



BASELINE SURVEY REPORT

STRENGTHENING AND ENHANCING TORTURE PREVENTION,
REHABILITATION AND ACCOUNTABILITY IN EAST AFRICA

2014

A Survey Conducted in Kenya and Uganda

'Torture does not prevent crimes, neither does it deter crimes. It only creates a community that is constantly criminalised and victimised' (Ann Kamau – Access to Justice/IMLU).

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Santo Obina

Managing Director/GSCL

ACRONYMS

ACTV:	African Centre for Treatment and Rehabilitation of Torture Victims
CAT	Convention against Torture
CMI	Chieftency of Military Intelligence
CSR	Centre for Social Research
CVT	Centre for Victims of Torture
DRC	Democratic Republic of Congo
EA	Enumeration area
EU	European Union
FGDs	Focus group discussions
HAIs	Healthcare-Associated Infections
IJM	International Justice Mission
IMLU	Independent Medico-Legal Unit
ILO	International Labour Organisation
JRS	Jesuit Refugees Service
KII	Key informant interview
KNHRC	Kenya National Commission on Human Rights
LC	Local Council
LDU	Local Defence Unit
LRA	Lord's Resistance Army
NGO	Non-governmental organisation
OPM	Office of the Prime Minister
RRU	Rapid Response Unit
TOT	Training of Trainers
UNHCR	United Nations High Commissioner for Refugees
UPDF	Uganda People's Defence Forces
URRP	University Resident Research Programme
VCCU	Violent Crime Crack Unit

OPERATIONAL DEFINITIONS

What was the level of torture that you faced (severity?)

1. Severe injury

Is one in which one is permanently disabled, physically, psychologically, and socially as a result of torture. The bodily harm involves a substantial risk of death, unconsciousness, extreme physical pain, protracted and obvious disfigurement or protracted loss or impairment of the functions of the body organs and mental faculties.

2. Moderate torture

Is one in which an individual who has been or has his/her body parts affected partially both physically and psychologically.

3. Mild torture

Is one in which the consciousness of torture is fairly accommodative and the individual functions normally both physically and psychologically. One is able to coordinate one's activities. This is an injury of a minor character such as a cut, sprain or bruise.

4. Negligible torture

Is one where one was subjected to torture but one's strain is smaller than all the three above.

(UNCAT/ACTV-Uganda; Annual Report 2012)

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1.0 Data Collection Tools

- 1.1 Key Informant Interviews
- 1.2 Implementers
- 1.3 Project Beneficiaries
- 1.4 Focus Group Discussion

2.0 List of Participating Organisations in the Study

1. ACTV –Uganda
2. IMLU – Kenya
3. Network Advocates in Kisumu – Kenya
4. Network Advocates in Kakamega – Kenya
5. Network Advocates in Nakuru – Kenya
6. The Human Rights Centre – Uganda
7. Lukwago and Company Advocates – Uganda
8. Nakibuule, Mayanja and Company Advocates – Uganda
9. InterAid Uganda
10. The Uganda Police (several police stations)
11. Uganda Prisons (several prison centres)
12. Jesuit Refugee Service – Uganda
13. Nsambya Catholic Parish – Uganda
14. St. John Baptist Church Kabalagala – Uganda
15. HIAS Kabalagala – Uganda
16. HIAS Nsambya – Uganda
17. Wakiso District Local Government – Uganda

EXECUTIVE SUMMARY

This report presents the findings of the European Union-funded project baseline study, *Strengthening and Enhancing Torture Prevention, Rehabilitation and Accountability in East Africa*, that was conducted in Uganda and Kenya, focusing on acts of torture as a result of the use of firearms by state agencies and other armed groups. It covers the period from 1 January 2013 to 28 February 2014. The purpose of the survey was to provide baseline information to measure project results, impact and long-lasting change in the lives of the beneficiaries at the end of the interventions, as well as a baseline to ascertain the cost effectiveness of the implementation of the project (value for money). The survey was also intended to look at diverse aspects, such as geographical spread (rural/urban), socio-economic factors (age, gender, ethnicity and poverty levels) and their impact on torture occurrences. This study documents torture, physical and psychological injury experienced by the survivors and its impacts in the lives of survivors, the immediate family members and the community. The project focuses on advocacy against torture, providing physical and psychological treatment as well as rehabilitation of survivors of torture in the Great Lakes region. A detailed assessment was carried out on 133 male and 166 female survivors in Uganda and Kenya. Interviews and documentary/literature reviews provided information about the incidents and intensity of torture as well as the injuries and stigmatisation associated with tortures.

A detailed baseline data collection methodology was developed that took into consideration the guidelines that have been developed by ACTV, IMLU and CVT. The study team was aware of the fact that the project, as well as other projects implemented by ACTV, IMLU and CVT in the region, use common outcome and impact indicators to report their activities. Thus, for the purpose of comparison and standard reporting, quantitative data collection needs were based on the common indicators. Qualitative interview/discussion guides for individual interviews and focus group discussions (FGDs) were developed to give meaning to the quantitative data collected. The response rates were as follows: 10 project implementers' staff, giving a response rate of 83%; 16

institutions (police, prisons, churches, and rehabilitation centres), giving a response rate of 99%, 12 NGOs, giving a response rate of 99.7%; and 299 survivors, giving a response rate of 100%. Most of the survivors interviewed reported a high prevalence of severe pain and emotional torture. Interventions to promote physical activity and social participation are recommended. The results indicate that the rapid assessment procedure used here offers an adequate tool for collecting data for the monitoring of health interventions among the most vulnerable groups of a population exposed to violence.

Of the 17 cases of perpetrators of torture reported, police were found to be at the top of the list of offenders in the two countries, at 22.07%, followed by the crime preventers, at 12.37%, and the LRA, at 10.03%.

1.0 SECTION ONE: INTRODUCTION AND BACKGROUND

1.1. Introduction

In its effort to combat acts of torture, the European Union (EU) has been at the forefront of the fight against and the prevention of torture. The European Union supports the need to provide holistic rehabilitative services to victims of torture and other forms of ill-treatment, aimed at rebuilding their lives and restoring their right to remedy and reparations.

Secondly, the overall objective of the project reflects the need and commitment to hold perpetrators accountable for their heinous actions, restore the victims' right to remedy and reparations, and fight impunity as well as encapsulate the need for sustainable action against torture by demonstrating commitment to establish measures for the prevention of torture and other forms of ill-treatment.

At the African level, two regional human rights treaties that deal with torture have been signed: the African Charter on Human and Peoples' Rights (The African Charter) and the African Charter on the Rights and Welfare of the Child (Children's Charter). Under the African Charter, the right to freedom from torture is protected under Article 5, where every person has the right to respect the dignity inherent in human beings. Under this article, aspects such as torture are prohibited. These treaties represent important steps because torture aims at breaking down the individual to the point where they lose their human dignity, and the right of freedom from torture is inseparable from the guarantee of human dignity. Another unique aspect of the African Charter is that it puts torture in the same category as slavery and slave trade as 'forms of exploitation and degradation'. The Children's Charter requires states to take 'specific legislative, administrative, social and educational measures to protect the child from all forms of torture'.

Countries which form the East African region include Uganda, Kenya, Tanzania, Rwanda, Burundi, Eritrea, Djibouti, Somalia and Ethiopia. Most of these countries achieved their independence in the 1960s, and since then many of them have gone through turbulent times characterised by violence and armed conflict, ranging from civil wars, insurgencies, territorial disputes, tribal conflicts and rebellions to political, economic and social unrest. In all these conflicts, it is mainly unarmed members of the population who have suffered the consequences of violence in the form of torture, involving the

infliction of physical, psychological and other forms of suffering. The same countries have reacted to torture issues in seemingly different ways.

Figure 1.1: The international boundaries of eastern African nations



Source: <http://www.mapsofworld.com/africa/regions/eastern-africa-map.html>

1.2 Review of the Legal Frameworks against Torture

International human rights law defines the limits of a state's power over individuals, and imposes positive obligations owed by the state to individuals. Article 5 of the Universal Declaration of Human Rights (UDHR) 1948 reads: 'No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.' This article is widely regarded as expressing customary international law. Within the United Nations framework, torture and other cruel, inhuman or degrading treatment or punishment are explicitly prohibited under a number of international treaties, which are legally binding on those states which have ratified them (*National Torture Prevalence Survey Report 2011; IMLU*).

There are several treaties, laws, and protocols that have been signed and are in place to guide the conduct of persons who carry arms, either in war situations or in the course of state duty. These instruments include the United Nations Convention against Torture and Other Cruel, Inhuman and Degrading

Treatment or Punishment (10 December 1984, Resolution 39/46. Available at http://legal.un.org/avl/pdf/ha/catcidtp/catcidtp_e.pdf).

a) International framework

Some of the key frameworks include the International Covenant on Civil and Political Rights (ICCPR), the Convention against Torture (CAT), the Convention on the Rights of the Child (CRC), the Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Elimination of All Forms of Racial Discrimination (CERD). These conventions address torture against all citizens, be they migrant workers, women, children or persons with disabilities (*National Torture Prevalence Survey Report 2011; IMLU*).

Significant emphasis has also been placed on ending impunity (exemption from punishment for a criminal act) through the use of national and international criminal law. This line of action is an important aspect of a direct prevention strategy that must be complemented by other approaches to effectively address the root causes of torture.

b) Regional framework

At the African level, two regional human rights treaties that deal with the issues of torture have been ratified: the African Charter on Human and Peoples' Rights (The African Charter) and the African Charter on the Rights and Welfare of the Child (Children's Charter). Under the African Charter, the right to freedom from torture is protected under Article 5, which provides that:

[e]very individual shall have the right to the respect of the dignity inherent in a human being and to the recognition of his legal status. All forms of exploitation and degradation of man particularly slavery, slave trade, torture, cruel, inhuman or degrading punishment and treatment shall be prohibited.

Article 5 of the African Charter is not only limited to the right to freedom from torture but it also covers 'respect of the dignity inherent in a human being'. This is important because torture aims at breaking down the individual to the point where they lose their human dignity, and the right to freedom from torture is inseparable from the guarantee of human dignity. Another unique

aspect is that it puts torture in the same category as slavery and slave trade as ‘forms of exploitation and degradation’.

The Children’s Charter also prohibits torture, specifically with regard to children. It requires states to take ‘specific legislative, administrative, social and educational measures to protect the child from all forms of torture’. Measures to ensure that this article is made effective are introduced as:

Effective procedures for the establishment of special monitoring units to provide necessary support for the child as well as other forms of prevention and for identification, reporting, referral, investigations, treatment, and follow-up on instances of child abuse and neglect. (*National Torture Prevalence Survey Report 2011; IMLU*)

c) National framework

i. Kenya

Kenya is a signatory to the Convention against Torture (CAT) but not its Optional Protocol, which allows individual complaints against violations under the convention. However, despite the ratification of CAT in 1997, Kenya has not domesticated or incorporated the definition of torture in its laws. This, therefore, means that psychological and mental suffering resulting from torture is not covered at all in Kenyan law.

In November 2008, Kenya presented its initial report, *27CAT/C/KEN/1*. The report was submitted during the forty-first session of the Committee against Torture. Subsequently, the committee noted the pervasive nature of torture in Kenya, including overcrowding in prisons and other places of detention and the inability of key institutions monitoring human rights, especially the KNCHR, to have direct access to these places, with such access being denied by the police. Pursuant to the submissions made by Kenya to the committee, far-reaching concluding observations were made in response to which the state was supposed to undertake positive measures. With the passage of a new constitution in 2010 that outlaws torture, the normative framework was established.

