

IRCT ANNUAL REPORT

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IRCT Annual Report 2003

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IRCT

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Front cover illustration: Painting by Cihat Aral 'Şafakta Çöpçüler', oil on canvas, 116 x 89 cm (2001). By kind permission of the artist. Cihat Aral (born 1943) was educated at the Istanbul Art Academy and in Paris. He was imprisoned by the Turkish military for nine months during 1982-1983. Today he lectures at the Istanbul Art Academy. The illustrations on pp. 1, 3, 5, 10, 15, 20, 21, 24 and the back cover are details of other paintings by Cihat Aral.

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The International Rehabilitation Council for Torture Victims (IRCT) is an independent, international health professional organisation, which promotes and supports the rehabilitation of torture victims and works for the prevention of torture worldwide.

The IRCT has special consultative status with the United Nations Economic and Social Council and the United Nations Department of Public Information, and participatory status with the Council of Europe.

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Report from the IRCT President

The year 2003 was a year of change for the IRCT. Two issues in particular had an impact on the development of the IRCT: the final implementation of the new IRCT statutes and the serious financial situation for both rehabilitation centres and the General Secretariat.



The IRCT Executive Committee, elected at the Council meeting in Copenhagen, Denmark, in September 2003, comprises (left to right): Mr Abdel Hamid Afana, Occupied Palestinian Territory; Dr James Jaranson, WPA; IRCT President Dr Bhogendra Sharma, Nepal; IRCT Vice-President Dr Camelia Doru, Romania; Ms Nomfundo Walaza, South Africa; and Mr Niels Krustup, Denmark. (Not pictured: Professor Vivienne Nathanson, WMA)

New IRCT Council and Executive Committee

The new IRCT statutes, adopted in 2001, provided the basis for moving towards a democratically elected Council. As the Council is the IRCT policy-making body and elects the Executive Committee, it was clear that this would lead to substantial changes to the IRCT.

by Dr Bhogendra Sharma, IRCT President

The accreditation of rehabilitation centres and programmes was completed during 2003, mapping more comprehensively than ever the capacity and scope of the services provided through the global network of the IRCT. This formalisation and documentation of available resources was a substantial achievement, establishing for the first time the basis for democratic elections and a platform for a network-driven, global approach benefiting rehabilitation centres and programmes in the network.

A total of 94 accredited centres and programmes worldwide created the constituency for the election (by written procedure) of 26 Council members in seven regions of the world. The allocation of seats to the IRCT Council per region is as follows: Asia (four seats), Europe (seven seats), Latin America (four seats), Middle East and North Africa (three seats), North America (two seats), Pacific (two seats) and Sub Saharan Africa (four seats). In addition, three independent experts and a representative of the centres in the country of domicile (Denmark) also hold seats in the Council. In September 2003, the new Council met for the first time in Copenhagen, Denmark. At the Council meeting, a new President, Vice-President and Executive Committee were elected, and for the first time in the history of the IRCT, the two leading office bearers are both from outside of Western Europe.

Further internationalisation of the IRCT

The primary tasks given by the Council to the new Executive Committee were to secure the survival of the rehabilitation centres and programmes for torture victims, to further internationalise the organisation and to broaden the donor basis for core activities. With a view to the further internationalisation of the organisation, it was mutually agreed that Dr Jens Modvig would leave his position as IRCT Secretary-General, allowing the IRCT to announce the position internationally.

The internationalisation of the IRCT will be a continuous process. The overall objective is to draw more extensively on existing regional resources and to facilitate a more elaborate collaboration between rehabilitation centres and programmes around the world. One step in this direction will be to utilise and further develop existing know-how and expertise at centres and programmes within the areas of fundraising, financial management, client registration and statistics, information and awareness campaigns, as well as legal assistance in obtaining reparation and addressing impunity. Moreover, the research area will be restructured, as recommended by an external assessment team, with focus on using existing know-how in centres, programmes and educational institutions for the identification and development of research projects addressing individual, group and community approaches to the rehabilitation of torture victims.

Along the same lines, the IRCT's efforts within the areas of advocacy and information will strive to focus more on regional concerns, and will use regional know-how and experience, while still maintaining the focus on the global movement, the unique health professional approach and the overwhelming need for additional resources. As a consequence, it has been decided to strengthen the activities of the IRCT Brussels Liaison Office with the objective of securing more funds to the movement and providing technical support to the centres and programmes.

Developing a long-term strategy

The development of a comprehensive, sustainable, long-term strategy, which includes the above considerations, for both the IRCT General Secretariat and the rehabilitation centres and programmes, however, still remains the overriding objective. To ensure a democratic and transparent strategy development process, the Executive Committee has engaged independent, external strategy consultants who will head a Strategy Planning Task

Force. Measures have been taken to ensure input from the constituency and other stakeholders. In particular, ideas and recommendations put forward by various external consultants, provided by the Royal Danish Ministry of Foreign Affairs, will be considered by the Task Force.

The challenges facing the organisation, and which will need to be addressed by the Strategy Planning Task Force, are extensive. The culture of the IRCT has to be changed to sustain the desired development. From a centralised approach, managed by the General Secretariat in Copenhagen, Denmark, the IRCT will now move towards a more regional and democratic structure. The structure for this organisational development is provided in the IRCT Statutes, but a sustainable new strategy will require that all members of the IRCT constituency contribute to the process – and provide the information and professional results that are needed in order to guide the process and maintain the significance of the IRCT as the world's leading voice for assistance to victims of torture. The final strategy plan will be circulated for comments and subsequent adoption at the Council meeting planned to take place in the autumn of 2004.

The annual IRCT Council meeting was held in Copenhagen, Denmark, in September 2003.





IRCT President Dr Bhogendra Sharma (right) receives a blessed Khada [scarf] from His Holiness the Dalai Lama at the Conrad N. Hilton Humanitarian Prize ceremony, in New York, USA, in September 2003.

Financial challenges for the IRCT

The new IRCT Executive Committee also had to address the imminent financial crisis threatening the survival of the organisation. An expected core grant did not materialise and a major project, the Regional Strengthening Programme Phase 2 (RSP2), which had financed a number of staff, ended during 2003. In this context, it was necessary to implement a significant staff reduction at the General Secretariat, bringing salary costs down by 40%, to stop or postpone a number of activities, to cut operating expenses and to reassess ongoing projects together with the project partners. The Royal Danish Ministry of Foreign Affairs welcomed the survival plan as presented by the Executive Committee and in return provided an extraordinary grant in support of the short-term survival of the organisation.

It was therefore an encouraging achievement in 2003 that the IRCT received the one million dollar Conrad N. Hilton Humanitarian Prize, the world's largest humanitarian award. The Prize is an important signal for the

whole movement and for every centre and programme that works for the rehabilitation of torture victims. Half of the one million dollar Prize was allocated for direct grants to rehabilitation centres and programmes in financial difficulties.

Increasing financial problems constitute a direct threat to many rehabilitation centres and programmes, a substantial number of which have been supported by the European Union (EU), which for nearly ten years has been the largest donor in the field of the rehabilitation of torture victims. A change in EU policy has led to an increased focus on the prevention of torture, while support to the rehabilitation of torture victims has been decreasing. During 2003, several initiatives were taken to draw attention to the problems caused by this policy change, and the IRCT General Secretariat and Executive Committee will continue to advocate for EU support to the centres and programmes, as well as for increased contributions from UN Member States to the UN Voluntary Fund for Victims of Torture. Without EU and UN support, the future of rehabilitation centres and programmes will be highly uncertain.

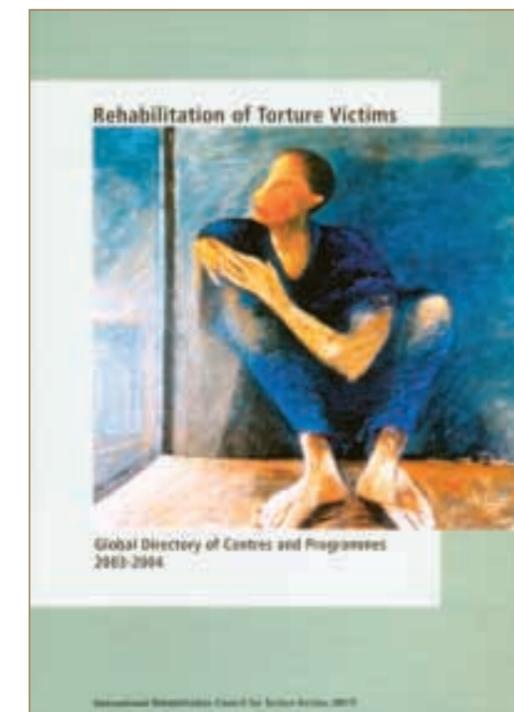
Private individuals have also been concerned about this development and have approached the IRCT offering their assistance. A group of Dutch, Belgian and Danish citizens have founded "The 4-leaf Clover Torture Prevention Foundation". The vision of this Foundation is a world that values and accepts a shared responsibility for the eradication of torture. The Foundation is currently building up capital, the return on which will contribute to the global fight against torture. The IRCT is very grateful for this initiative, and future contributions from private individuals are of course most welcome.

