford (Diploma, Specialised Business Studies), Chief Accountant
• Kent Hung (MA), Financial Officer
• Annaort Nortstrøm (MA), Accreditation and Membership Coordinator

Brussels Liaison Office
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• Nga Tang (BA), Administration Officer

Student Assistants (part-time)
• Giorgio Caracciolo di Brienza (LL.M)
• Mascha Matthews (LL.M)
• Sandra Miller (Dipl.-Journalist/EMA)

Interns
• Giorgio Caracciolo di Brienza (LLM)
• Mascha Matthews (LLM)
• Sandra Miller (Dipl.-Journalist/EMA)

On leave
• Lone Curtis (MSc), Communications and Fundraising Coordinator
• Margaret Evangelista Mermod (MSc), Webmaster
MEMBERS OF THE IRCT

Centres and Programmes accredited with the IRCT as of 31 December 2005

Albania
- Albanian Rehabilitation Centre for Trauma Victims (ARCT), Tirana

Argentina
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Australia
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- Phoenix Centre – Support Service for Survivors of Torture and Trauma, Hobart, Tasmania
- Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), Brisbane, Queensland
- Survivors of Torture Assistance and Rehabilitation Service Inc. (STTARS), Bowden, Australia

Austria
- HEMAYAT - Verein zur Betreuung von Folter- und Kriegsüberlebenden, Vienna

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- Bangladesh Rehabilitation Centre for Torture Victims (BRCT), Dhaka
- Centre for Rehabilitation of Torture Survivors (CRTS), Dhaka

Bolivia
- Instituto de Terapia e Investigación sobre las escuelas de tortura y la violencia estatal (ITE), La Paz

Bosnia and Herzegovina
- Udruženje za rehabilitaciju žrtava tortura – Center za žrtve tortura (CTV), Sarajevo

Brazil
- Grupo Tortura Nunca Mais/Rio de Janeiro (GTM/RJ), Rio de Janeiro

Bulgaria
- Rehabilitation Centre for Torture Survivors (ACET), Sofia

Cambodia
- Thammasaikram Professional Organization Cambodia (TPO Cambodia), Phnom Penh

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- Canadian Centre for Victims of Torture (CCVT), Toronto, Ontario
- ECSTT Program for Survivors of Torture and Trauma at the Edmonton Mennonite Centre for Newcomers, Edmonton, Alberta

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Colombia
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Croatia
- International Rehabilitation Centre for Torture Victims – Zagreb (IRCT Zagreb), Zagreb

Czech Republic
- National Rehabilitation Centre for Victims of Torture, Prague

Denmark
- OASIS - Behandling og Rådgivning for Flugtninge, Copenhagen

Germany
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Ecuador
- Fundación para la Rehabilitación Integral de Víctimas Violencia (PRI/VA), Quito

Egypt
- El Nadeem Center for Psychological Management and Rehabilitation of Victims of Violence, Cairo

Ethiopia
- Rehabilitation Center for Victims of Torture in Ethiopia (RCVTE), Addis Ababa

Finland
- Kidutettujen kuntoutuskeskus (CTSF), Helsinki

France
- Parcours d’Exil, Paris

Georgia
- EMPATHY, Psycho-Rehabilitation Centre for Victims of Torture, Violence and Pronounced Stress Impact (RCT/Georgia - EMPATHY), Tbilisi
- Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims (GCRVT), Tbilisi

Croatia
- Croatian Centre for Victims of Torture and Trauma (CCVT), Toronto, Ontario
- ECSTT Program for Survivors of Torture and Trauma at the Edmonton Menno-
<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kosovo</td>
<td>Center for Victims of Torture (KRTC), Prishtina</td>
</tr>
<tr>
<td>Latvia</td>
<td>Spīdīnato un vīnu gimenēs ārstu centru centras (SMRCO), Riga</td>
</tr>
<tr>
<td>Lebanon</td>
<td>Resist Centre for Rehabilitation of Victims of Violence and Torture - Lebanon, Tripoli</td>
</tr>
<tr>
<td>Mexico</td>
<td>Programa Psicossocial de Atención a Víctimas de la Violencia Política del Centro de Derechos Humanos</td>
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<tr>
<td>Moldova, Republic of</td>
<td>Medical Rehabilitation Center for Torture Victims “Memoria” (MRC), Chisinau</td>
</tr>
<tr>
<td>Morocco</td>
<td>Centre d’Accueil et d’Orientation des Victimes de la Torture (CAVOT), Casablanca</td>
</tr>
<tr>
<td>Nepal</td>
<td>Yatan Piti Sankar Kendra (CVICT), Kathmandu</td>
</tr>
<tr>
<td>Netherlands</td>
<td>Psychotrauma Centrum Zuid Nederland</td>
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<tr>
<td>New Zealand</td>
<td>Wellington Refugees as Survivors Trust (Wellington RAS Centre), Wellington</td>
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<tr>
<td>Nigeria</td>
<td>Consulting Centre for Constitutional Rights and Justice (C3RU), Port Harcourt</td>
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<tr>
<td>Pakistan</td>
<td>Pakistan Rehhabilitation And Welfare Action (PRAWA), Lagos</td>
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<tr>
<td>Palestinian Territory</td>
<td>Forum des Activistes Contre la Torture (FACT), Kirgïï</td>
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<tr>
<td>Paraguay</td>
<td>Gaia Community Mental Health Programme (GCMHP), Gaza City</td>
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<tr>
<td>Peru</td>
<td>Centro de Atención Psicosocial (CAPS) (CNDHH/CAPS), Lima</td>
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<tr>
<td>Poland</td>
<td>Ambulatorium dla Osób Prześladowanych przez Politycznych Zależnych Pacjentów (APZP), Kraków</td>
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<tr>
<td>Serbia and Montenegro</td>
<td>INAN Centar za rehabilitaciju žrtava torture i genocida, Jugovacka, Beograd</td>
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<tr>
<td>South Africa</td>
<td>Trauma Centre for Survivors of Violence and Torture, The (TCSVT), Cape Town</td>
</tr>
<tr>
<td>Sudan</td>
<td>Amal Center for Treatment and Rehabilitation of Victims of Torture (ACTRVT), Khartoum</td>
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<tr>
<td>Sweden</td>
<td>Riks Centrum för torturade flytande, Stockholm</td>
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<tr>
<td>Tanzania</td>
<td>SVR/AMANI Trust, Mashonaland Province, Harare</td>
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<tr>
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<td>ACCESS - Psychosocial Rehabilitation Center for Victims of Torture (APRC)</td>
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<td>Venezuela</td>
<td>Red de Apoyo por la Justicia y la Paz, Caracas</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>AMANI Trust, Mashonaland Programme, Harare</td>
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</table>