Currently the Kenya Parliament is debating the proposed Torture Prevention Bill, though it has not been prioritised as one of the bills that should be fast-tracked, and the Coroners’ Bill is still pending. Of the important bills under consideration is the Ratification of Treaties Bill 2011 which will set the

conceptual framework for all conventions ratified by Kenya (*National Torture Prevalence Survey Report 2011; IMLU*).

ii. Uganda

Article 24 of the 1995 Constitution of Uganda guarantees that '[n]o person shall be subjected to any form of torture, cruel, inhuman or degrading treatment or punishment', which Article 44 recognises as a non-derogable right. This is followed by Article 50, which stipulates a constitutional right to redress for fundamental rights violations. Uganda ratified the UN Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment in 1986 and is party to a number of other regional and international treaties, such as the *Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (The Istanbul Protocol)*, that outlaw torture and other forms of ill-treatment. Despite all these, torture still goes on unabated and with impunity.

At times the military are allowed to exercise police functions, and are known to have extensively engaged in extreme forms of torture. This has been demonstrated primarily in their dealings involving individuals who are either in government or the relatives of government officials, to solve political or social-related issues, an example of which is the recent violence related to the land disputes in Kasokoso, Luzira etc. In the use of such torture, the military also mobilises paramilitary groups. This study discovered that even with the efforts and sacrifices made by survivors of torture and those who assist them in finding redress against torture, there is no real improvement in the situation, particularly owing to inherent defects in the justice system within which such redress has to be sought.

1.3 Background to the Project

This study explores acts of torture that are commonly committed by state security agencies, namely the army, police, intelligence services and other outlawed armed groups, who either act in the course of criminal investigations, quelling unrest, maintaining law and order, or resolving social conflicts, such as land disputes, with the aid of guns. On the other hand, there is rebel activity in war-affected areas that has afflicted torture on innocent members of the population.

The reason for the choice of this study area was to explore and build on the activities being implemented by the consortium organisations in their areas of

operation. The study provides evidence that torture is still very much a routine practice, and arises out of the nature with which unrest, dissent or criminal investigation systems are dealt. The principal reason for the study was to set parameters for performance measurement of the approaches and interventions aimed at averting torture in the East African region.

Below is a photo showing police action in Kenya.

Figure 1.2: Police action in Kenya (file photo)



Source: <http://eacj.org/legislation/17-legislation-feature-articles/138-law-against-torture.html>

Torture results in social, physical and psychological health problems that affect in a primary, secondary and, at times, tertiary way both individuals and communities. Torture is known to be one of the most dangerous means of infliction of suffering on human life, especially when it occurs in a physical or social manner. About 68% of the prisoners in the world are torture survivors and most of the unattended-to cases in Uganda's courts of law are torture cases, with culprits being both individuals and institutions. Torture deliberately or inadvertently not only destroys the physical and emotional well-being of individuals, including the dignity of both individuals and the communities. It also concerns all members of the human family because it negates the very meaning and purpose of our existence and our hopes for a brighter future.

Figure 1.3: One of the victim respondents photographed during the study in Kenya



Source: *Field study results database, 2013*

Measurement of torture incidents, the number of torture survivors by location, gender, age and cause, and attempting to avert acts of torture have always posed a nightmarish challenge. This state of affairs has put the implementation partners in a crossroads situation regarding where to start from, the extent to which they should avert the situation and what they should target as far as solving and reducing the torture issues/incidents is concerned.

Everybody recognises that the practice of torture and other cruel, inhuman and degrading treatment or punishment is not to be tolerated under any circumstances, yet the practice continues behind veiled disguises. It is legitimised through being called by other names, such as 'exceptional circumstances'. It continues to be used to justify the dehumanisation of individuals and communities. The perpetrators themselves are not prosecuted or punished owing to competing or conflicting priorities of governments, with institutionalised impunity and barriers at times impeding other forms of remedy and reparation.

Owing to lack of a formal acknowledgement of the crime, survivors remain marginalised, alienated and disadvantaged within communities, their medical, psychological and social rehabilitative and treatment needs overlooked or forgotten.

Figure 1.4: *One of the victim respondents photographed during the study in Kenya*



Source: *Field study results database, 2013*

However, not all is lost. It is important to recognise what has been achieved since the United Nations Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment came into force in 1984. The convention has been ratified by many countries of the world, eastern African countries inclusive. There has been progress in the quest for the elimination of the scourge of torture. Acknowledgement and open discussion by the armed forces are a positive step forward in eliminating torture. The photo below shows an open forum discussion by police officers in Uganda.

Figure 1.5: *Ugandan police discussing issues of torture (file photo)*



Source: <http://actvuganda.org/content/actv-launches-study-estimates-socio-economic-costs-torture>

The measures that need to be developed to deal with this central issue are likely to contribute greatly to dealing with torture generally and, in particular, torture by the military, the paramilitary and other non-state actors. Without an

attempt to seriously understand police torture that is inherent within the criminal justice system itself, any other studies will be futile from the point of view of developing ways to find redress and to eliminate torture. However, the major form of documentation relied upon has been created in the process of the litigation of many cases and diverse forms of advocacy work also relating to many individuals.

1.4. Background to the Study

Beyond the physical and psychological consequences associated with torture trauma, the ethnic, cultural, social and political contexts as well as the influence of the coping patterns of individuals need to be clearly understood and addressed. A few studies have considered the pre-trauma and post-trauma factors that favour the resumption of normal life for a population in a particular setting.

The study enquired into the emotional and physical fitness of a vulnerable population and looked at factors affecting their return to normal life. In this study, we looked at both the emotional and physical fitness of the survivors and examined how various personal factors, interpersonal relationships and the extent of political involvement and social participation interact with emotional and physical fitness. Apart from investigating the present situation, the study was designed to provide information that could help in the development of effective strategies for rehabilitation in this setting.

1.5 Baseline Study Objectives

The overall objective of the survey is strengthening mechanisms for the prevention and accountability for torture and the rehabilitation of survivors of torture.

1.6 Specific objectives

1. To set parameters for the measurement of the project's immediate results disaggregated by age, gender and location.
2. To set out baseline data as per the specific output and outcome indicators of the project as stipulated in the Log Frame.
3. To set parameters for the measurement of the project's impact and long-lasting changes in the lives of the beneficiaries.
4. To set parameters for the measurement of the project's implementation cost effectiveness (value for money).

5. To set parameters for the measurement of diverse aspects such as geographical spread (rural/urban) and socio-economic factors (gender, ethnicity and poverty levels) in relation to torture.

2.0 SECTION TWO: METHODOLOGY

2.1 Introduction

The consultant adopted a study approach that sought to promote the participation of the target beneficiaries, e.g. the survivors, relatives, community, the implementers, and the development partners. The aim was to enhance the capture of all their inputs into the analysis study and build consensus on the various aspects of torture survivors. The adoption of a participatory approach was helpful in arriving at workable recommendations for future project interventions. The results of the discussions held with the key staff of the project implementers and the initial data validation during consultations with key stakeholders, i.e. the target beneficiaries, are used as evidence and also form the basis for the conclusions.

The project study approach followed a logical order that included preparatory meetings, documentary reviews, conducting key informative interviews with key project actors, focus group discussions with the staff of the African Centre for Treatment and Rehabilitation of Torture Survivors-Uganda and the Independent Medico-Legal Unit-Kenya, field data capture and analysis as well as report preparation.

2.2 Study Design

a) Conceptual model

In coming up with a credible approach and methodology, the consultant used four key questions as a framework for the baseline survey criteria.

The four key questions are:

- i. **Who are the torture survivors?** – This question dealt with the issue of design validity by assessing the categories of the question at disposal.
- ii. **Who are the torture masters?** – This question considered the process of identifying prominent perpetrators of torture.
- iii. **What are the categories of torture?** – What kinds of torture are being ‘inflicted’ on the survivors?
- iv. What are the responses/available solution in case they are there?

To arrive at the answers to the four questions, the mixed methods approach, involving gathering both qualitative and quantitative data from multiple sources of information, was employed. This approach ensured the

triangulation and validation of information during the course of data collection and analysis.

b) Data collection methodologies

Both qualitative and quantitative methodologies were employed to collect data using participatory approaches. Three key methods of data collection were applied. Table 1 provides additional elaboration of the methods, namely:

Literature review

Literature was reviewed basing on the objectives of the study/survey which was conducted using the reports from ACTV-Uganda, CVT-Uganda and IMLU. Documented websites concerned with torture issues were accessed in line with the general purpose of the baseline/study. Literature from the reports of the organisations participating in the baseline survey, such as human rights organisations, was also reviewed.

Focus group discussions

Focus group discussions (FGDs) were held in each study district both in Kenya and Uganda. One FGD was managed in each study for both Uganda and Kenya.

Key informant interviews

Key informant interviews (KIIs) were conducted and managed for the implementing agencies, legal firms, district leadership, the police and prisons.

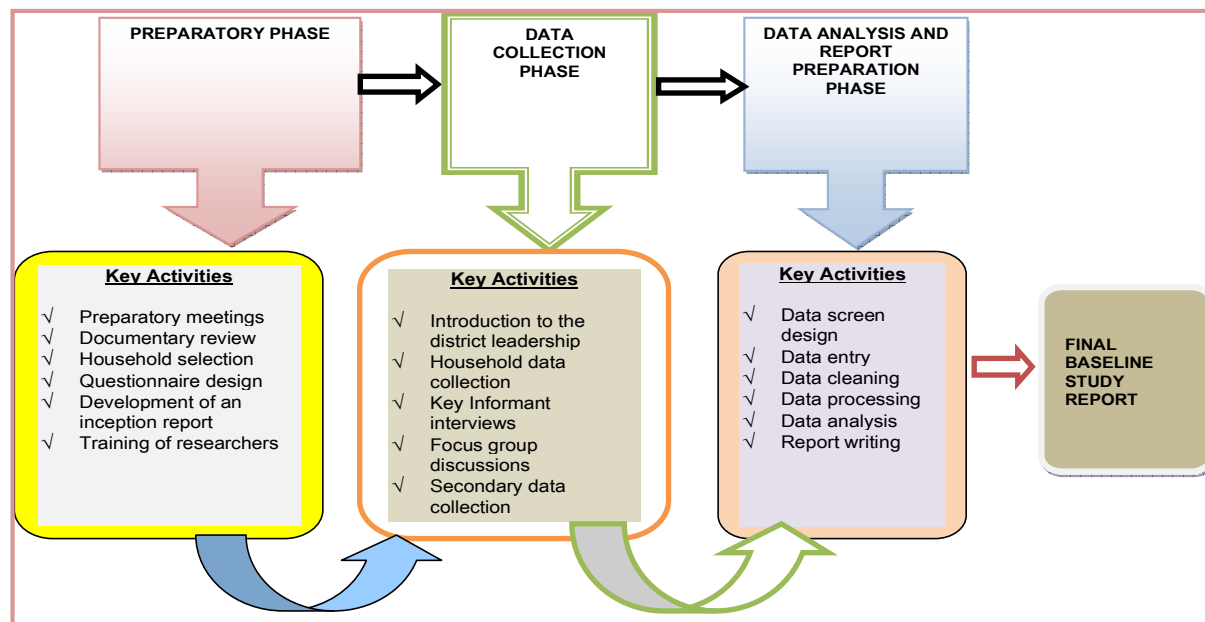
Table 2.1: Data collection methodologies

Baseline survey method	Detail explanation
Literature review involved the review of project documents	Desk research was carried out to get acquainted with the project activities and to give a brief summary of the key issues that were to be verified during field study. The key documents reviewed included the annual plans, reports, partner documents, progress reports and other documents that were provided by the client from the programme. This review provided information that assisted in developing data collection tools.
Focus group discussions	Targeted respondents were gathered to discuss and assess group-related aspects of the project, such as providing physical and psychological treatment as well as the rehabilitation of survivors of torture etc. This also served as a check and means of triangulation of other sources of information.
Conducted key informant interviews with key stakeholders	By use of checklists, KIIs were conducted with key stakeholders and staff that included human rights activists, lawyers, medical facilities, ACTV-Uganda and IMLU-Kenya.
Conducted beneficiaries survey	By use of a structured questionnaire designed for the programme, a selected sample of beneficiaries were interviewed. The sample comprised respondents selected from the programme areas in Uganda and Kenya that were both male

Baseline survey method	Detail explanation
	and female.