The General Secretariat

The General Secretariat, based in Copenhagen, Denmark, is responsible for the daily management and implementation of the IRCT's policies and programmes

in support of the rehabilitation of torture victims. From the autumn of 2003, Dr Camelia Doru has been functioning as Executive Vice-President, with Mr Erik Lauritzen as Acting Finance Director and Dr Margriet Blaauw as Acting Medical Director. This management group will be in charge of the General Secretariat until the Executive Committee appoints a new IRCT Secretary-General. This position was announced internationally in April 2004. I would like to thank the General Secretariat staff and the management group for their dedication, and in particular Dr Camelia Doru, who has contributed greatly to this process under very difficult circumstances.

The new *Global Directory*, published in 2003, features information about 177 rehabilitation centres and programmes worldwide, including 94 centres and programmes accredited with the IRCT.



With gratitude to our donors

Without the generous support of our donors, the work of the IRCT would not be possible. Therefore we would like to express our sincerest gratitude to the Royal Danish Ministry of Foreign Affairs for funding a substantial part of IRCT core activities. We would also like to thank the European Commission for contributing to both the Istanbul Protocol Implementation Project and the Regional Strengthening Programme Phase 2 (RSP2). The latter also comprised the publication of the journal *TORTURE* and the *Rehabilitation of Torture Victims – Global Directory of Centres and Programmes 2003-2004*, as well as the global 26 June campaign. In 2003, the

RSP2 was also supported by the Norwegian Ministry of Foreign Affairs and the OSCE – Office for Democratic Institutions and Human Rights. We would also like to acknowledge the support to the pilot phase of the Global Torture Victims Information System (GTIS) by the Dutch Ministry of Foreign Affairs, and to express our gratitude to the Oak Foundation for continuing their direct assistance through grants for rehabilitation centres and programmes. Finally, the global IRCT movement deeply appreciates the support from the Conrad N. Hilton Foundation, which has so generously contributed to our challenging work against torture and in support of the rehabilitation of torture victims.

The Conrad N. Hilton Humanitarian Prize

In August 2003, the IRCT was named as the recipient of the 2003 Conrad N. Hilton Humanitarian Prize, of one million US dollars, at the Palais des Nations in Geneva, Switzerland.

By supporting the IRCT in this way, the Conrad N. Hilton Foundation has put the spotlight on the widespread use of torture by governments, and has recognised the extraordinary work performed every day by staff in rehabilitation centres and programmes for torture victims worldwide. More importantly, the Prize is a tribute to torture victims and their families, and to the strength of human spirit they display in their determination to overcome the horror of torture to live in dignity. At the announcement, Mr Steven M. Hilton, President of the Conrad N. Hilton Foundation, said, "By addressing the unimaginable suffering of men, women and even children who have endured torture, IRCT personifies the purpose of the Hilton Humanitarian Prize, which is to recognise and support the work of organisations alleviating human suffering throughout the world."

Ms Mary Robinson, former UN High Commissioner for Human Rights (left), together with IRCT Ambassador Dr Inge Genefke (right), at the Conrad N. Hilton Humanitarian Prize ceremony in New York, USA, in September 2003.



Distinguished company

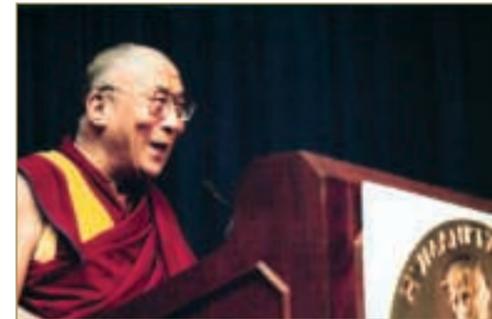
The Conrad N. Hilton Foundation is named for its founder, the late hotel entrepreneur who left virtually his entire fortune to the Foundation with instructions to use the funds to help the most disadvantaged and vulnerable throughout the world. Previous recipients of the Hilton Humanitarian Prize have been: SOS-Kinderdorf International (2002), St. Christopher's Hospice (2001), Casa Alianza (2000), African Medical and Research Foundation (1999), Médecins Sans Frontières (1998), International Rescue Committee (1997) and Operation Smile (1996). It is a great privilege for the IRCT to join the company of these organisations whose work has previously been recognised by this prestigious award. The IRCT, one of nearly 200 nominees for the 2003 Hilton Humanitarian Prize, was nominated by the Standing Committee of European Doctors, and supported by the British Medical Association and the Torture Abolition and Survivors Support Coalition.

Compassion in action

At a ceremony in New York in September 2003, Mr Steven M. Hilton presented the world's largest humanitarian award to the IRCT in the presence of His Holiness the Dalai Lama, government dignitaries, international leaders in humanitarianism and human rights, representatives of rehabilitation centres and programmes, and victims of torture. Speaking at the ceremony, His Holiness the Dalai Lama recognised the work of the IRCT and called such work "a spiritual act of compassion ... compassion in action". The Dalai Lama noted the importance of attending to individuals who have suffered at the hands of others, and encouraged the IRCT to continue its work against torture and in support of victims of torture.

Strengthening the global impact

The 2003 Conrad N. Hilton Humanitarian Prize will be used to strengthen the IRCT's global activities as well



His Holiness the Dalai Lama delivering the keynote address at the 2003 Conrad N. Hilton Humanitarian Prize ceremony.

as to support treatment for torture victims at rehabilitation centres and programmes. In early 2004, a call for proposals was made with the aim of providing assistance to a number of *bona fide* and well-functioning rehabilitation centres facing financial difficulties. By supporting rehabilitation centres and programmes directly, the 2003 Conrad N. Hilton Humanitarian Prize will bring hope to those who have suffered as a result of torture, and shame and condemnation upon the perpetrators. The Prize has strengthened our own resolve – and will encourage others to join us – in our efforts in assisting victims of torture.

IRCT President Dr Bhogendra Sharma speaking at the conference 'Humanitarian Intervention Today: New Issues, New Ideas, New Players', held in conjunction with the Conrad N. Hilton Humanitarian Prize ceremony in New York, USA, in September 2003.



What others have said about the IRCT

"The IRCT is richly deserving of this year's Hilton Humanitarian Prize. Through its support for victims and its global campaigning for the universal ratification and implementation of the UN Convention Against Torture and its Optional Protocol, the IRCT reminds us of our shared responsibility for ending torture throughout the world."

– Ms Mary Robinson, former UN High Commissioner for Human Rights

"There is no doubt that the IRCT has had a determining role in placing torture and organised violence onto the international agenda, and that the organisation has achieved a special recognised status and voice that is listened to worldwide. The Prize underlines the need for continued international support towards the work of the IRCT."

– Mr Per Stig Møller, Danish Minister for Foreign Affairs

"As the IRCT has expanded to include centres with more eclectic approaches to the treatment of torture victims (other than a strict medicalised approach), it has become a potent worldwide force of essential medical, social, psychological and, increasingly, legal support to victims."

– Sir Nigel Rodley, former UN Special Rapporteur on Torture (1993-2001); Professor, Department of Law, University of Essex

"Freedom from torture is one of the most fundamental of all human rights principles, enshrined in the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) and other international agreements. This year, it is particularly fitting that the Conrad N. Hilton Foundation has chosen to bestow its Humanitarian Prize on the IRCT, an organization that has done so much to end torture and to support its victims worldwide."

– Mr Jimmy Carter, former US President

"We (Standing Committee of European Doctors) are proud to nominate the IRCT for this year's Conrad N. Hilton Humanitarian Prize in recognition of its extraordinary contribution to alleviating human suffering worldwide. A unique strength of the IRCT is its approach to the work against torture: focusing on the medical aspects of torture, thereby focusing on the individual recovery of those subjected to this act of inhumanity."

– Dr Reiner Brettenthaler, President, Standing Committee of European Doctors

"Those of us who have experienced torture and who know its horror from the inside out will always be grateful to IRCT for its groundbreaking work. In the dark world of torture, IRCT has been a constant ray of hope."

– Sister Dianna Ortiz, Executive Director, Torture Abolition and Survivors Support Coalition

The Global Network of Rehabilitation Centres and Programmes

The IRCT is dedicated to enabling torture survivors to resume as full and active a life as possible through the rehabilitation services provided at centres and programmes world-wide.

In 2003, the IRCT channelled great effort into consolidating the global movement of rehabilitation centres and programmes. The organisation embarked upon an extensive accreditation process that resulted in 94 accredited centres and programmes. These centres and programmes are the formal constituency of the IRCT as a democratic international organisation. Accreditation was granted to applying centres and programmes that met a number of criteria in relation to target groups, organisational set-up, funding base, continuity of service and number of torture victims treated. In June-July 2003, a written General Assembly elected the new IRCT Council among these accredited centres and programmes.