2.3 Study Setting

A three-phased implementation plan was designed to facilitate the implementation plan as is illustrated diagrammatically in Figure 2.1 below.



Phase 1: Preparatory phase

This included preparatory meetings with key staff of the African Centre for Treatment and Rehabilitation of Torture Survivors in Kampala, the Independent Medico-Legal Unit-Kenya and the focal persons from the other districts (or selected study areas). The meetings were aimed at working out modalities and firming up a detailed field schedule for the entire assignment process. This included reviewing the existing relevant documents, e.g. human rights and related laws, the National Security Sector Policy, the Social Sector Quality Improvement Framework and Strategic Plan, ACTV/IMLU priority social policies etc. Key informant interviews were conducted with relevant personnel, e.g. district local authorities and the related sector departments such as Labour, Gender and Social Development etc. both around Kampala and upcountry. These KIIs were held at times and in places mutually agreed upon between the consultant and the target respondents. It was during this phase that the data collection process was being re-studied for quality assurance and that a detailed methodology for the assignment was generated, including data collection instruments that were developed and submitted to the African Centre for Treatment and Rehabilitation of Torture Survivors –

Uganda for review and input.

Based on their experience in torture-related data collection and participatory methodologies, a set of research assistants were recruited to complete data collection in the limited available time. The training of the research assistants was conducted using the approved tools and methods set out in the baseline technical proposal.

The training included an overview of the basic principles of data collection, pre-testing of research instruments and enabling the research assistants to internalise the exercise. The necessary adjustments were made to the instruments and finalised for data collection.

Phase 2: Project data collection

This phase involved participatory field data collection in the proposed study districts where both quantitative and qualitative data were collected. During the visits the study team informed the stakeholders about the relevance of and need for the study. The consultant conducted a map-out exercise and generated a full list and profile of key project stakeholders from which an interview sample were identified and selected for the survey. The selection of suitable study areas included in this study was based on, among other considerations, geographical diversity, the presence of sizeable ACTV end-users and gender representation. The consultant used the opportunity of these visits to firm up the field management risk plan prior to the fieldwork in each of the study districts.

a) Data collection

The sample size for the project study interviews were selected using stratified random sampling, randomised at all levels, namely: the selection of the primary sampling units (PSUs), i.e. the villages/zones, and the secondary sampling units (SSUs), i.e. the households. That is, in each stratum all villages/zones had the same probability of being selected and, similarly, within the selected zone/village, had the same chance of being selected.

b) Sample selection and sample size

According to the objectives of the project study, a sample size that is representative and ensures comparability between the different districts in their response to torture cases was developed.

The sample size for the number of survivors to be interviewed in the districts was calculated following Israel (1992) (equation 1).

$$(1) \quad n = \frac{N}{1 + N(e)^2}$$

where: **n** = sample size of interest,
N = the population size (taken to be total ACTV beneficiaries)
e = the level of precision (a 10% level of precision will be adopted for this study).

Table 2.2: Representative simple size of the population

Sample Population	Population Size
10	10
44	50
80	100
217	500
278	1,000
341	3,000
381	50,000
385	1,000,000

A sample population of 278 represents a population size of 1,000 people, a proportion indicating that a sample population of 299 indicates a population size of 1,076 as implied in the respective phenomena of the baseline survey.

In a survey of this nature, the sample size is often increased by 10%-30% to compensate for non-response (Israel, 1992) and attrition. A 10% increment was adopted (sample size of 278) was increased to 299 to have a moderately small sample size that can be managed with the available resources and in the shortest possible time. A multi-stage purposive sampling technique with a simple random sampling selection was used to identify participating ACTV stakeholders. Following this criterion, a list of registered cases was obtained from the different study areas, and the other related stakeholders classified by their location. From the list of stakeholders arranged from '1' up to 'n', a random number table was generated. Care was taken to ensure that each set of random numbers covered a wider spread.

All quantitative data were collected using a questionnaire in the survey. This was the main study method employed. However, KIIs were designed to solicit information from technical and opinion leaders and civil society organisations in the study areas. The interviews were aimed at capturing insights and sharing experiences about the costs of the ACTV/IMLU/CVT project, its use and availability. Details of the proposed study districts and clusters are contained in the findings (3.1.1). This ensured simultaneous data collection across the clusters.

Together with ACTV staff, the project study questionnaires for different actors and checklists were reviewed and adjusted accordingly to ensure that the questions were adequately answered during the survey. The data collection tools were pre-tested before use in the actual field data collection exercise. The pre-testing exercise facilitated fine-tuning of the tools by removing inconsistencies, repetitions and redundancies. One of the key aspects that were emphasised during the pre-test exercise was testing the feasibility of generating the expected study results.

Phase 3: Report preparation

This phase entailed the compilation of the draft and final reports. Initial data validation exercises through key informative consultations with key selected project stakeholders in the district were conducted. These stakeholders included the District Labour Officers, District Medical Officers and District Police Commanders. The overall objective of data validation exercises was to streamline views from the project actors and build up a common position that reflects the performance of the selected project and intended project interventions.

2.4 Study Methods Matrix

The consultants used both primary and secondary data. The primary data comprised information collected using interview guides and questionnaires (using a Project Analysis Guide) administered to the beneficiaries directly during the survey. The data helped in capturing and measuring issues related to project results, impact and long-lasting change in the lives of the beneficiaries that should be realised at the end of the interventions. It provided a baseline to ascertain the cost effectiveness of the implementation of the project (value for money) and also look at diverse aspects, such as geographical

spread (rural/urban), socio-economic factors (age, gender, ethnicity and poverty levels) and their impact on torture occurrences.

Table 2.3: A summary of data collection tools to be used, category of target group and target number of respondents

Target group	Survey tools	Target number	Total targeted number
The ACTV/IMLU project Management team	Questionnaires/ KII	5	2
Torture survivors	Questionnaires/ KII	5 per district	25
The district civic leaders	Questionnaires/ KII	5	2
District Police Commanders	Questionnaires/ KII	15 per district	75
District Labour Officers	Questionnaires/ KII	15 per district	75
Government health centres	Questionnaires/ KII	5 per district	25
Other NGOs and CBOs involved in torture survivors support	Questionnaires/ KII	5 per district	25
Focus group discussions with other ACTV, IMLU end-users	Interview Guides	1 per district	5

2.4.1 Observation

Critical observation of the current operations and evidence of delivery was applied to the baseline survey process. The baseline survey team took some pictures that were used to provide evidence of the need for activities on the ground relative to the baseline survey.

2.4.2 Key informant interviews

The identification of constraints and opportunities is not distinct from, but is instead part of, project analysis. With the use of structured interview guides, project constraints and opportunities were identified during interviews with baseline survey participants. The preliminary interview guide (Interview Guide for Baseline Study Analysis) was designed and used to identify the constraints and opportunities faced by the players in bringing about an impact and long-lasting change in the lives of the beneficiaries which should be realised at the end of the interventions.

2.4.3 Focus group discussions/interviews

In these discussions, 15 to 20 participants per focus group were carefully selected to freely discuss issues, ideas and experiences among themselves. The consultant/moderator introduced the subject and kept the discussion going while ensuring that it was not dominated by a small number of the participants. Steps were taken to ensure that the focus groups were as homogeneous as possible so as to draw in participants of similar backgrounds.

A total of five focus group discussions, with one focus group discussion in each study district, were conducted. This was done at the sub-county/grass-roots/end-user level so as to involve the target groups there.

2.4.4 Guided administered questionnaires

Questionnaires were developed for respective response levels and were pre-tested for quality assurance as well as for distribution to research respondents. The pre-testing was done after the recruitment and training of data collection assistants. The questionnaires were used to capture responses on self-assessment under the guidance of the evaluator. The different beneficiaries responded to questions that were administered by the research assistants under the supervision of a team member from the consultancy team.

2.4.5 Field study and site visits

The field study was aimed at obtaining a broader understanding of the various existing and potential sites of the different ACTV/IMLU/CVT activities in the selected areas for carrying out the baseline survey. This information was used to recommend appropriate intervention strategies for adoption as well as setting targets and indicators for the implementation of the upcoming project. In addition, the consultants visited selected network organisations (wherever they existed) of implementers that provided legal, medical and other social support and rehabilitation to the torture survivors. This was meant to assess the methods and practices in place at the different partner/network levels.

2.5 Data Management and Analysis

Data were entered using the Epi Info, SPSS and STRATA software, which were triangulated for quality assurance and reliance and reliability of the study findings. Data were entered as they were being analysed in the course of data collection, especially by the team leaders and data management assistants who were supervisors at the different levels of study management.

2.6 Limitations of the study

The study had some limitations as outlined below.

1. Given the high probability of torture among the people living in the districts of the baseline survey, the failure to cover Ntungamo and Nwoya districts means that the study was denied the chance to comprehensively estimate torture survivors' project performance indicators for the project areas in Uganda and Kenya. It is likely that the study slightly

underestimated the victim performance indicators in the project area although these were only two out of 10 study districts/areas.

2. The study does not benefit from the inclusion of all the data it required as far as documentation was concerned. Failure to obtain data related to torture survivors from most NGOs, police stations and prisons; failure to interview 20 more respondents in Kenya; failure to conduct in-depth interviews with some local technical staff and district leaderships and national level stakeholders; and failure to conduct FGDs with some prisoners and police constables meant that there was some gap in qualitative data collection, especially concerning torture survivors. However, we believe that the loss is minimal because a fraction of the torture survivors were interviewed and in-depth interviews with district and national level stakeholders were conducted.

2.6.1 Discussion of limitations

Challenges were faced in transporting the field questionnaires from the field sites to the Kampala Golden Stars Office for data entry. This did not result in significant delays in data entry, but nonetheless proved problematic for some data collectors. Difficulties were noted in finding a pool of qualified data collectors who possessed at least some knowledge about torture survivors who were willing to participate in a baseline survey process. Although a suitable consultant was found, it was necessary for ACTV-Uganda and IMLU-Kenya staff to remain engaged throughout the process to ensure that work was completed according to EU, Uganda and Kenya standards and practices.

The original plan was for data entry and data cleaning to be supervised by the M&E specialist. However, capacity challenges alongside financial challenges in the creation of an appropriate template meant that these responsibilities were transferred to the consultants' team leader, Mr John Kiberu, the data entrants and the entire team of consultants. This was done to guarantee the best possible quality of analysis, but did result in some delays in the production of the report.

3.0 SECTION THREE: FINDINGS

3.1 Introduction

Torture is a persistent problem in the East African region. Torture does not only affect the physical and psychological well-being of a person, but also the society in which we live. This study looked at groups comprising both the past and current torture survivors and their demographic details. The findings indicate that most tortures are committed as a result of the victim either being a member of a political opposition outfit, a minority group, a marginalised sector of society, suspected of having committed a common crime, or owing to social disputes. Most security agencies throughout the region operate outside the law, which could point to a lack of a clear accountability mechanism for their acts. This leaves individuals at risk of torture and without any adequate protection since many of the perpetrators are law enforcement agencies.

Torture survivors suffer mostly from long-term physical and psychological ill health as a result of the harm inflicted on them by torture. The impact of torture often amounts to a double hazard for survivors, a hazard characterised by extreme trauma and stigmatisation, through a negative or hostile public attitude. Survivors have considerable health, financial and social needs, given that being informally employed, political affiliation or economic difficulty is often the cause of torture.

In addition to the regular presence of physical and psychological ailments, torture survivors repeatedly express a strong sense of frustration about the prevailing impunity of perpetrators and the limited access to justice, factors which result in a deep sense of injustice that has tends to compound the adverse psychological effects of torture. (The Redress Trust)

3.2 Social and Demographic Characteristics of Torture Survivors

This section outlines the key results of the quantitative and qualitative study on the social and demographic characteristics of the torture survivors. It defines the key social and economic characteristics of people interviewed during the study and outlines the key types and levels of torture incidents committed. This section also looks at the categories of perpetrators.

It is important to note that the majority of survivors interviewed during the study were women, constituting 55.52%, while males constituted 44.48% of the torture survivors.

The planning figures for implementation were based on the sample size of 299/278, a representative number for population size of 1,076/1,000.

Table 3.1: Gender distribution of the torture survivors

Gender	Total		Data for planning /implementation
	Number	Percentage	
Male	133	44.48	479
Female	166	55.52	597
Total	299	100.00	1,076

Source: Field study results database, 2013

Of the 299 respondents who were contacted during the survey, there were more female survivors (55.52%) than male (44.48%). The study indicated women were more affected by torture mainly because of their close bond with their children, who are either directly or indirectly affected by torture. A case in point was observed in Kiryandongo in Nakasongola district and Kasokoso in Wakiso District. Other factors explaining the disparity between male and female survivors of torture were political, domestic disputes or land related issues.

Table 3.2: Age distribution of the torture survivors

Age	Total		Data for planning /implementation
	Number	Percentage	
Between 16-20 years	18	6.02	65
Between 21-30 years	114	38.13	410
Between 31-40 years	85	28.43	306
Between 41-50 years	49	16.39	176
Above 50 years	33	11.04	119
Total	299	100.00	1,076

Source: Field study results database, 2013

Of the 299 respondents, 6.02% were aged between 16-20 years, 38.13% between 21-30 years, 28.44% between 31-40 years, and 16.40% between 41-50 years, while only 11.04% were aged above 50 years. There was no torture case aged 15 years and below. The trend of torture categories depends on the age bracket which may also depend on the survival strategies and energy levels

predetermined by the age bracket. The age group 21-30 years seems to be more physically active, as attested by the high percentage (38.13%). The age bracket of 50 years and above was the least affected, at 11.04%, with the causes of torture mainly being land- and domestic issues-related.

Table 3.3: Distribution of survivors by marital status

Marital status	Total		Implementation /actual plan
	Number	Percentage	
Single	75	25.08	270
Married/cohabiting	164	54.85	590
Widowed	44	14.72	158
Separated	16	5.35	58
Total	299	100.00	1076

Source: Field study results database, 2013

The survey results indicated that 25.08% of the torture survivors were single, while the majority (54.85%) were either married or cohabiting and 14.72% were widowed while 5.35% had separated. This may be explained by the fact that where there are settlements, there are relationship ties involving children and marriage vows which hold people together. Once an act of torture is committed in a given locality, most of the people who are normally affected are those already settled somewhere in marital or cohabitational relationships.

Table 3.4: Level of education of the torture survivors

Education level	Total		Implementation /actual plan
	Number	Percentage	
Never been to school	16	5.35	59
Primary level	87	29.10	312
Secondary/O level	138	46.15	495
Advanced/A level	39	13.04	141
Tertiary	19	6.35	69
Total	299	100.00	1076

Source: Field study results database, 2013

The survey results showed that 5.35% of the torture survivors had never been to school, 29.10% had attained primary education, 46.15% had attained Secondary/O level, 13.04% Advanced/A level and 6.35% tertiary education.

Many torture survivors are informally employed as a result of their levels of education. The most affected torture survivors are those who attained education up to secondary level. Since the majority are informally employed, they have a higher chance of being tortured in comparison to the tertiary educated survivors.

3.3 Types and Levels of Torture, and Forms of Assistance Provided

This section outlines the results of the quantitative and qualitative study on the perpetrators, the key types of torture, the level of severity and the forms of assistance provided to survivors.

Table 3.5: Perpetrators of torture as described by ACTV/IMLU

Perpetrators	Number	Percentage	Implementation /actual plan
Lord's Resistance Army (LRA)	30	10.03	108
Rapid Response Unit (RRU)	16	5.35	58
Violent Crime Crack Unit (VCCU)	22	7.36	79
<i>Kattikiro</i> (prisoners' leaders in cells)	5	1.67	18
Crime preventers	37	12.37	133
Police Force	66	22.07	238
Uganda People's Defence Forces (UPDF)	26	8.70	94
Chieftency of Military Intelligence (CMI)	10	3.34	36
Local Defence Units (LDUs)	15	5.02	54
Prison warders/wardresses	13	4.35	47
Karimojong raiders	1	0.33	4
Local Councils (LCs)	5	1.67	18
City Council enforcement officers	6	2.01	22
Forest rangers	2	0.67	7
Democratic Republic of Congo (DRC) militia	26	8.70	94
M23 rebels	11	3.68	40
Unspecified	8	2.68	29
Total	299	100.00	1076

Source: *Field study results database, 2013*

Of the 299 torture survivors, 10.03% indicated that they were tortured by the Lord's Resistance Army (LRA), 5.35% by the Rapid Response Unit (RRU), 7.36% by the Violent Crime Crack Unit (VCCU), 1.67% by *Kattikiro* (prisoners' leaders in cells), 12.37% by crime preventers, 22.07% by the Police Force, 8.70% by the Uganda People's Defence Forces (UPDF), 3.34% by the Chieftency of Military Intelligence (CMI), 3.34% by Local Defence Units (LDUs), 5.02% by

prison warders/wardresses, 0.33% by Karimojong raiders, 1.67% by Local Council (LCs), 2.01% was by City Council enforcement officers, 0.67% by forest rangers, 8.70% was by the Democratic Republic of Congo (DRC) militia, 3.68% by M23 rebels and 2.68% were tortured by unspecified security forces. From the analysis above the study shows that the police topped the list of perpetrators of torture, at 22.07%, followed by the LRA at 10.03%. The activities of LRA rebels were mainly concentrated in the eastern, northern and West Nile regions of Uganda; other parts that were affected by LRA activities included southern Sudan, eastern Congo and Central African Republic (CAR). The police force was followed by the combined forces state crime prevention units that include the Rapid Response Unit (RRU), the Violent Crime Crack Unit (VCCU), crime preventers and Local Defence Units (LDUs), which accounted for a total of 30.01%. Following these was the Uganda People's Defence Forces (UPDF), at 8.70%. Other culprits were the armed rebel groups, especially in the DRC, where they contributed a total of 15.06%. Other perpetrators that the study revealed were the City Council enforcement officers and forest rangers who, combined, contributed 2.68% of acts of torture. Another domain where the violation of human rights occurred was government prisons, where warders/wardresses were the culprits, at 4.35%; this is a substantial figure representing acts perpetrated by a state agency. The acts of torture by the M23 rebels were sporadic and accounted for 3.68% of such acts. It should also be noted that within the prison cells there were prisoners appointed as leaders (*Kattikiro* or chiefs) over their fellow prisoners. These leaders sometimes inflicted torture on fellow prisoners.

Table 3.6: Severity of torture (torture level)

Torture severity	Number	Per cent	Implementation /actual plan
Severe	234	78.27	842
Moderate	49	16.40	176
Mild	6	2.01	22
Negligible	10	3.34	36
Total	299	100.00	1076

Source: *Field study results database, 2013*

Of the 299 torture survivors, 78.27% experienced severe torture characterised by either loss of body parts or resulting in being unable to operate normally as before; 16.40% experienced moderate torture including psychological and

physical attack; 2.01% experienced mild torture such as beating without injury; and 3.34% experienced negligible torture. Results of the study indicated that many of the torture survivors were severely tortured as well as moderately tortured. This implies that a lot needs to be done to avert such levels of torture. This can be achieved through scaling up the campaigns against torture and through community sensitisation regarding human rights issues.

Table 3.7: Respondents who received any form of rehabilitation

Any rehabilitation	Number	Per cent	Target
Yes	191	63.88	687
No	108	36.12	389
Total	299	100.00	1076

Source: Field study results database, 2013

Of the 299 torture survivors, 63.88% admitted that they had received some form of rehabilitation and 36.12% denied ever receiving any form of rehabilitation. The main reason for the numbers represented by 36.12% was the lack of rehabilitation centres and insufficient information, as a result of which these survivors were not able to access services.

However, the number of respondents who did not receive any form of rehabilitation (36.12%) is substantial, indicating that for every 1,076 torture survivors, 389 cannot access any form of rehabilitation. The high percentage of those who did not receive any form of assistance is representative of a greater number of survivors who still need to be reached with some form of assistance.

Table 3.8: Specific form of assistance provided

Institution	Number	Per cent	Target
Counselling	123	64.40	369
Legal assistance	40	20.94	120
Medical treatment	129	67.54	387
Training	19	9.95	57
Tokens for food and other items (financial)	11	5.76	33
Postmortem reports	03	1.57	09
Total	191	100.00	975

Source: Field study results database, 2013

The results under specific forms of assistance provided to 191 torture survivors indicated counselling at 64.40%, legal assistance at 20.94%, medical

treatment at 67.54%, financial assistance at 5.76% and postmortem reports at 1.57%. The results of the study showed that medical need had the highest percentage, at 67.54%, followed by counselling at 64.40%. This is an indication that survivors' most urgent and immediate needs are health and psychological support, to address the traumatic impacts that are caused by both physical suffering and stigmatisation by members of society. Third in the hierarchy of needs is legal support. This does not in any way suggest that survivors did not rate legal redress or other support highly. The main reason was that the majority of the survivors did not have adequate access to legal redress. Most of the respondents expressed little confidence in the justice system, mainly because the police, being one of the main perpetrators of torture, are the same agency involved in legal processes.

This state of affairs calls not only for greater attention to be paid to the physical and psychological needs of the survivors, but also for the need for justice to be seen to be done.

The reason for the 19% score on training is that the survivors wish to be restored to their normal state so that they are able to work as a long-term objective; this would enable them to be self-reliant. A case in point was a lady in Nsambya village, Kampala who was supported by Jesuit Refugee Service (JRS) with entrepreneurship training, who at the time of this study had set up a salon business and was able to support herself and her family. When the study team visited her business she expressed great appreciation for the skills she had acquired and was happy that she was now able to support herself and her family.

Financial and food support are considered to be short-term strategic objectives. The study indicated that churches were at the forefront of providing tokens such as foodstuffs and clothes.

Postmortem reports are a form of support normally requested by relatives of the torture victims who have died as a result of torture.

Table 3.9: Period of rehabilitation in months

Rehabilitation period	Number	Per cent	Implementation /actual plan
0 -5 months	173	57.86	622
6-10 months	51	17.06	184

11-15 months	28	9.36	100
16-20 months	8	2.68	29
21-25 months	17	5.69	61
Above 26 months	22	7.36	80
Total	299	100.00	1076

Source: Field study results database, 2013

Of the 299 torture survivors, 57.86% had undergone rehabilitation for the previous five months, 17.06% for the previous 6-10 months, 9.36% for 11-15 months, 2.68% for 16-20 months, 5.69% for 21-25 months and 7.36% for more than 26 months.

Most of the 299 torture survivors were undergoing rehabilitation, with many having undergone rehabilitation for the previous 15 months. The rehabilitation cuts across treatment, counselling, vocational training offered to survivors, psycho-social support and legal support for compensations and the conviction of perpetrators of torture. The periods between 0-5 months indicate a high attendance level. This is because many torture survivors would report cases of torture in order to seek services. It can then be argued that there is greater need for service delivery at the early stages of torture if positive results are to be achieved in the rehabilitation of the torture survivors.