In October 2003, the Independent Medico Legal Unit (IMLU), Kenya, hosted the Sub Saharan Africa regional RSP2 seminar.



Acción de los Cristianos para la Abolición de la Tortura, Mexico (ACAT) hosted the Latin America and the Caribbean regional RSP2 seminar in October 2003.

Building the capacity of centres and programmes

The Regional Strengthening Programme Phase 2 (RSP2) was initiated in January 2002 and completed in December 2003. Building upon the experiences gained and results achieved in the first Regional Strengthening Programme (1999-2000), the overall objective of the RSP2 has been to increase the institutional capacity and sustainability of rehabilitation centres and programmes for victims of torture.

The main focus of the RSP2 was providing targeted training at annual seminars conducted in five different regions during 2002 and 2003: Asia; Central and Eastern Europe and the New Independent States; Latin America and the Caribbean; Middle East and North Africa; and Sub Saharan Africa. The IRCT General Secretariat was responsible for the planning, coordination and implementation of these seminars, in close collaboration with regional resource persons and hosting centres in each of the five regions. In May 2003, a coordination meeting with the resource persons was held in Copenhagen, Denmark, with the objective of evaluating the implementation status of the project, discussing lessons learnt and further elab-



In May 2003, the IRCT General Secretariat hosted a coordination meeting of the Regional Strengthening Programme Phase 2 (RSP2) in Copenhagen, Denmark.

Helping children in East Timor

By the end of the East Timor project in 2003, nearly 9,000 children had received psychosocial support through play therapy or peace education, while 22 local staff members and 225 schoolteachers had increased their knowledge and skills on how to identify children affected by trauma. Local staff began applying their newly gained knowledge and in the autumn of 2003 established a local NGO to help traumatised children. The final stage of the project was funded by three Dutch donors: the War Trauma Foundation, ICCO and Wilde Ganzen.

orating the implementation strategy for the remainder of the year, including the planning of the training seminars.

During 2003, regional training seminars were held in Kenya (hosted by the Independent Medico Legal Unit (IMLU)), Mexico (hosted by Acción de los Cristianos para la Abolición de la Tortura, Mexico (ACAT)), Sri Lanka (hosted by the Family Rehabilitation Centre (FRC)), Romania (hosted by the ICAR Foundation – Medical Rehabilitation Center for Torture Victims) and Lebanon (hosted by the Restart Centre for Rehabilitation of Victims of Violence and Torture). The training programmes were designed in accordance with previous needs assessments, and topics were identified by the local resource persons.

Altogether, 150 people from 87 different rehabilitation centres and programmes in 67 countries participated in the 2003 seminars, including 80 health professionals and 70 administrative staff. The seminars comprised group work, lectures, discussions and case studies. The trainers included resource persons from rehabilitation centres and programmes, IRCT General Secretariat staff and local external consultants.

In addition to the training activities, the seminar workshops included debates and discussions on how to implement effective south-south cooperation and how to harness the experience of rehabilitation centres and programmes to the advantage of others. Furthermore, the seminars helped identify areas for future development of the collaboration between the IRCT and the regional networks. They have also confirmed a general wish for more extensive use of local and regional resources, as well as the use of alternative methods of capacity-building, including the identification and sharing of best practices, internships, professional exchanges, etc. As a response to the need for financial and project tools, as expressed by seminar participants, tools were made accessible on the IRCT website, including links to documents on project management and manuals on financial management and fundraising.

The Restart Centre for Rehabilitation of Victims of Violence and Torture – Lebanon hosted the Middle East and North Africa regional RSP2 seminar in December 2003. From left: Dr Margriet Blaauw (IRCT Acting Medical Director), Dr Abdallah Mansour (Director of the El Nadim Center for Psychological Management and Rehabilitation of Victims of Violence, Egypt), Ms Mona Merhaj (interpreter), Dr Camelia Doru (IRCT Executive Vice-President), Dr Alireza Abdi (Organization for Defending Victims of Violence, Iran) and Ms Suzanne Jabbour (Director of the Restart Centre for Rehabilitation of Victims of Violence and Torture – Lebanon).





■ Seminar participants from Greece, Romania and Turkey discussing quality standards for treatment and rehabilitation at the Central and Eastern Europe and the New Independent States regional RSP2 seminar, hosted by the ICAR Foundation – Medical Rehabilitation Center for Torture Victims, in Romania, in November 2003.



Drafting quality standards

An important component of the Regional Strengthening Programme Phase 2 was the development of quality standards – and the definition of possible measures for further quality development – within the field of rehabilitation of torture victims. Draft standards, identified by a group of international experts, were discussed at the coordination meeting in May 2003 and during the RSP2 seminars. The idea of defining standards was first received with reservation in most regions, due to the concern that the different circumstances under which centres and programmes operate would not be recognised. However, once existing differences between centres were acknowledged, underlying similarities and

common values also became more apparent, and participants from many centres and programmes expressed a wish to be involved in the process of quality development. The draft standards will need to be further elaborated and adapted to better meet local conditions in the different regions, but the exchange of knowledge between the international experts during the RSP2 proved to be an important step towards quality development within the field of rehabilitation of torture victims. After the completion of the RSP2 regional training seminars, a publication entitled *Quality Development within the Work Field of Torture Rehabilitation* was produced. The publication presents some of the results and lessons learnt regarding quality standards through the RSP2 training seminars.

Preventing torture in Ukraine

In March 2003, representatives from Denmark and Ukraine joined together in Copenhagen, Denmark, to mark the successful completion of the Prevention of Torture in Ukraine project. At the final evaluation workshop, all parties concluded that the project had met its aim: to contribute to the prevention of torture in Ukraine. The project, which commenced in 2001, aimed to develop prevention strategies to reduce the use of torture by the law-enforcement sector in Ukraine. This was achieved by developing and implementing training on torture prevention for law-enforcement personnel and human rights NGOs in order to reduce the incidence of torture and to monitor the practice and thereby promote the accountability of law-enforcement personnel. The project was realised through the fruitful collaboration between the IRCT and the Danish Institute for Human Rights, the Ukrainian Ministry of Interior, the Ukrainian-American Human Rights Bureau, the British Council and the International Renaissance Foundation, and was supported by the Royal Danish Ministry of Foreign Affairs.

Collaborating with centres, programmes and networks

The IRCT maintains an ongoing dialogue with individual centres, programmes and networks and offers them technical assistance. During 2003, the IRCT General Secretariat received and answered 95 individual requests for assistance, ranging from requests for information, input to research projects and provision of training, to requests for technical assistance in the development of project proposals to potential donors. Due to the varying nature of the requests, some are handled as one-time cases, whereas others involve intensive correspondence over a longer period of time. Many requests were received from potential partners, organisations and individuals not affiliated with the IRCT, which indicates the reach of the IRCT beyond the established network of rehabilitation centres and programmes.

Supporting regional and sub-regional networks

Increasing the communication, collaboration and exchange of know-how between centres and programmes is an objective that permeates most IRCT

activities. Consequently, supporting the development and activities of regional networks is a highly prioritised capacity-building activity. In 2003, the IRCT supported the meetings of the following networks, held in conjunction with the RSP2 regional training seminars: the AMAN Network of Non-Governmental Centers and Programs Working against Torture in the Middle East and North Africa (AMAN); Asia Net; Balkan Network for the Prevention of Torture and Rehabilitation of Victims (BA.N); Eastern African and Great Lakes Network (EAGLN); New Independent States Network (NISNET); Red Latinoamericana y del Caribe de Instituciones de la Salud contra la Tortura, la Impunidad y otras Violaciones a los Derechos Humanos (RedSalud – DDHH); Southern African Trauma Coalition (SATC); and Western and Central African Sub Regional Network (WACAN). In April and September 2003, the IRCT also participated in the first meetings of the European Network of Rehabilitation Centres and Programmes, which comprises rehabilitation centres and programmes from the Council of Europe region and aims to share experiences, to identify best practices in different fields and to influence European policies.

Mapping the global movement

In 2003, the IRCT published the *Rehabilitation of Torture Victims – Global Directory of Centres and Programmes 2003-2004*, which contains information about 177 rehabilitation centres and programmes (including the 94 accredited centres and programmes) in 75 countries worldwide. The Global Directory is available in a printed version and on the IRCT website (www.irct.org). Both versions feature a wide range of information about each rehabilitation centre and programme listed in the Directory, including the centre or programme's contact information, the services offered, primary objectives, treatment, training, research, documentation, prevention, information and advocacy, networking, funding and future plans. All information in the Global Directory is based on submissions received

from the centres and programmes themselves. A useful resource tool for anyone who wants to find out more about the field of torture rehabilitation, the Global Directory also aims to facilitate collaboration between centres and programmes and to raise general awareness of the work and funding needs of the individual centres and programmes.

Providing financial support for rehabilitation

One unfortunate common denominator for centres and programmes is a constant struggle to secure funding for their activities, an uncertainty which threatens the continuity of services to victims of torture. Moreover, although many centres and programmes are creative and energetic in their approaches to securing financial support, it remains a regrettable fact that few private donors provide continuous support to organisations dealing with victims of torture. The Oak Foundation, however, maintains this issue as a priority area, and in 2003 again made it possible for the IRCT to allocate a total of USD 400,000 as Oak centre support grants to nearly 40 centres. The grants covered operational expenses relating directly to the provision of treatment services.

■ The Family Rehabilitation Centre (FRC), in Sri Lanka, hosted the Asia regional RSP2 seminar in November 2003.



The Istanbul Protocol Implementation Project: The Investigation and Documentation of Torture

In partnership with the World Medical Association (WMA), and in collaboration with the Human Rights Foundation of Turkey (HRFT) and Physicians for Human Rights USA (PHR USA), the IRCT in 2003 embarked upon an ambitious two-year project for the global implementation of the Istanbul Protocol.

Guidelines for the investigation and documentation of torture

The Istanbul Protocol represents the first set of international guidelines for the investigation and documentation of torture. The Protocol provides comprehensive, practical guidelines for the assessment of persons who allege torture and ill treatment, for investigating cases of alleged torture, and for reporting the findings to the relevant authorities. The development of the Protocol was initiated and coordinated by PHR USA, HRFT and Action for Torture Survivors, with the involvement of more than 40 other organisations, including the IRCT.

The Istanbul Protocol was submitted to the UN High Commissioner for Human Rights in August 1999. The Istanbul Principles have subsequently been endorsed in resolutions of the UN Human Rights Commission and the UN General Assembly, and the Protocol has been published by the Office of the High Commissioner for Human Rights in its Professional Training Series. However, despite its international standing among legal, health and human rights experts, awareness of the Istanbul Protocol is still relatively limited. In many cases, medical and legal university curricula do not pro-

vide instruction on the examination of torture victims, the treatment of torture victims or the consequences of torture. As a result, many health and legal professionals have little or no training in the investigation and documentation of torture, which requires specific technical skills and knowledge of both medical and legal procedures to be conducted effectively.

Implementation of the Istanbul Protocol

The Istanbul Protocol Implementation Project aims to increase awareness, national endorsement and tangible implementation in five countries in different developing regions, between March 2003 and March 2005. Georgia, Mexico, Morocco, Sri Lanka and Uganda were selected for the project, based on the following criteria:

- Ratification of the United Nations Convention against Torture.
- Political will to investigate alleged cases of torture.
- Local expertise in the investigation and documentation of alleged cases of torture.
- The existence of an IRCT and/or WMA partner organisation in the country.

On the preparatory mission to Morocco, members of the IRCT project team, Dr Margriet Blaauw (second from right) and Mr Paul Dalton (second from left), met with Mr Hamouda Soubhi, Director of Centre d'Accueil et d'Orientation des Victimes de la Torture (CAOVT) (right) and Dr Abdelkrim El Manouzi (left) in Casablanca, in September 2003.



In September 2003, on the preparatory mission to Uganda, members of the IRCT project team, together with Dr W. James Appleyard, President of WMA (sitting, second from right), met with the Ugandan Medical Association, including the President, Dr Margaret Mungherra (sitting, third from left).



Despite geographical, cultural, legal and societal differences between the five countries, the effective investigation and documentation of allegations of torture is a highly relevant issue in all of them.

Preparatory missions

During 2003, representatives of the WMA, HRFT, PHR USA and IRCT conducted preparatory missions to four of the five countries. The fifth preparatory mission, to Sri Lanka, was conducted in January 2004. The main objective of the missions was to obtain commitment from relevant national agencies, organisations and institutions to the implementation of the Istanbul Protocol at a national level, and to identify national NGO partners in each country. The mission teams met with representatives of the local authorities, universities and civil society. Embassies representing several different nationalities showed their interest and were also very supportive. The mission teams were encouraged by the high standard of the local experts they met in each of the five countries.

The first preparatory mission was carried out to Morocco in June 2003. The project received support from both civil society and the Moroccan authorities. The Centre de Documentation, d'Information et de Formation en Droits de l'Homme (CDIFDH) agreed to be the local focal point for the adaptation of the training materials and implementation of the training.

In September 2003, three preparatory missions were conducted to Georgia, Mexico and Uganda. In Georgia, three national partner organisations agreed to collaborate on the implementation of the Project: "Article 42 of the Constitution", an NGO specialising in cases related to civil and political rights; "EMPATHY" Psycho-Rehabilitation Centre for Victims of Torture; and the Georgian Medical Association.

In Mexico, the preparatory mission team also secured explicit support for the Project from all parties and a commitment from the authorities, universities, the Bar and Medical Associations, human rights organisations and the Office of the Ombudsman to collaboration on the implementation of the Istanbul Protocol in Mexico.

In Uganda, the preparatory mission team received endorsement for the Project from all three medical training universities in the country. Support was also obtained from the Faculty of Law at Makerere University, as well as NGOs working on human rights-related issues. The project team for Uganda comprised Dr Seggane Musisi, Makerere Medical School; ISIS-WICCE; and the Legal Aid Project of the Law Society of Uganda.

Securing the ongoing implementation of the Istanbul Protocol

In November 2003, the medical journal *The Lancet* published a feature article about the project entitled "Exposing the horror of torture", which contributed to raising awareness of this important project among medical professionals worldwide. The next steps in the Istanbul Protocol Implementation Project will be the finalisation of the generic training materials by the collaborating partners and the adaptation of these materials to local legal and medical circumstances. Training seminars targeting both health professionals and lawyers are planned to take place between August and December 2004. Towards the end of the project period, a set of final recommendations will be presented to the relevant national authorities in order to secure the ongoing implementation of the Istanbul Protocol. In addition, a consolidated report on the experiences harvested will be produced with a view to promote the implementation of the Istanbul Protocol in other countries.

Institutional Relations: Speaking on Behalf of Rehabilitation Centres and Programmes

In early 2003, it became clear that rehabilitation centres and programmes in all regions of the world were seriously threatened by the lack of sufficient international funding, and that fundraising would be one of the IRCT's highest priorities. This major concern determined the focus of all IRCT institutional relations during 2003.

European Union

In 2001, the European Commission (EC) announced that financial support would progressively be shifted from the rehabilitation of torture victims to the prevention of torture, which had become a new priority for the European Union. However, this policy change was much more radical than initially announced, and its consequences became rapidly visible among rehabilitation centres and programmes worldwide. From more than EUR 12 million being available for assistance programmes in 2001, funding to rehabilitation centres outside the EU was reduced to EUR 4.5 million in 2002 and nothing in 2003. An international advocacy campaign, launched by the IRCT, called attention to the serious consequences of this policy change and received considerable media coverage during the spring of 2003, including articles in international newspapers such as *European Voice*, *International Herald Tribune* and *The Independent*.

On 26 June 2003, the IRCT, together with Ms Danièle Smadja, Director of Multilateral Relations within the External Relations Directorate of the European Com-

mission, participated in a press conference on the launch of the EC-supported Istanbul Protocol Implementation Project, and used the opportunity to urge the EC to re-affirm EU support to rehabilitation, reiterating the fact that the EU had been the leading donor in the field for nearly ten years.

In July 2003, the IRCT participated in a seminar in Brussels, Belgium, at which NGO representatives, including representatives from several rehabilitation centres and programmes, had the opportunity to discuss this issue with Mr Christopher Patten, Commissioner for External Relations, as well as European Commission officials in the External Relations Directorate and the EuropeAid Cooperation Office.

The IRCT, in collaboration with other international NGOs and the network of rehabilitation centres and programmes in Europe, also managed to mobilise the European Parliament. In September 2003, the European Parliament adopted its annual report in the field of human rights in the world, in which it "deplored that the Commission's increased financial support for the prevention of torture had been to the detriment of funding for organisations offering concrete assistance and rehabilitation to victims of torture" and "urged the Commission to allocate balanced funding to both".

At the end of 2003, the European Parliament adopted the EU budget for 2004, adding EUR one million to the EUR six million previously available for centres and programmes inside the EU, and emphasising – for centres and programmes outside the EU – that the rehabilitation of torture victims had to remain an overriding EU priority and that funding should not be reduced. The IRCT hopes that these wishes expressed by the European Parliament will be fully implemented by the European Commission during 2004.

United Nations

During the 59th Session of the United Nations Human Rights Commission, held in Geneva, Switzerland, in March-April 2003, the IRCT submitted written statements to the Commission on item 11 (civil and political rights) and item 17 (promotion and protection of human rights). The IRCT appealed to UN Member States to urgently make contributions to the UN Voluntary Fund for Victims of Torture (UNVFVT). In February 2003, the IRCT had sent letters to governments appealing for contributions to the UNVFVT. In May 2003, the IRCT met with the Board of Trustees of the UNVFVT in Geneva and drew their attention to the financial situation of rehabilitation centres worldwide as a consequence of the EU funding cuts.