3.4 Mechanisms for Responding to and Preventing Torture

This section explores the mechanisms that are in place to respond to incidents of torture. The survey reveals that society is not well informed about the issues of torture. Lack of adequate information came out as a major challenge to fighting acts of torture. The maltreatment of the victims, assaults, failure to render assistance to torture survivors, desertion and stigmatisation are the major cases reported, as can be seen in the following analysis.

Table 3.10: Knowledge about any protocol before torture

Knowledge	Total		Implementation /actual plan
	Number	Per cent	
Yes	64	21.40	281
No	235	78.60	846

Total	299	100.00	1127
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Source: *Field study results database, 2013*

A protocol is a comprehensive procedure that one must go through in the event that torture has occurred. The process ranges from the first point of action taken immediately after torture has occurred, to the final phase of rehabilitation. Out of the 299 torture survivors, 21.40% knew something about the protocol of rehabilitation for the torture survivors before the torture incidents and 78.60% never knew anything about the protocol.

The difference of 57.20% (78.60% - 21.40%) implies that for every 1,076 torture survivors there are 615 (57.20% x 1,076) who are not aware of any procedure to follow in the event of torture. This is an overwhelming figure. The high percentage of those who did not know about any procedure is a clear indication that a greater number of survivors are not reached with some form of rehabilitation programme. A lot is needed to be done to educate the communities about the protocol to undergo after torture to address this kind of situation. The implementing organisations should design an outreach strategy that will further provide the basic needs for the survivors, which mainly comprise psycho-social and medical support.

The practices that make members of the community vulnerable continue to be challenging owing to lack of knowledge and political will to curb such practices. This is coupled with discrimination against torture survivors within communities, something that has continued with impunity.

Table 3.11: Actions taken by those who knew about the protocols

Protocol	Number	Per cent
Report all cases to authorities	31	48.44
Seek justice through court	13	20.31
Report cases to police, seek treatment	20	31.25
Total	64	100.00

Source: *Field study results database, 2013*

Of the 64 torture survivors who knew something about the protocol before torture, 48.44% reported all cases to authorities, 20.31% sought justice through the courts of law, and 31.25% reported cases to the police and sought treatment. This kind of knowledge is dependent on the proximity of such services to the torture survivors. The protocol was also dependent on the

nature and level of the torture, and the education levels of the torture survivors.

3.12 Awareness of any institution for torture redress

Any institution for torture redress	Total		Implementation /actual plan
	Number	Percentage	
Yes	191	63.88	687
No	108	36.12	389
Total	299	100.00	1076

Source: Field study results database, 2013

Survivors' awareness level of the existence of any institution redressing torture was indicated by 63.88% compared with the 36.12% of the torture survivors who were not aware of the existence of any institution working on torture rehabilitation. Some of the institutions known to survivors included Inter Aid, HAIS, Jesuit Refugee Service, Legal Aid Project, ACTV and IMLU. The awareness levels were raised by the extent to which the institutions had made an effort to locate the torture survivors for assistance in terms of rehabilitation.

The 36.12% who did not have any knowledge about rehabilitation centres represent a substantial number. This requires a deliberate plan to conduct a nationwide coverage with sensitisation messages.

Table 3.13: Centres providing assistance to torture survivors

Institution	Number	Target
African Centre for Treatment and Rehabilitation of Torture Victims (ACTV)	89	267
Healthcare-Associated Infections (HAIs)	08	24
Jesuit Refugee Service (JRS) – Uganda	06	18
Inter-Aid	17	51
University Resident Research Programme (URRP) – UGANDA	06	18
Refugee Law Project	05	15
Hunger Project - Uganda	01	3
Office of the Prime Minister (OPM)	01	3
World Vision International – Uganda	01	3
Uganda Human Rights Centres	03	9
Independent Medico-Legal Unit (IMLU)	03	9
International Justice Mission (IJM)	01	3

United Nations High Commissioner for Refugees (UNHCR)	08	24
Kenya National Commission on Human Rights (KNHRC)	07	21
Network Advocates in Kisumu – Kenya	07	21
Network Advocates in Kakamega – Kenya	05	15
Network Advocates in Nakuru – Kenya	08	24
Local Council (LC)	08	24
Private clinics	07	21
Others		3
Total	191	576

Source: *Field study results database, 2013*

The table represents survivors who had knowledge of only organisations providing after torture rehabilitation services.

Table 3.14: Membership of local torture victim associations

Any association	Number	Per cent	Target	
Yes	58	19.40	58	209
No	241	80.60	241	867
Total	299	100.00	299	1,076

Source: *Field study results database, 2013*

Of the 299 responses to the baseline survey, 19.4% belonged to local associations of torture survivors, while those who did not belong to any form of local association were represented by 80.60%. The torture survivors' associations were principally church-based associations, started and managed by church leadership, with some of the organisations, such as Jesuit Refugee Service in Nsambya, having vocational initiatives. Associations in the local communities offer great psychological relief, livelihood activities and socio-cultural rehabilitation to the torture survivors.

Many of the respondents were not aware of the importance of these associations, thus never bothered to become members. Equally, however, there was lack of information to enable survivors to join the groups.

It is important to note the organisational strategy of implementing activities through networks of professional service providers; this is something that should be commended. This particularly applies to IMLU-Kenya, an organisation that largely implements its interventions through networks of professionals such as lawyers, doctors and journalists, who offer their services

as a contribution to the cause of ending torture in society. However, these professionals may not have a wide enough geographical coverage to effectively reach and meet the needs of the survivors.

The study recommends that implementing organisations diversify their strategy to include the grass-roots level of networks. A deliberate plan can be drawn up to strengthen the existing associations or work towards creating new ones. As indicated in Table 3.16, these associations have activities that can be strengthened to address the immediate needs of survivors.

Community leaders in most African settings have played a very critical role in the past and continue to do so in conflict resolution. They are also a key point of recourse, especially in rural areas. Their roles have been very instrumental in resolving issues of disagreement within the community.

Table 3.15 below provides a list of local associations to which some of the survivors belong.

Table 3.15: Types of local associations formed by torture victims

Association	Number	Per cent	Target	Implementation
Acan pe Nino	1	1.72	3	11
Atek ki Lwak Group	3	5.17	9	32
Awek Ngwech Group	2	3.45	6	22
Can Deg Kun	6	10.34	18	65
Dii Cwinyi Group	4	6.90	12	43
Group of Friends	6	10.34	18	65
Human Rights Watch	1	1.72	3	11
Imani Association	1	1.72	3	11
Kica Obanga Group	3	5.17	9	32
Lubanga Miyo	2	3.45	6	22
Nairobi CBD Association	1	1.72	3	11
Support Women's Group	1	1.72	3	11
United Association for Peace and Development	2	3.45	6	22
URRP-Uganda	24	41.38	72	259
Waribe C	1	1.72	3	11
Total	58	100.00	174	628

Source: Field study results database, 2013

Table 3.16: Types of benefits from the associations

Benefits	Number	Per cent
Counselling, advocacy, capacity-building	24	41.38
Counselling, group savings, credit	11	18.97
Counselling, treatment	3	5.17
Counselling, treatment, skills training	1	1.72
Awareness of human rights	2	3.45
Emotional and moral support	7	12.07
Group savings, credit	6	10.34
Group savings, credit, treatment	2	3.45
Income-generating skills training	2	3.45
Total	58	100.00

Source: Field study results database, 2013

Some of the survivors were members of the local associations who, with the help of other organisations that deal with the problem of torture, had designed an ‘after-torture’ response strategy that helped members integrate within the local community and carry on with normal economic activities. Some of the services offered by these associations included counselling, advocacy, capacity-building, group savings schemes, credit facilities for group members’ investment, human rights awareness campaign programmes and income-generating skills training.

Most of these services were offered by ACTV and IMLU. It could, therefore, be a positive development if these associations were supported with skills in post-torture response strategies that included psycho-social support, skills development, counselling and justice systems to avert torture incidents. Any support to the local settings would further feed into the project objectives.

Table 3.17: Impact and long-lasting changes in the lives of survivors

Impact and long-lasting changes	Number	Per cent	Implementation /actual plan
Improved household incomes and standards of living	86	28.65	308
Skills development	59	19.88	214
Reduced incidents of torture	47	15.79	170
Reactive institutions	49	16.37	176
Political and social rest of affected areas	58	19.30	208
Total	299	100.00	1076

The following reflects the expectations of the 299 torture survivors interviewed regarding how the project interventions would translate into an impact and long-lasting changes in their lives: Those who expected improved household incomes and standards of living stood at 28.65%, while 19.88% indicated skills development that would enable them to earn a decent living. Those who indicated reduced incidents of torture stood at 15.79%, while 16.37% expected reactive institutions such as the police, other organs of the state and law firms to be good custodians of the law with regard to the observance of human rights. Finally, 19.30% expected the interventions to bring about political and social stability in the affected areas and the entire country.

Table 3.18: Cost effectiveness of the project implementation

Cost effectiveness	Number	Percentage	Implementation plan
Per capita investment	25	11.63	125
Social contribution	53	24.65	265
Local associations created	58	26.98	290
Populations served	79	36.74	395
Total	215	100.00	1076

Source: *Field study results database, 2013*

Of the 299 torture survivors, 215 indicated what they expected the project interventions to translate into project cost effectiveness of the project implementation. The indicators ranged from per capita investment at 11.63%, social contributions at 24.65%, local associations for survivors' created at 26.98% and populations served at 36.74%.

The distribution is expected to spread across the nation with a fair regional balance. A comprehensive approach to the project implementation that would include all key stakeholders would most likely lead to cost effectiveness and create a big impact in the lives of the beneficiaries.

3.5 Mechanisms to Improve Investigation, Documentation, Reporting and Prosecution of Torture Offenders

A look at the policy translation of human rights at both regional and national levels does not portray a clear picture of human rights observance. There is

very little in terms of the protection of unarmed and vulnerable social groups, especially from psychological and physical abuses. In some of eastern African countries, local justice systems are not based on clearly defined laws to handle the issues of human rights, especially torture. An example of this is in Kenya where currently there is still no substantive law to deal with issues of torture. The Kenyan Parliament is still debating the bill on torture, which is yet to be enacted into law.

Table 3.19: Approach taken after torture

Approach taken	Total		Implementation /actual plan
	Number	Per cent	
Reported to police	137	45.82	493
Kept quiet	58	19.40	200
Went to court	2	0.67	7
Told my family member	21	7.02	76
Visited treatment facility	55	18.40	198
Other	26	8.70	93
Total	299	100.00	1067

Source: Field study results database, 2013

Of the 299 torture survivors, 45.82% reported the cases and issues to the police as the first approach, 19.40% indicated that they just kept quiet, 0.67% went to court, 7.02% told the nearby family members, 18.40% visited treatment centres for medical attention and 8.70% just did nothing by way of seeking help. The study showed that the approaches were not documented in any way but the survivors simply found themselves taking whatever was convenient for them.

Table 3.20: Reasons for choosing the above approach

Reason for approach	Number	Total	Implementation /actual plan
		Per cent	
Did not know what to do	9	3.01	32
Because of fear	31	10.37	112
Following the law	88	29.43	316
To seek help	77	25.75	277
Much pain/to get treatment	38	12.71	137

Only known option	21	7.02	75
Only nearby option	16	5.35	58
To save life	7	2.34	25
Was helped by other	12	4.01	43
Total	299	100.00	1075

Source: *Field study results database, 2013*

Of the 299 torture survivors, 3.01% never knew what to do as far as the reasons for choosing the options after torture was concerned, 10.37% because of fear, 29.43% because they followed the law, 25.75% in order to seek assistance, 12.71% because they were in great pain and to get treatment, 7.02% because it was the only known option, 5.35% because it was the nearby option, 2.34% to save life and 4.01% as a result of being helped by others.