In October 2003, the IRCT participated in the Second Consultative Meeting in Geneva, called by the UN High Commissioner for Human Rights with a view to finalising the Draft Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Violations of International Human Rights and Humanitarian Law. Prior to this meeting, the IRCT participated in a preparatory meeting, held at Amnesty International in London, United Kingdom, with the aim of updating the common NGO position paper on these Principles and Guidelines.

Council of Europe

In November 2003, a resolution was adopted by the Committee of Ministers of the Council of Europe, changing the consultative status of NGOs to participatory status. This new status will provide the IRCT with an opportunity to develop a more proactive role towards Council of Europe institutions, which represent a highly influential advocacy platform with regard to human rights.

Other international forums

The IRCT is a member of the Coalition of International NGOs against Torture (CINAT). During 2003, the IRCT continued to conduct the Campaign for the Ratification of the UN Convention against Torture (CAT) on behalf of CINAT. In October 2003, the IRCT participated in the CINAT Annual General Meeting.

In February 2003, the IRCT participated as official panel speaker at 'Missing: the International Conference on Action to Resolve the Problem of People Unaccounted for, as a Result of Armed Conflict or Internal Violence, and to Assist their Families', organised by the International Committee of the Red Cross in Geneva, Switzerland. In March 2003, the IRCT welcomed the inauguration of the first 18 judges at the International Criminal Court (ICC). The IRCT is a member of the Coalition for the International Criminal Court, a network of more than 2,000 civil society organisations that has campaigned for the ICC during the last eight years.

In July 2003, the IRCT participated in a conference in Paris, France, organised by Redress and the International Federation for Human Rights, on universal jurisdiction for serious international crimes. Also in July 2003, the IRCT was represented at a conference in Tehran, Iran, dealing with aspects of the Iranian ratification of the UN CAT.

In October 2003, the IRCT participated in the OSCE 'Human Dimension Implementation Meeting' in Warsaw, Poland, which focused i.a. on the prevention of torture. Finally, also in October 2003, the IRCT participated in a series of seminars in Japan, organised by CAT Network Japan, which encouraged the Japanese authorities to submit their initial report to the UN CAT and provided input to a reform of the Japanese prison system.



Urgent Actions: Defending Those Who Work for Victims of Torture

Health professionals and other human rights defenders continue to be at risk due to their work in documenting acts of torture or providing treatment and support to victims of torture.

An independent review in 2003 revealed that the role of the IRCT as an international protector of human rights organisations is one of the most appreciated functions of the IRCT. These urgent actions are undertaken by the IRCT when rehabilitation centre staff are at risk, and they may involve mobilising the global network of centres and programmes, the media, governments, as well as international forums and influential donors, such as the European Union and the United Nations.

Harassment in Zimbabwe

In 2003, the IRCT again expressed its alarm over the ongoing and intensifying number of threats being made against human rights defenders by the Zimbabwean Government. The IRCT is particularly concerned about persisting, unfounded allegations against the AMANI Trust in Harare. During 2003, the Zimbabwean Government's obstruction of support to torture victims forced the AMANI Trust to suspend its work. The IRCT has

IRCT Ambassador Dr Inge Genefke being filmed by the Turkish police at a trial against the psychiatrist Dr Alp Ayan, in Izmir, Turkey, in December 2003.



urged the international community and media to support and protect our partners in Zimbabwe, yet it has proved difficult to offer protection through traditional means due to the crisis in the country.

Trials in Turkey

In Turkey, the ongoing trials against human rights defenders demonstrate that despite the laudable human rights reforms passed by the Turkish Parliament, there is still considerable work to be done to transform new laws into practice. Nine executive board members of the Human Rights Foundation of Turkey (HRFT) have been charged with "having collected contributions without obtaining permission" and "cooperating with international organisations without permission". Other examples of the pressure applied to human rights defenders in Turkey are the cases against the psychiatrist Dr Alp Ayan, who was obliged to appear in court hearings in three different cases against him during 2003. In response, the IRCT monitored several court hearings and appealed to EU institutions, the Council of Europe, European governments, the US Government and the international media.

Armed attacks in Nigeria

In Port Harcourt, Nigeria, the Consulting Centre for Constitutional Rights and Justice (C3RJ) was forced to close down due to an attack by armed men in October 2003. The IRCT called upon the Nigerian authorities to take the necessary steps to bring those responsible to justice and to ensure that the C3RJ can continue to carry out its important work.

Martial law in Aceh, Indonesia

During 2003, the IRCT also continued to support the Rehabilitation Action for Torture Victims in Aceh (RATA) in Indonesia, where local martial law threatened the daily operations of RATA and impeded the IRCT's visit to – and active involvement in – the centre. The IRCT expressed its concern to the Danish Embassy in Indonesia, which through official Indonesian channels advocated for the protection of human rights defenders in Aceh.

The IRCT Documentation Centre and the GTIS: Documenting Torture

The documentation of torture provides an important knowledge base for the rehabilitation of torture victims and the prevention of torture.

The IRCT Documentation Centre

The IRCT Documentation Centre maintains the world's largest collection of materials on the rehabilitation of torture victims and the prevention of torture. The collection comprises approximately 45,000 items, including books, journals, reports, CD-ROMs, photographs and drawings. The main bibliographic database of the Documentation Centre, containing references to more than 18,000 articles, reports and books on torture and related subjects, is accessible on the IRCT website (www.irct.org). The database includes abstracts of articles and contents lists of books and reports, as well as English-language keywords for all items. The Documentation Centre offers its services free of charge to organisations and individuals worldwide. During 2003, users in 57 countries were served, and the goal is to reach a larger number of users outside Denmark by strengthening the outreach services in collaboration with partners in the IRCT network as well as research institutions.

During 2003, Documentation Centre staff conducted a number of presentations and training sessions, including a course in Tbilisi, Georgia, in June 2003, organised by HURIDOCS (Human Rights Documentation and Information Systems, International). The Documentation Centre continued to participate actively in the work of the ECCHR, the European regional forum of HURIDOCS.

The Global Torture Victims Information System

In October 2002, the Dutch Ministry of Foreign Affairs provided a grant for the first phase of the Global Torture Victims Information System (GTIS), a nine-month pilot project developed in collaboration with Rehabilitation Action for Torture Victims in Aceh (RATA), Indonesia; Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims (GCRT), Georgia; AMANI Trust,



In August 2003, Mr Peter Silberberg (second from right) and Ms Sybille Pfaff (left) from the Embassy of the Federal Republic of Germany visited the IRCT General Secretariat and were given an introduction to the Documentation Centre by Mr Sven-Erik Baun and IRCT Ambassador Dr Inge Genefke.

Zimbabwe; Sudan Organisation Against Torture (SOAT), Sudan; Acción de los Cristianos para la Abolición de la Tortura (ACAT), Mexico; and HURIDOCS.

Initiated in March 2003, the pilot project aimed at developing the data set and the methodology enabling data collection from rehabilitation centres and programmes. Such data sets can be used for the assessment of the impact of torture and can support a more targeted intervention in assisting victims of torture. Having torture victims and their families at its core, the information tools, developed and field-tested in collaboration with the partner organisations, were adapted to the following objectives:

- To monitor the size and characteristics of the torture victim population seen by rehabilitation centres in given societies.
- To assess the medical, legal and social impact of torture on individual victims.
- To detect trends.
- To monitor the needs of rehabilitation centres in relation to each victim.

Experiences from the pilot project are currently being assessed, and the project design will be reviewed in light of this assessment.

Advocacy and Information: Raising Awareness about Torture

In addition to supporting fundraising, the IRCT's advocacy and information activities aim to increase the awareness of the problem of torture, the impact and consequences of torture, the rehabilitation needs of torture victims and the prevention of torture.

26 June campaign and global report

The annual 26 June campaign commemorates the UN International Day in Support of Victims of Torture, and in 2003 the IRCT coordinated the global 'Together against Torture' campaign for the sixth consecutive year. As in previous years, the IRCT produced a range of materials which were sent free of charge to all participants. More than 70,000 individuals participated in the 2003 events, organised by 302 organisations in 96 countries. The campaign events received coverage in 400 newspapers, television and radio stations around the world, thereby helping to increase awareness of the problem of torture and the rehabilitation of torture victims. Campaign partici-

In Peru, the United Nations Information Centre (UNIC) organised activities at several schools to commemorate the UN International Day in Support of Victims of Torture on 26 June 2003. At the Club of the Federico Villareal School, pupils participated in classroom discussions and a poster competition on the topic of torture.