The result in Table 3.19 of 45.82% of the survivors reporting to the police is a positive development that needs to be exploited. The police and all other security agencies require sensitisation to the importance of human rights observance. This argument may be supported by the results in Table 3.20, in particular, where 29.43% reported taking the options because they were following the law and 25.75% in order to seek assistance.

Table 3.21: Receipt of any form of legal assistance

Received any legal help	Number	Per cent
Yes	145	48.49
No	154	51.51
Total	299	100.00

Source: *Field study results database, 2013*

Of the 299 torture survivors, 48.49% received legal assistance from law firms and human rights organisations, while 51.51% did not receive any form of legal assistance. The legal services received were either paid for by the survivors themselves, human rights lawyers or human rights bodies/activists. The receipt of legal services is dependent on the availability of funds to the organisations that offer those services. Many of the survivors who received legal assistance obtained it through personal financing and a referral network of lawyers who met the costs of legal services.

Civil suits and civil compensation were some of the benefits received as a form of legal assistance from human rights organisations.

Table 3.22: Clients who received any legal help free of charge

	Results		Targets		Implementation /actual plans
	Number	Per cent	Number	Per cent	
Yes	59	40.69	177	40.69	213
No	86	59.31	258	59.31	309
Total	145	100.00	435	100.00	522

Source: Field study results database, 2013

Table 3.23: Level of case handling via legal assistance

Case level	Number	Percentage	Target	Implementation /actual plans
Stalled	19	13.10		
Halfway	12	8.28	36	130
Concluded	100	68.97	300	1,079
Don't know	10	6.90		
Other	4	2.76		
Total	145	100.00	336.00	1,209

Source: Field study results database, 2013

Of the 299 torture survivors, only 145 survivors' cases were handled via legal assistance. Among these cases 13.10% were stalled and 8.28% were handled halfway, 68.97% were concluded, 6.90% of the survivors never knew whatever transpired thereafter and 2.76% had recourse to negotiations outside court, informal compensations, and communal courts of law to manage conflict.

Table 3.24: Action taken after concluded legal cases

Punishment	Number	Per cent	Implementation / actual plans
Prosecuted	64	64.00	231
Pardoned	15	15.00	55
Bailed	5	5.00	19
Other	16	16.00	58
Total	100	100.00	363

Source: Field study results database, 2013

Regarding the 299 torture survivors, 100 cases handled under legal assistance were successfully concluded. Those concluded involved handing out of several punishments to the perpetrators, including prosecution (64.00%), being pardoned, especially in the communal courts of law (15.00%), being bailed out by the law (5.00%) and being exposed to community punishment such as caning, clearing of roads, caring for the torture survivors' families and being enrolled in community training of trainers (ToT) programmes aimed at creating long-term change agents (16.00%) . The terms of punishment were intended to bring about restitution and reconciliation.

Table 3.25: Was the punishment fair?

Fair punishment	Number	Per cent	Implementation /actual plan
Yes	15	23.44	18
No	49	76.56	176
Total	64	100.00	194

Source: Field study results database, 2013

The survey results indicated that most of the torture survivors were not convinced that the punishments given to the abusers were fair. While 23.44% indicated that they were contented with the outcome, 76.56% were not satisfied with the punishments given to the offenders. This was because many of the survivors lost their family members who were breadwinners and others became incapacitated so that they could no longer care for their families and yet the offenders were handed light sentences. Most of the survivors believed that the punishment given was not commensurate with the severity of the torture inflicted on them by the offenders.

Table 3.26: Clients who contributed towards their medical services

Why	Contribution		Total	Target
	All fees	Part of expenses		
Follow Up	0	1	1	4
Medical Treatment	115	81	197	709
Total	115	82	198	713

Source: Field study results database, 2013

Follow-ups were conducted with regard to the 299 torture survivors, out of which only one follow-up was, however, free of charge. Medical treatment services were offered to 197 torture survivors out of the 299; however, 115

survivors were treated free of charge while 81 received treatment partly free of charge and partly for payment.

3.6 Mechanisms for Strengthening Institutional Capacity of Implementing Organisations

Clearly designing mechanisms that will address the issues of torture in terms of survivors' support and how they can be used as a tool to avert torture requires a good understanding of organisational capacity. This is necessary both at the management and institutional levels for the effectively implementation of the project. This section explores the existing organisational capacity to provide quality services in the bid to end torture and to rehabilitate torture survivors.

a) Indicative issues of management effectiveness and efficiency

The study reviewed organisational policies and procedures that were in place to guide the operations. The study revealed that both IMLU and ACTV had effective policies in place that were reviewed regularly to ensure that guidelines were in line with the required standards. The study team had access to copies of board, financial human resources, procurement policy and operational guidelines, which were all sufficient.

The finance departments of both ACTV and IMLU used a computerised accounting system (Quickbook Package) to manage their financial activities. At the time of the survey IMLU had Version 2012 while ACTV had Version 2013. Care should be taken to update the versions regularly to ensure maximum security for financial information and improvements in terms of data management.

The study also noted that there was sufficient control and segregation of duties through financial/procurement transaction authorization and approval levels, where in the case of IMLU, the secretariat could sign a cheque of up to KSh.40,000 but any amount above that would have to be approved by the board.

b) Indicative issues of operational effectiveness and efficiency

The study revealed that the mode of operation was sufficient and was always based on scientific evidence. An approach which the study took as a major achievement in its operation was the ‘evidence-based approach’ to handling torture cases, mainly employed by IMLU, which had been very successful in prosecuting such cases. This included the provision of forensic medical evidence in court and facilitating witnesses to testify in cases of torture.

Other strategies that the study revealed to be success stories included pursuing the mandate to hold the government accountable for unconstitutional acts of torture. This created a sense of responsibility on the part of the government which was reflected in:

- i. The response time for cases of torture by the state security organs.
- ii. The network partners being better equipped through training programmes for handling cases of torture in the courts of law.

c) Mechanisms for the prevention and accountability of acts of torture and rehabilitation of torture survivors

1. Prevention

- i. Agitation for a comprehensive law reform on human rights issues. This has been one of the main objectives of IMLU, i.e. to see to it that the law that is being reformed covers the key aspects of human rights issues.
- ii. A campaign for a comprehensive reform on institutional policies, and operationalisation of the national Legal framework on human rights observance.
- iii. A research study is currently being conducted by IMLU to establish the relationship between torture and mental health. This would further strengthen the organisation’s strategy in the fight against torture.
- iv. The current strategic plans of both ACTV and IMLU were developed with a focus on specific policy issues, including law reform, enforcement and consequences of the violation of human rights.

2. Accountability

- i. IMLU has submitted a petition to the panel handling the ongoing police vetting exercise that includes the names of specific police officers who perpetrated criminal acts against civilians. This petition has been taken up by authorities to ensure that the perpetrators are made to account for their acts.
- ii. Both in Uganda and Kenya ACTV and IMLU are currently conducting a campaign strategy encouraging members of the public to take an interest in reforming the enforcement of the law against torture.

3. Rehabilitation

- i. A comprehensive intervention comprising medical, legal and psychological packages is being provided to the victims to bring about emotional and psychological healing and to secure compensations.
- ii. The medical report is designed in such a way that it provides concrete evidence and the consequences of torture.
- iii. Training to the different service providers in how to handle cases of torture is being provided. This includes training of lawyers in litigation processes, journalists in reporting cases of torture and doctors in producing the kind of documentation that can be used as evidence in courts of law.

d) Indicative issues of staff capacity-building programmes

Experience in working with emergency programmes has revealed that field staff who work in violent situations normally suffer from diverse kinds of ill health. This is mainly due to the experiences they go through in witnessing acts of torture, handling people who have suffered violent acts, or even being threatened by the perpetrators of violence.

The kinds of activities that the implementers are involved in require regular staff training and refresher courses to ensure there is no staff burnout. This will help the staff cope with the operational experiences encountered with the clients, but also enhances staff capacity to perform.

The study revealed little information related to staff development activities, though this was provided for in the policies. Non-financial managers should be trained in financial programmes for effective programme budgets management.

e) Indicative issues of operational challenges

As in any human development intervention, there are always challenges to project implementation, and torture prevention is not an exception to this rule. Torture creates a negative multiplier effect on society, in terms of economic, social and physical interruptions to normal livelihood.

Below are some of the challenges revealed by the study that have been faced by the implementing organisations:

- i. Witnesses to torture cases are normally threatened by the perpetrators of torture and this normally instils fear in the community and people who

would be witnesses thus withdraw from the cases. It, therefore, requires a concerted effort on the part of all the defenders of human rights to protect these witnesses.

- ii. Some of the interventions require the cooperation of government officials who are controlled by the rules and regulations governing the conduct of civil servants; as a result it becomes difficult for them to act independently.
- iii. Most torture victims are faced with stigmatisation by both members of the public and the armed forces.
- iv. In the face of the recent social difficulties in Kenya, it has become difficult to carry out an advocacy campaign against torture as the staff will be targeted.
- v. On the political front, there are laws in place, such as the Public Order Management Law in Uganda, which infringes on the right of the citizen to freedom.
- vi. It is difficult to monitor governments' commitment to deliver on their promises as they are the custodians of resources.

4.0 SECTION FOUR: SUMMARY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction

Chapter 4 presents a summarised account of the findings, conclusions from the findings and relevant recommendations. The summary of the findings represent all the cardinal objectives.

4.2 Summary Findings

The overall result of the survey indicated that 55.25% of the torture survivors were females and 44.48% were males. The highest number of torture incidents (38.13%) occurred in the age bracket of 21-30 years; slightly more than half of the survivors (54.85%) were either married or cohabiting; and the educational level of the most affected was O level, at 46.15%. Regarding the perpetrators, the police topped the list, at 22.07%. The most reported level of torture was severe, at 78.27%, followed by moderate, at 16.40%. Medical and psychological rehabilitation constituted the services most provided to the survivors (67.54% and 64.40% respectively), mainly covering a period of 0-5 months. Most of the survivors reported the cases of torture to the police (45.82%), others kept quiet for fear of victimisation (19.40%), while yet others visited treatment centres

(18.40%). The study indicated that the torture survivors decided to use the approaches indicated in the report because they were either following the law, because of fear or because they were seeking help. The study indicated that most of the survivors never knew the protocol to follow after torture although, on average, they knew which rehabilitation centres to report to for assistance, and that these included ACTV, IMLU, the OPM departments in the respective field areas, the Hunger Project-Uganda, the Refugee Law Project and InterAid. The most sought-after services at these centres were counselling, medical treatment and legal assistance.

The study indicated that the torture survivors expected interventions through the projects implemented by the rehabilitation centres to lead to improved household incomes; reduced incidence of torture; greater protection of human rights by torture-reactive institutions such as the police and law firms; improvement in knowledge, skills and experience; behavioural change; improved standards of living; and the elimination of political and social stress.

The cost effectiveness of the implementation of projects targeted at torture survivors was indicated by several parameters, including per capita investment, social contribution to society (leaders in society), the establishment of torture victim pressure groups and the population served by the projects.

5.0 CONCLUSIONS

Torture has a negative multiplier effect on the victims, community and the nation; it limits the community's contribution to the economic, social and physical growth and development of a nation. Individual livelihoods will be adversely affected through stigmatisation, physically and psychologically, owing to the effects of torture. Torture creates a violent society that can be destructive and non-productive. The impression that is being created is that society seems to have accepted torture as part of the societal landscape that people have to live with. The citizens should be made aware that torture is a wrong and unacceptable practice. Torture does not prevent crime, neither does it deter crime. It only creates a community that is constantly criminalised and victimised.

Both Uganda and Kenya still have an enormous task to undertake the management and rehabilitation of post-torture survivors through skills development, stigmatisation management and social treatment. Geographical equity is crucial for the torture survivors; it is likely, though, that torture happens in some areas and not in others. Geographical equity will depend on the rampancy of the torture incidents and not the distribution of the districts.