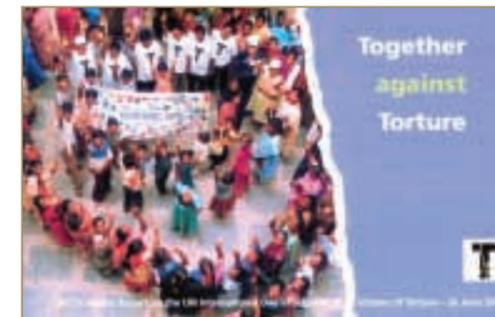


On the occasion of the UN International Day in Support of Victims of Torture, IRCT Ambassador Dr Inge Genefke was honoured with the 2003 Eclipse Award by the Center for Victims of Torture (CVT) at a ceremony at the United States Congress, Washington, D.C. From left: Danish Ambassador to the USA, Mr Ulrik A. Federspiel, IRCT Ambassador Dr Inge Genefke and Mr Douglas A. Johnson, Executive Director of CVT. In March 2003, Dr Genefke was honoured for her contributions to the fight against torture by the Human Rights Foundation of Turkey.

pants were encouraged to submit information on their respective 26 June events, thereby contributing to an extensive report documenting events held by more than 130 organisations in 74 countries, entitled *Together against Torture: IRCT Global Report on the UN International Day in Support of Victims of Torture – 2003*.

The journal TORTURE

In 2002, the IRCT introduced a temporary moratorium on the publication of the journal *TORTURE* in order to review its future focus and scope. As a consequence, it was decided to focus the journal on the needs and wishes of the IRCT networks. Further, the IRCT Executive Committee decided to ask rehabilitation centres and programmes worldwide about their expectations of the journal, in order that *TORTURE* may serve as a respected and utilised medium for the publication of research concerning the rehabilitation of torture victims, and thus also serve as a facilitating medium for international research. Two issues of *TORTURE* were published in 2003.



Together against Torture: IRCT Global Report on the UN International Day in Support of Victims of Torture – 2003 describes many different commemorative events, including petitions, theatre performances, candlelight vigils, press conferences, seminars, workshops, art competitions, prison visits, essay competitions and other cultural events.

Other IRCT publications

During 2003, the IRCT produced 10 issues of the newsletter *News from the IRCT*, published the *IRCT Annual Report 2002* and produced the printed and online versions of *Rehabilitation of Torture Victims – Global Directory of Centres and Programmes 2003-2004*. The Global Directory contains information about 177 centres and programmes in 75 countries and replaces the previous IRCT Global Directory (published in 2000).

IRCT website

In June 2003, the IRCT relaunched its website www.irct.org with the aim of presenting an even more useful online tool for partners, donors and the general public seeking information about the work of the IRCT. The *Global Directory of Rehabilitation Centres and Programmes* is accessible on the website as an online database, which features an advanced search function enabling users to select subsets of centres/programmes in the Directory according to e.g. their geographic location, network membership and/or the rehabilitation services offered. A range of other IRCT publications, including capacity-building tools, are also available on

the website, as well as information about 26 June campaign events worldwide. Website discussion forums facilitate the online exchange of knowledge and experiences between international partners, and online credit card donations can be made in support of the work of the IRCT. Website access to the IRCT Documentation Centre databases enables online database searches and ordering materials from the Documentation Centre.

Media activities

Through a series of different media activities, the IRCT continues to raise awareness of the need to support the rehabilitation of torture victims and the prevention of torture. During 2003, the IRCT issued 22 international media releases, and IRCT staff and Executive Committee members participated in many different interviews, press conferences and other media events worldwide, culminating in the award of the Conrad N. Hilton Humanitarian Prize in September 2003. In addition, the IRCT was featured in a Spanish documentary entitled *Viaje al Corazón de la Tortura* ["Journey into the heart of torture"] and produced a video entitled *Combating torture in Kosovo – from conflict intervention to health sector partnership*, which presents the work of the IRCT to the general public.

IRCT President Dr Bhogendra Sharma (far right), IRCT Vice-President Dr Camelia Doru (second from right) and IRCT Ambassador Dr Inge Genefke (second from left) are interviewed after the ceremony for the Conrad N. Hilton Humanitarian Prize, in New York, USA, in September 2003.



Teaching and training seminars

IRCT teaching activities for international groups from the Raoul Wallenberg Institute, Danish Institute for Human Rights and Council of Europe continued throughout 2003. Human rights defenders from both governmental and non-governmental organisations, police and prison officials, judges, prosecutors, lawyers and journalists from over 50 different countries were taught about various torture-related topics, including tools for preventing torture. Additionally, the IRCT participated in two seminars on assisting governments and NGOs in reporting/shadow-reporting to the UN Committee Against Torture, held in Nepal and Kenya in July and August 2003 respectively, and in a seminar on how to convince countries to ratify the Convention Against Torture, held in Vietnam in December 2003.

Rehabilitation Centres and Programmes Accredited with the IRCT

Asia

- Aksi Rehabilitasi Korban Tindak Kekerasan di Aceh (RATA), Banda Aceh, Indonesia
- Bangladesh Rehabilitation Centre for Trauma Victims (BRCT), Dhaka, Bangladesh
- Centre for Organisation, Research and Education – Community Programme for Young Survivors of Torture (CORE), Imphal, Manipur, India
- Centre for Rehabilitation of Torture Survivors (CRTS), Tangail, Bangladesh
- Sach – Struggle for Change, Islamabad, Pakistan
- Shubhodaya Center for Rehabilitation of Victims of Torture and Violence – SOSRAC (SCRVTV), New Delhi, India
- Tibetan Torture Survivors Program (TTSP), Dharamsala, India
- Torture Prevention Center India Trust (Top Center India Trust), Cochin, India
- Vasavya Mahila Mandali (VRCT), Vijayawada, Andhra Pradesh, India
- Yatana Pidit Sarokar Kendra (CVICT), Kathmandu, Nepal

Country of Domicile of the General Secretariat

- OASIS – Behandling og Rådgivning for Flygtninge, Copenhagen, Denmark
- Rehabiliterings- og Forskningscentret for Torturofre (RCT), Copenhagen, Denmark
- Rehabiliteringscenter for Torturofre – Jylland (RCT-Jutland), Haderslev, Denmark

Europe

- Albanian Rehabilitation Centre for Trauma and Torture Victims (ARCT), Tirana, Albania
- Ambulante en Dagbehandeling voor Asielzoekers en Vluchtelingen, GGZ's-Hertogenbosch e.o., Vught, Netherlands

- Ambulatorium dla Osób Prześladowanych ze Względów Politycznych Zakład Patologii Społecznej Katedra Psychiatrii Uniwersytet Jagielloński Collegium Medicum (CVPP), Kraków, Poland
- Assistance Centre for Torture Survivors (ACET), Sofia, Bulgaria
- Behandlungszentrum für Folteropfer – Überleben für Folteropfer (BZFO), Berlin, Germany
- Centre for the Care of Survivors of Torture (CCST), Dublin, Ireland
- Consultation pour victimes de torture et de violence organisée, Unité de Médecine des Voyages et des Migrations (UMVM), Geneva, Switzerland
- Cordelia Foundation for the Rehabilitation of Torture Victims, Budapest, Hungary
- EMPATHY, Psycho-Rehabilitation Centre for Victims of Torture, Violence and Pronounced Stress Impact (RCT/Georgia – EMPATHY), Tbilisi, Georgia
- Exilio Hilfe für Flüchtlinge und Folterüberlebende e.V., Lindau, Germany
- Fundatia ICAR – Centrul Medical de Reabilitare a Victimelor Torturii, Bucharest, Romania
- Fundatia ICAR – Centrul Medical de Reabilitare a Victimelor Torturii – Craiova, Romania
- Fundatia ICAR – Centrul Medical de Reabilitare a Victimelor Torturii – Iasi, Romania
- Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims (GCRT), Tbilisi, Georgia
- HEMAYAT – Verein zur Betreuung von Folter- und Kriegsüberlebenden, Vienna, Austria
- IAN Centar za rehabilitaciju žrtava torture u Beogradu, Jugoslavija, Belgrade, Serbia and Montenegro
- International Medical Rehabilitation Center for the Victims of Wars and Totalitarian Regimes (MRC), Kiev, Ukraine

- International Rehabilitation Centre for Torture Victims – Zagreb (IRCT Zagreb), Zagreb, Croatia
- Kidutettujen kuntoutuskeskus (CTS), Helsinki, Finland
- Medical Rehabilitation Center for Torture Victims "Memoria" (RCTV – "Memoria"), Chisinau, Republic of Moldova
- Medical Rehabilitation Centre for Torture Victims – Athens (MRCT), Greece
- NAGA-HAR Centro Richiedenti Asilo, Rifugiati, Vittime della Tortura, Milan, Italy
- Qendra Kosovare për Rehabilitimin e të Mbijetuarëve të Torturës (KRCT), Prishtina, Kosovo
- Röda Korsets Center för torterade flyktingar, Stockholm, Sweden
- Spidzinato un vinu gimenes loceklu mediciniskas rehabilitācijas centrs (SMRC), Riga, Latvia
- Türkiye İnsan Hakları Vakfı – Adana (TİHV/HRFT), Adana, Turkey
- Türkiye İnsan Hakları Vakfı – Ankara (TİHV/HRFT), Ankara, Turkey
- Türkiye İnsan Hakları Vakfı – Diyarbakır (TİHV/HRFT), Diyarbakır, Turkey
- Türkiye İnsan Hakları Vakfı – İstanbul (TİHV/HRFT), İstanbul, Turkey
- Türkiye İnsan Hakları Vakfı – İzmir (TİHV/HRFT), İzmir, Turkey
- Udruženje za Rehabilitaciju Žrtava Torture - Centar za Žrtve Torture (CTV), Sarajevo, Bosnia and Herzegovina
- VI.TO – Hospitality and Care for Victims of Torture, Consiglio Italiano per i Rifugiati (CIR), Rome, Italy
- Zentrum für Migration und Gesundheit SRK/Ambulatorium für Folter- und Kriegsopfer, Bern, Switzerland

Latin America

- Acción de los Cristianos para la Abolición de la Tortura, Mexico (ACAT), México
- Centro de Alternativas en Salud Mental (ATYHA), Asunción, Paraguay
- Centro de Atención Psicosocial (CAPS) de la Coordinadora Nacional de Derechos Humanos (CNDDHH/CAPS), Lima, Peru
- Centro de Prevención, Tratamiento y Rehabilitación de las Víctimas de la Tortura y sus Familiares (CPTRT), Tegucigalpa, Honduras
- Centro de Salud Mental y Derechos Humanos (CINTRAS), Santiago, Chile
- Corporación AVRE – Apoyo a Víctimas de violencia sociopolítica pro Recuperación Emocional (AVRE), Bogotá, Colombia
- Equipo Argentino de Trabajo e Investigación Psicosocial (EATIP), Buenos Aires, Argentina
- Fundación para la Rehabilitación Integral de Víctimas Violencia (PRIVA), Quito, Ecuador
- Grupo Tortura Nunca Mais/Rio de Janeiro (GTNM/RJ), Rio de Janeiro, Brazil
- Instituto de Terapia e Investigación sobre las secuelas de la tortura y la violencia estatal (ITEI), La Paz, Bolivia
- Red de Apoyo por la Justicia y la Paz, Caracas, Venezuela
- SERSOC Servicio de Rehabilitación Social, Montevideo, Uruguay

Middle East and North Africa

- Amel Center for Treatment and Rehabilitation of Victims of Torture (ACTRVT), Khartoum, Sudan
- Centre d'Accueil et d'Orientation des Victimes de la Torture (CAOVT), Casablanca, Morocco
- El Nadim Center for Psychological Management and Rehabilitation of Victims of Violence, Cairo, Egypt
- Gaza Community Mental Health Programme (GCMHP), Gaza City, Occupied Palestinian Territory

- Organization for Defending Victims of Violence (ODVV), Teheran, Islamic Republic of Iran
- Restart Centre for Rehabilitation of Victims of Violence and Torture – Lebanon, Tripoli, Lebanon
- Treatment and Rehabilitation Center for Victims of Torture (TRC), Ramallah, Occupied Palestinian Territory

North America

- ACCESS – Psychosocial Rehabilitation Center for Victims of Torture, Dearborn, Michigan, USA
- Advocates for Survivors of Torture and Trauma (ASTT), Baltimore, Maryland, USA
- The Bellevue/NYU Program for Survivors of Torture, New York, New York, USA
- Canadian Centre for Victims of Torture (CCVT), Toronto, Ontario, Canada
- Center for Survivors of Torture (CST), Dallas, Texas, USA
- Center for Survivors of Torture (CST), San José, California, USA
- The Center for Victims of Torture (CVT), Minneapolis, Minnesota, USA
- ECSTT Program for Survivors of Torture and Trauma at the Edmonton Mennonite Centre for Newcomers, Edmonton, Alberta, Canada
- Florida Center for Survivors of Torture – A Program of Gulf Coast Jewish Family Services, Inc. (FCST), Clearwater, Florida, USA
- International Survivors Center at the International Institute of Boston (ISC), Boston, Massachusetts, USA
- The Program for Survivors of Torture and Severe Trauma at the Center for Multicultural Human Services, Falls Church, Virginia, USA
- Program for Torture Victims of Los Angeles (PTV), Los Angeles, California, USA
- Réseau d'intervention auprès des personnes ayant subi la violence organisée (RIVO), Montreal, Quebec, Canada

- Safe Horizon/Solace, Jackson Heights, New York, USA
- Survivors International (SI), San Francisco, California, USA
- Survivors of Torture, International (SURVIVORS), San Diego, California, USA
- Vancouver Association for Survivors of Torture (VAST), Vancouver, British Columbia, Canada

Pacific

- Association for Services to Torture and Trauma Survivors (ASeTTS), Perth, Western Australia, Australia
- Phoenix Centre – Support Service for Survivors of Torture and Trauma, Hobart, Tasmania, Australia
- Wellington Refugees as Survivors Trust (Wellington RAS Centre), Wellington, New Zealand

Sub Saharan Africa

- AMANI Trust, Mashonaland Programme, Harare, Zimbabwe
- Consulting Centre for Constitutional Rights and Justice (C3RJ), Port Harcourt, Nigeria
- Forum des Activistes Contre la Torture (FACT), Kigali, Rwanda
- Mwatikho National Rehabilitation Centre for Victims of Torture (MNRVCT), Bungoma, Kenya
- Network for Youth Advancement and Peace Foundation (NEYOAP), Accra, Ghana
- Prisoners Rehabilitation And Welfare Action (PRAWA), Lagos, Nigeria
- Rehabilitation Center for Victims of Torture in Ethiopia (RCVTE), Addis Ababa, Ethiopia
- The Trauma Centre for Survivors of Violence and Torture (TCSVT), Cape Town, South Africa
- Victimes de Violences Réhabilitées, le Centre de Soins du CAPREC (VIVRE/CAPREC), Thies, Senegal

Statement of Financial Position

as at 31 December 2003 and 2002

Assets	2003	2002
	(EUR)	(EUR)
Institutional receivables	67,982	170,527
Other receivables	66,619	142,795
Loans to centres	7,687	7,687
Total receivables	142,288	321,009
Liquid assets	1,052,258	825,679
Total assets	1,194,546	1,146,688
Liabilities		
Net capital as at 1 January	238,220	234,914
Net result for the year	-424,520	3,306
Net capital as at 31 December	-186,300	238,220
Payables projects	783,562	557,888
Payables	597,284	350,580
Total payables	1,380,846	908,468
Total liabilities	1,194,546	1,146,688

All data at exchange rate DKK 1 = EUR 0.1347

The financial data included in the Statement of Financial Position and in the Statement of Activities is identical to the data included in the official Annual Accounts of the IRCT for the year 2003, converted into EUR from DKK.

The accounts of the IRCT are audited by Deloitte, state-authorized public accountants.

Statement of Activities

For years ending 31 December 2003 and 2002

Income	2003	2002
	(EUR)	(EUR)
Royal Danish Ministry of Foreign Affairs	2,261,624	1,431,156
European Commission	705,190	438,794
ECHO – European Commission Humanitarian Aid Office	0	2,552
Conrad N. Hilton Humanitarian Prize	808,398	0
Oak Foundation	340,777	1,852,298
Support from other governments and institutions	55,513	680,137
Other grants	131,710	396,600
Sundry income	5,685	60,635
Total income	4,308,897	4,862,172
Expenditures		
Rehabilitation and external capacity-building	2,404,279	2,588,305
Advocacy and information	1,240,474	1,482,167
Documentation and analysis	373,971	401,614
International coordination	250,692	90,543
Secretariat support	276,627	296,237
Extraordinary provision for salaries, etc., for terminated staff	187,374	0
Total expenditures	4,733,417	4,858,866
Net result of the year	- 424,520	3,306

All data at exchange rate DKK 1 = EUR 0.1347

Donor acknowledgements

Conrad N. Hilton Foundation • Oak Foundation. **Public donors:** Royal Danish Ministry of Foreign Affairs • European Commission • Dutch Ministry of Foreign Affairs • Norwegian Ministry of Foreign Affairs • Danish Public Lotto Funds • OSCE – Office for Democratic Institutions and Human Rights. **Other donors:** Elly Valborg og Niels Mikkelsens Fond • Augustinus Fonden • Dansk Sygeplejeråd • Gerda Laustens Fond • Knud Højgaard's Fond • Lærerstandens Brandforsikring • Otto Bruuns Fond • Politiken Fonden • Rockwool Fonden • Sonja and Boye Germundsen • W. Groot and M. Heinsius • and several hundred private donors ...

Financial Developments in the IRCT

The year 2003 was a difficult and challenging year for the IRCT. As had been recognised at the beginning of 2003, the income basis was diminishing.

One reason for this was that the Oak Foundation, a faithful donor to the IRCT for many years, had announced that their support to IRCT core activities would not exceed EUR 1.0 million, compared to approximately EUR 1.4 million in previous years. The Royal Danish Ministry of Foreign Affairs had announced that they would increase their support by EUR 0.3 million to a total of EUR 1.6 million, but still not enough to fully compensate for the decrease. This was the assumed status when the budgets were approved.