6.0 RECOMMENDATIONS

1. The citizens should be empowered to know their rights and means of obtaining redress that are available when they are tortured. There should be exit group therapy for those who are receiving or have received rehabilitation.
2. The fight against impunity should be intensified; perpetrators of torture need to be held personally liable for their actions. There is need to sensitise communities to the rights of torture survivors.
3. The need for the Ministry of Health to initiate immediate Board Review meetings in hospitals and review the administrative and treatment protocols in line with the Constitution of Uganda.
4. There is need for the provision of paralegal and legal assistance to all people within the category of primary torture survivors.
5. Advocacy on government national development plans should be geared towards community self-reliance. There is need to vocationalise the organisations that provide services to torture survivors with a view to equipping them to impart livelihood skills to the survivors.
6. More financial support is needed to strengthen the capacities of individuals and organisations that fighting acts of torture and those that advocate the rights and welfare of torture victims.
7. Passage of the Prevention of Torture Bill currently in the Kenya Parliament into law should be one of the key implementation points to help strengthen the legal framework in the effort to avert or eradicate torture.

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APPENDICES

Matrix of Indicators

	Intervention logic	Objectively verifiable indicators of achievement	Sources and means of verification	Baseline report	Target to indicators	Assumptions
Overall objectives	<i>What are the overall broader objectives to which the action will contribute?</i>	<i>What are the key indicators related to the overall objectives?</i>	<i>Sources of information for these indicators?</i>	<i>Field study data as a source of information</i>	<i>Intended results to be achieved by the intervention</i>	<i>Which factors and conditions outside beneficiary's scope are necessary to achieve that objective? Which risks should be taken into consideration?</i>
	Strengthening mechanisms for prevention and accountability for torture, and rehabilitation of victims of torture	Law on torture in place in Kenya and in Uganda Implementation of the Act on torture streamlined Number of torture survivors able to access holistic rehabilitation services	Performance records and reports - Project evaluation - Act on torture available in Kenya Torture cases presented and prosecuted using new law in Kenya Number of torture survivors able to access holistic rehabilitation services	There is law against torture in Uganda, the Prevention and Prohibition of Torture Act 2012 There is no law against torture in place in Kenya 51.51% 36.12%	To have law against torture in place in (Kenya) Implementation of the Act 100% 100%	Willingness of government institutions to co-operate in project implementation Capacity and structures to provide holistic medical, legal and psychosocial services The law against torture both in Kenya and Uganda will be operationalised and there is institutional support for it Capacity and structures to provide holistic medical, legal and psychosocial services
Specific objective	<i>What specific objective is the action intended to achieve to contribute to the overall objectives?</i>	<i>Which indicators clearly show that the objective of the action has been achieved?</i>	<i>What are the sources of information that exist or can be collected? What are the methods required to get this information?</i>	<i>The current situation as per the study conducted</i>	<i>Intended results to be achieved by the intervention</i>	<i>Which factors and conditions outside beneficiary's scope are necessary to achieve that objective? Which risks should be taken into consideration?</i>

	Intervention logic	Objectively verifiable indicators of achievement	Sources and means of verification	Baseline report	Target to indicators	Assumptions
1.	To provide holistic rehabilitation to 1,000 survivors of torture in Kenya (450) and Uganda (550)	Number of torture survivors receiving free medical, legal and psycho-social services	<ul style="list-style-type: none"> - Client registration records - Performance reports - Interviews 	387 survivors in Uganda and Kenya not receiving free holistic rehabilitation services	Kenya to reach 45% of the clients with holistic rehabilitation services Uganda to reach 55% of the clients with holistic rehabilitation services	Availability of funds; favourable social, political and economic environment
2.	To strengthen mechanisms for prevention of torture, response and legal redress for survivor	a) No. of magistracies' training successfully completed b) No. of judicial officials sensitised c) No. of torture cases reported disposed of d) No of security officers trained in Kenya and Uganda	<ul style="list-style-type: none"> - Performance reports - Attendance list <p style="text-align: center;">=do=</p> <p style="text-align: center;">=do=</p> <p style="text-align: center;">=do=</p>	130 magistrates trained for both Uganda and Kenya 804 security officers trained for both Uganda and Kenya	Training and sensitisation of 19.8% (Kenya) and 71.2% (Uganda) of magistrates to be conducted Training and sensitisation of 45% (Kenya) and 55% (Uganda) of security officers to be conducted	Availability of funds. Criminal justice actors' willingness to attend training Favourable political environment
3.	To improve investigation, documentation and reporting and prosecution of incidents of torture in Kenya and Uganda	a) No. of medical doctors and lawyers trained in documentation and investigations b) No. of cases referred and assisted using the skills	<ul style="list-style-type: none"> - Client records - Summons from courts - Media reports about cases awarded - Interviews - Clinical activity logs and reports 	100 physicians trained for both Kenya and Uganda	24.4% in Kenya and 75.6% in Uganda	<ul style="list-style-type: none"> - Availability of funds - Security for the lawyers and medical doctors to freely represent survivors of torture

	Intervention logic	Objectively verifiable indicators of achievement	Sources and means of verification	Baseline report	Target to indicators	Assumptions
4.	To strengthen the institutional capacity of implementing organisations to execute their mandate	No. of staff trained	<ul style="list-style-type: none"> - Attendance lists - Receipts from hotels - Training report - Evaluation reports 		45% in Kenya and 55% in Uganda	<ul style="list-style-type: none"> - Availability of funds - Successful recruitment of two embedded mental health expert clinicians
Expected results	<i>The results are the outputs envisaged to achieve the specific objective. What are the expected results? (Enumerate them)</i>	<i>What are the indicators to measure whether and to what extent the action achieves the expected results?</i>	<i>What are the sources of information for these indicators?</i>			<i>What external conditions must be met to obtain the expected results on schedule?</i>
	1000 survivors of torture supported with medical treatment, legal assistance, psychological and social rehabilitation	<p>No of survivors received the services</p> <p>No of survivors completing the comprehensive package of care</p>	Reports, clients files,	1,076 survivors	45% (Kenya) 55% (Uganda)	<ul style="list-style-type: none"> - Timely reporting to access required services - Adherence to professional advice given - Positive response to medication and legal redress/ advice given
	National laws, policies and institutions aligned with the UNCAT principles and guidelines	<p>Implementation mechanism of law on torture in Uganda in place</p> <p>Law on torture in Kenya enacted</p> <p>No. of occasional reports produced</p> <p>No. of engagement organized in commemoration of day of torture</p> <p>No. of regional engagements participated in.</p>	<ul style="list-style-type: none"> • Reports • Act on torture • Implementation mechanisms established 	<p>Uganda has the PPTA in place</p> <p>Kenya has the draft Anti torture Bill in place</p>	<p>100%</p> <p>100%</p>	<p>Funds available</p> <p>Political will</p>

	Intervention logic	Objectively verifiable indicators of achievement	Sources and means of verification	Baseline report	Target to indicators	Assumptions
	Capacity of national actors to prevent and respond to torture enhanced	No. of Magistrates trained No. of criminal justice actors participating in the conference No. of police/ prison officials trained No. of torture cases prosecuted	- Registration records for clients alleging torture - Measures put in place by security agencies to mitigate and punish perpetrators	Training of 130 magistrates for both Uganda and Kenya Training of 804 security officers for both Uganda and Kenya	45% (Kenya) 55%(Uganda) 45%(Kenya) 55%(Uganda)	- Attitude of the police/prisons towards the training - Funds available Governments' will to punish perpetrators Perpetrators' will to compensate the survivors of torture
	Increased opportunities for torture victims in East Africa to seek redress and reparation	- No. of torture cases report	Registrations records for clients alleging torture - Measures put place by security agencies to mitigate and punish perpetrators			Survivors of torture report cases to relevant authorities
	Staff and institutional capacity built to provide quality services to survivors of torture	- No. of counsellors trained - No. of clients received counselling	- Attendance lists - Training reports - Evaluation reports - Clinical activity logs and reports		100%	- Funds available - Successful recruitment of 2 embedded mental health expert clinicians

Project Monitoring and Evaluation	
Efficiency	Approach
Period of implementation	-A project period of a maximum of three years should be sufficient to provide short- and mid-term results -Per capita investment should be on the checklist for project performance
Qualification and experience in torture issues	-Qualified personnel in terms of qualification and experience be recruited for the project
Investment cost against results	-Palatable results such as instituted local torture victims associations created -Comparison of investment to no. of associations and the functionality of the associations

Sustainability	Approach
Skills development for the torture victims	Vocational skills and programmes developed and instituted
Advocacy on torture	Brochures, radio broadcasts, newsletters, IEC materials (T-shirts, caps, key holders)
Reviews	Monthly site visits, quarterly monitoring meetings, quarterly fact-finding missions, annual organisational missions
Incorporation of torture victims' programmes into the local government planning and budgets	Participatory planning and budgetary execution for national planning indicative figures

Effectiveness	Approach
No. of torture victims in the project area	-The number of torture victims registered, recruited and rehabilitated in the two countries
Coverage of the torture incidence	Programme/project covers reason and geographical areas depending on the funding and the torture incidences in the countries
M&E issues	Periodical reports, annual, mid-term and end-of-project evaluations, site visits, documentation of torture victims, established database

Data Collection Tools

AFRICAN CENTRE FOR TREATMENT AND REHABILITATION OF TORTURE SURVIVORS (ACTV)

TORTURE SURVIVORS BASELINE SURVEY QUESTIONNAIRE FOR KEY INFORMANT INTERVIEWS (Police/Prison/Implementers)

Name of Survey Officer

Based on observations and interviews held with Implementers/Police/Prison, fill in the following questionnaire /checklist appropriately. Write the response(s) in the column adjacent to the question(s).

Check list for Institutional KII							
101. Name of the institution							
102. District of location of the institution							
103. Name of the institutional respondent							
104. Gender of the institutional respondent 1=Male 2=Female							
105. Office occupied by the institutional respondent							
106. What is the average number of victims of torture that you receive in a month/year? (Use 2013 as the base year and aggregate by sex and severity of torture)							
<table border="1"> <thead> <tr> <th>Per month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>Males</td> <td></td> </tr> <tr> <td>Female</td> <td></td> </tr> </tbody> </table>	Per month	Year	Males		Female		
Per month	Year						
Males							
Female							
107. Which type is most rampant and reported to your office? 1. Severe 2. Moderate 3. Mild 4. Negligible							
108. What are the major causes of torture 1. Land issues 2. Political issues 3. Economic issues 4. Social issues 5. Domestic issues 6. Others.....specify							
109. What mechanisms are in place for the prevention and accountability of torture and rehabilitation of torture victims in your institution?							
110. How effective are the mechanisms above (What are the strengths of the mechanisms and challenges to the mechanism in place?) Name the measures and level of effectiveness							
111. What challenges face the mechanisms/measures?							

112. Have you had any training in torture management for your staff? (Yes, No) 1=Yes 2=No			
113. If Yes, what type of training? (Please mention them, e.g. behavioural change among security personnel, general knowledge about the law on torture etc.)			
Type of training (monitoring training, psycho-social)	Frequency in year	Number trained (aggregate by sex_)	Facilitators
114. What was your contribution to the training?			
115. Number of refresher courses planned and conducted 1=0-5 2. 6-10 3. 11-15 4. 16-20 5. 21-Above			
116. Categories of trainees trained 1=Police officers 2=Prison wardens 3=Legal professionals 4=Army officers 5=CMI officers 6=Prisoners 7.Local leaders 8.Medical doctors 9.Tourtire victims 10. Service providers 11. Others (specify)			
117. If you paid how, much did you pay? For which particular training?			
118. Are there any advocacy meetings or awareness campaigns on torture and rehabilitation of victims of torture that are conducted by your institution? (Yes, No) 1=Yes 2=No			
119. If Yes above, which ones are these and who do you partner with to carry out the outreach?			
Name of organisation		Contribution	

120. How many advocacy meetings or awareness campaigns have you conducted since 2013?		
121. In the category of participants, does the advocacy reach out to, e.g. youth, children?		