While continuing their support to rehabilitation centres and programmes, the Oak Foundation did not as expected support the IRCT core activities during 2003. This meant that the IRCT was short of EUR 1.0 million compared to budget assumptions. Further, it was not possible to obtain expected grants from major institutional donors amounting to EUR 0.2 million.

The unbudgeted award of the Conrad N. Hilton Humanitarian Prize of USD 1 million – corresponding to approximately EUR 0.8 million – was therefore a very welcome contribution, which could not, however, be fully used for IRCT core activities due to the critical financial situation of many rehabilitation centres and programmes. It was therefore decided that 50% of the Hilton Prize – corresponding to approximately EUR 0.4 million – should be set aside for direct support to centres and programmes.

In total, the deviations from the budget assumptions meant that the income basis for the core activities was reduced by approximately EUR 0.8 million.

In view of the negative development in income, it became necessary to carry out a significant staff reduc-

tion and to apply to the Royal Danish Ministry of Foreign Affairs for an extraordinary grant. The Ministry informed the IRCT that they would make a grant of EUR 0.6 million, as they found it appropriate that the IRCT net capital of EUR 0.2 million should contribute to offset the negative balance of approximately EUR 0.8 million.

Since the staff reductions took place in October and November 2003, the IRCT's salary obligations towards the terminated staff continued into 2004. This obligation has been calculated at EUR 0.2 million and is accrued for in the accounts for 2003. This means that the result of the year is a loss of EUR 0.4 million (EUR 424,520) and a corresponding net capital of minus EUR 0.2 million (EUR 186,300).

By the end of 2003, the IRCT addressed the Oak Foundation to assess the possibilities of once again receiving support for the core activities. In early 2004, the Oak Foundation announced that they would continue their support to the rehabilitation centres and programmes with USD 0.4 million, and renew their support to IRCT core activities in 2004 with EUR 0.4 million.

With the developments that the IRCT has undergone during 2003, it is obvious that all future commitments will need to be assessed very carefully. The IRCT will stay in close dialogue with the Royal Danish Ministry of Foreign Affairs, which has approved a grant of EUR 1.6 million to the IRCT for 2004.

The main focus in 2004 will be financial consolidation and the development of a sustainable long-term strategy for the IRCT. The objective is to secure the financial basis for both the rehabilitation centres/programmes and the IRCT General Secretariat, such that the movement's global work in support of torture victims, and against torture, can continue.

The People behind the IRCT

IRCT COUNCIL

Executive Committee

Bhogenra Sharma, MD
IRCT President, President of *Yatana Pidit Sarokar Kendra* (CVICT), Nepal
Elected Council Member representing the Asia Region

Camelia Doru, MD
Executive Vice-President, Medical Director of *Fundatia ICAR – Centrul Medical de Reabilitare a Victimelor Torturii*, Romania
Elected Council Member representing the Europe Region

Abdel Hamid Afana, MA, PhD
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

Niels Krustup, Social Worker
Director of *Rehabiliteringscenter for Torturofre – Jylland* (RCT-Jutland), Denmark
Elected Council Member representing the Country of Domicile of the IRCT General Secretariat

Nomfundo Walaza, Clinical Psychologist
Director of *The Trauma Centre for Survivors of Violence and Torture* (TCSVT), South Africa
Elected Council Member representing the Sub Saharan Africa Region

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

Vivienne Nathanson, MD, Professor
Chair of the *British Medical Association Steering Group on Human Rights*, United Kingdom
Elected to the Council as an Independent Expert (nominated by the *World Medical Association*)

Council Members

Elected by the Asia Region
Akram H. Chowdhury, LL.M, MSS
General Secretary and Executive Director of the *Bangladesh Rehabilitation Centre for Trauma Victims* (BRCT), Bangladesh

Khalida Salimi, Social Worker
Director of *Sach – Struggle for Change*, Pakistan

S. D. Singh, MD
Secretary of the *Torture Prevention Center India Trust* (Top Center India Trust), India

Bhogenra Sharma, MD (see Executive Committee)

Elected by the Europe Region

Okan Akhan, MD, Professor
TIHV – Human Rights Foundation Turkey (HRFT) – Ankara, Turkey

Camelia Doru, MD (see Executive Committee)

Maria Piniou-Kalli, MD
Medical Director of the *Medical Rehabilitation Centre for Torture Victims – Athens* (MRCT), Greece

Ludmila Popovici, MD
Executive Director of the *Medical Rehabilitation Center for Torture Victims "Memoria"* (RCTV – "Memoria"), Republic of Moldova

Christian Pross, MD
Board Member of *Behandlungszentrum für Folteropfer – Überleben für Folteropfer* (BZFO), Germany

Asko Rauta, MD
Director of *Kidutettujen kuntoutuskeskus* (CTS), Finland

Laurent Subilia, MD
Medical Director of *Consultation pour victimes de torture et de violence organisée, Unité de Médecine des Voyages et des Migrations* (UMVM), Switzerland

Rudi Firnhaber, MD, Psychiatrist
Röda Korsets Center för torterade flyktingar, Sweden

Elected by centres representing the Country of Domicile

Niels Krustup, Social Worker (see Executive Committee)

Elected by the Latin America Region

Alfredo Ruiz, MSc Education, Professor
Director of *Red de Apoyo por la Justicia y la Paz*, Venezuela

Lucila Edelman, MD
Director of *Equipo Argentino de Trabajo e Investigación Psicosocial* (EATIP), Argentina

Marcela Salazar Posada, MA Political Science
Director of *Corporación AVRE – Apoyo a Víctimas de violencia sociopolítica pro Recuperación Emocional* (AVRE), Colombia

Fernando Valadez, MD
Director of *Acción de los Cristianos para la Abolición de la Tortura – Mexico* (ACAT), Mexico

Elected by the Middle East and North Africa Region

Abdel Hamid Afana, MA, PhD (see Executive Committee)

Sana Hamzeh, Psychotherapist
Restart Centre for Rehabilitation of Victims of Violence and Torture – Lebanon

Abdallah Mansour, MD
Director of the *El Nadim Center for Psychological Management and Rehabilitation of Victims of Violence*, Egypt

Elected by the North America Region

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

José Quiroga, MD
Medical Director of the *Program for Torture Victims of Los Angeles* (PTV), USA

Elected by the Pacific Region

Norma Josephs, MA Social Work
Director of the *Association for Services to Torture and Trauma Survivors* (ASETTS), Australia

Elected by the Sub Saharan Africa Region

Abraham Asnake, MD
Chairman of the Board of the *Rehabilitation Center for Victims of Torture in Ethiopia* (RCVTE), Ethiopia

Ibeneche Churchill, Barrister
Executive Director of the *Consulting Centre for Constitutional Rights and Justice* (C3RJ), Nigeria

Kashaka Karegeya Davis, MD
President/Secretary-General of *Forum des Activistes Contre la*

Torture (FACT), Rwanda
Nomfundo Walaza, Clinical Psychologist (see Executive Committee)

Representatives in their capacity of Independent Experts

James Jaranson, MD, MA, MPH (see Executive Committee)

Veli Lök, MD, Professor
Nominated by the *International Federation for Human Rights* (FIDH)

Vivienne Nathanson, MD, Professor (see Executive Committee)

IRCT GENERAL SECRETARIAT

(As of 31 December 2003)

Office of the Secretary-General

- Secretary-General – *open position*
- Kenja Dora Henriksen, MA
- Gitte Sørensen, BA

Centre and Network Support

- Margriet Blaauw, MD, Head of Unit, Acting Medical Director
- Christian K. Jørgensen, MSc
- Susanne Kjær, MSc
- Jens K. Nielsen, MSc
- Ida Raun-Petersen
- Ole Vedel Rasmussen, MD, DMSc (part-time)
- Bent Sørensen, Professor, MD, DMSc (part-time)
- Alice Verghese, BA Hons, MSc

Part-time assistants

- Emilie Bruun
- Mette Balle Sørensen

International Relations

- Head of Unit – *open position*
- Inge Genefke, MD, DMSc.h.c. mult., IRCT Ambassador
- Lone Curtis, MSc (part-time)
- Britt Keson, MA, MCC
- Henrik Marcussen, MD, DMSc (part-time)
- Poul Struve Nielsen, Journalist
- Annette Nordstrøm, MA
- Kristine Olsen, BA

Part-time assistant

- Johan Reventlow, BA

Internal Resources

- Erik Lauritzen, BSc, HA, Head of Unit, Acting Finance Director
- Eva Barfod, Diploma, Specialised Business Studies
- Adam Sudziarski (IT)

Brussels Liaison Office

- Caroline Pincemin, LL.M, Head of the Brussels Liaison Office
- Nga Tang

Documentation Centre

- Sven-Erik Baun, MLISC, Head of Unit
- Ion Iacos, BSc
- Kirsten Reimer, Librarian, RSL

Part-time assistants

- Johanne Cummings, Librarian, RSL
- Silja Premer Attrup

On maternity leave

- Stefanie Jäke Pedersen, MA (Centre and Network Support)
- Dea K. Jensen, MA (International Relations)



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