Implementers (IMLU, ACTV,CVT)

122. Are there any legal services that your institution provides to victims of torture (Yes, No) (for orgs.) 1=Yes 2=No	
123. If Yes above, what type of legal service or counsel is offered by your institution?	
124. How many torture cases have been successfully prosecuted in court by your institution?	
125. What recommendations do you suggest that need to be put in place to avert torture in your area?	
126. Suggest key / critical observations that call for action if your institution is to reduce the prevalence and incidence of torture victims.	
127. No. of reviews done (IMLU,ACTV,CTV) 1=0-5 2. 6-10 3. 11-15 4. 16-20 5. 21-Above	
128. No. of monitoring visits / events done 1=0-5 2. 6-10 3. 11-15 4. 16-20 5. 21-Above	
129. No. of evaluations conducted 1=0-5 2. 6-10 3. 11-15 4. 16-20 5. 21-Above	
130. No. of torture prevention / management groups created 1=0-5 2. 6-10 3. 11-15 4. 16-20 5. 21-Above	Indicate Location and Sex

Advocacy	
131. No. of advocacy meetings conducted 1=0-5 2. 6-10 3. 11- Above	Indicate Districts /Counties
132. Category of participants 1=Local leaders 2= Opinion leaders 3=Students 4=Children 5=Torture victims 6=Media people 7=Others (specify)	
133. Age of participants 1=Below 15 years 2=Between 16-20 years 3=Between 21-30years 4=Between 31-40 years 5=Between 41-50 years 6=Above 50 years	Indicate
134. Type of materials used for advocacy 1=Newsletters 2=Brochures 3=Posters 4=T-shirts, caps, hankies 5=Diaries, calendars 6=Reports 7=Radio spots 8=TV spots 9=Print media / newspapers 10=Others (specify)	
135. No. of solution meetings held with stakeholders 1=0-5 2. 6-10 3. 11-15 4. 16-20 5. 21-Above	
Rehabilitation carried out	
136. No. of new torture victims recruited for action in the year 2013 1=0-10 2. 11-20 3. 21-30 4. 31-40 5. 41-50 6. 51-60 7. 61-70 8. 71-80 9. 81-90 10. 91-100 11. 100-Above	
137. Solutions for torture victims 1=Recruitment 2=Medical treatment 3=Follow-ups /home visits 4=Reviews 5=Outreach 6=Rehabilitative counselling 7=Documentaries 8=Torture victims databases	

9=Others (specify)				
138. No. of recruitments	No	by location	by sex	
	1. 2. 3.		1=Male 2= Female	
139. No. of recruitments by age 1=Below 15 years 2=Between 16-20 years 3=Between 21-30years 4=Between 31-40 years 5=Between 41-50 years 6=Above 50 years				
140. No. of medical treatment	No	by location	by sex	
	1. 2. 3.		1=Male 2= Female	
141. No. of medical treatment by age 1=Below 15 years 2=Between 16-20 years 3=Between 21-30years 4=Between 31-40 years 5=Between 41-50 years 6=Above 50 years				
142. No. of rehabilitation counselling	No	by location	by sex	
	1. 2. 3.		1=Male 2= Female	
143. No. of rehabilitation counselling by age 1=Below 15 years 2=Between 16-20 years 3=Between 21-30years 4=Between 31-40 years 5=Between 41-50 years 6=Above 50 years				
144. No. of follow-ups	No	by location	by sex	
	1. 2. 3.		1=Male 2= Female	
145. No. of follow-ups by age 1=Below 15 years 2=Between 16-20 years				

3=Between 21-30years 4=Between 31-40 years 5=Between 41-50 years 6=Above 50 years	
146. General comment on causes of torture	
147. General comment on effects and impacts of torture	
148. General recommendations to avert torture	
149. Presence of guidelines for implementation of torture victim activities	
1. Yes 2. No	
150. If Yes, what are the guidelines?	
1. Financial management guidelines 2. Procurement guidelines 3. Project implementation documentation 4. Strategic plan 5. M&E reports with lessons learnt 6. Others (specify)	
151. If No, how is implementation guided?	
Give some explanation	
152. Out of the list, what is mostly used/referred to?	
1. Financial management guidelines 2. Procurement guidelines 3. Project implementation documentation 4. Strategic plan 5. M&E reports with lessons learnt 6. Others (specify)	
153. What are the indicative issues of effectiveness and efficiency?	
1. Project activity reports 2. Project lessons learnt documented 3. Project evaluation reports 4. Projects monitoring reports 5. Cost-effective evaluation reports 6. Others (specify)	
154. What type of implementation interventions are used for torture victims?	
1. Psycho-social support 2. Training for torture victims 3. Handouts 4. Training for technical staff 5. Establishment of torture victim SACCOS 6. Others (specify)	
Relationship of geographical spread (urban/rural), gender, ethnicity, poverty levels with torture	
155. Towns covered by the intervention (name the district and the town)	
DISTRICT	
1. Gulu 2. Kiryandongo 3. Wakiso 4. Kampala 5. Iganga 6. Mubende 7. Nwoya 8. Mbarara	

<p>9. Others (specify)</p> <p>156. Implementation outcomes / impact at intervention</p> <p>1. Change in poverty levels</p> <p>2. Change in conduct of Police, Army, leaders</p> <p>3. Better welfare</p> <p>4. Others (specify)</p>
<p>157. Implementation outputs</p> <p>1. No. of towns covered</p> <p>2. No. of workshops (operational) held</p> <p>3. No. of regional workshops held</p> <p>4. No. of ToT inaugurated after ToT workshops / training</p> <p>5. No. of torture Victim Databases formulated</p>
<p>158. Participants in the torture victim workshops by sex</p> <p>1. Males</p> <p>2. Females</p>
<p>159. Participants in the torture victim workshops by age</p> <p>1. 0-5</p> <p>2. 6-10</p> <p>3. 11-15</p> <p>4. 16-20</p> <p>5. 21-25</p> <p>6. 26-30</p> <p>7. 31- 35</p> <p>8. 40 – above</p>
<p>160. Structural condition of torture victim's home</p> <p>1=Looks firm and properly constructed (<i>good state of repair</i>)</p> <p>2=Looks weak and likely to collapse (<i>bad state of repair</i>)</p>
<p>161. Suggestions to curb torture in Uganda/Kenya</p>
<p>162. Key /critical observations that call for urgent/immediate action</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Thank the respondent for their time and contribution to the survey.

END

TORTURE SURVIVORS BASELINE SURVEY QUESTIONNAIRE FOR KEY INFORMANT INTERVIEWS

Name of Survey Officer

Based on observations and interviews held with legal institutions fill in the following questionnaire /checklist appropriately. Write the response(s) in the column adjacent to the question(s).

Checklist for Institutional KII	Code								
101. Name of the institution									
102. District of location of the institution									
103. Name of the institutional respondent									
104. Gender of the institutional respondent 1=Male 2=Female									
105. Office occupied by the institutional respondent									
106. For how long have you been handling torture cases?									
107. Have you had any specific training in relation to torture? 1=Yes 2=No									
108. If Yes, what type of training? (Please mention them, e.g. behavioural change among security personnel, general knowledge about the law on torture etc.)									
109. Who offered the training?									
110. What are the mechanisms in place for the prevention of and accountability for torture and rehabilitation of torture victims in your institution?									
111. How effective are the mechanisms above (What are the strengths of the mechanism and challenges to the mechanisms in place?)									
112. Types of legal service offered									
113. No. of clientele represented as from 2013 (aggregated by gender) 1. Male 2.Female									
114. Number of cases taken to court									
115. In your handling of the torture cases, do you categorise these cases (e.g. by age, sex, severity, etc.)? 1.Yes 2. No									
<table border="1"> <thead> <tr> <th></th> <th>Age</th> <th>Sex</th> <th>Severity</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Age	Sex	Severity	Yes				
	Age	Sex	Severity						
Yes									

No					
116. If Yes, how many clients has your institution represented?					
Age range	No	Sex	No.	Severity	No.
		Male			
		Female			
117. What are other services that you offer to torture victims?					
118. How much do you charge for your services to the victims on average?					
119. Who caters for your professional legal service fees?					
120. General comment on causes of torture					
121. General comment on effects and impacts of torture					
122. General recommendations for averting torture					
123. Key /critical observations that call for urgent/immediate action					
.....					
.....					
.....					
.....					

Thank the respondent for their time and contribution to the survey.

END

AFRICAN CENTER FOR TREATMENT AND REHABILITATION OF TORTURE VICTIMS (ACTV)

TORTURE VICTIMS BASELINE SURVEY QUESTIONNAIRE

Name of EnumeratorContact of Enumerator

Based on observations and interviews held with beneficiaries/next of kin, fill in the following questionnaire /checklist appropriately. Write the response(s) in the column adjacent to the question(s).

Study Variables	Code
101. Zone/village/sub-county/district of residence of the respondent	
102. Name of the respondent	
103. Gender of the respondent 1=Male 2=Female	
104. Age of the respondent 1=Below 15 years 2=Between 16-20 years 3=Between 21-30years 4=Between 31-40 years 5=Between 41-50 years 6=Above 50 years	
105. Marital status of the respondent 1=Single 2=Married/cohabiting 3=Widowed 4=Separated	
106. Level of education of the respondent 1=Never been to school 2=Primary level 3=Secondary / O level 4=Advanced / A level 5=Tertiary	
107. Size of the household of the respondent (aggregated by sex) <i>(Total number of household members- both males & females)</i> Males..... Females.....	
108. Describe the type of torture that was inflicted on you and the circumstances under which you got involved	
109. What was the level of torture that you faced (severity)? 1. Severe 2. Moderate 3. Mild 4. Negligible 5. Other (specify)	
110. What was the first thing you did after experiencing the above form of torture? (Critical listening) 1. Reported to police 2. Kept quiet 3. Went to court 4. Told my family members 5. Visited treatment facility	

6. Other (specify.....)	
111. Why did you choose to go where you went first? (in 110 above)	
112. What procedures or protocols did you follow post-infliction of the torture to ensure you received rehabilitation? List in the order given by respondent (multiple response) 1. Registration 2. Recruitment 3. Counselling 4. Others (specify)	
113. Before the incident of torture above, were you aware of any protocols to follow in pursuing such cases/scenarios? 1. Yes 2. No	
114. If Yes, what did you know?	
115. Are you aware of any institutions/organisations/NGOs/torture victims advocacy bodies that helped or can help in seeking redress? 1.Yes 2.No	
116. If Yes in 115 above, please name the institutions/organisations/bodies that you visited for assistance/advice and the form of assistance that was extended to you?	
Body/organisation	Form of assistance
1.	
2.	
3.	
4.	
117. Did you receive any form of legal follow-up with the help of the above institutions/organisations/NGOs/torture victims advocacy bodies? 1. Yes 2. No	
118. If Yes, how far have you moved on with the case? 1. Stalled 2. Half-way 3. Concluded 4. Don't know 5. Other (specify)	
119. If concluded in 118 above, were the perpetrators of the act prosecuted (what punishments/penalties were handed out to them)? 1. Prosecuted 2. Pardoned 3. Bailed out 4. Others (specify)	
120. If the perpetrator was prosecuted in 119 above, according to you was the punishment fair? 1. Yes 2. No Give a reason for your answer	

121. If the above case was concluded, did you receive any form of compensation for the torture inflicted? 1.Yes 2.No										
122. Did you receive any form of rehabilitation from the above organisations/NGOs/torture victims advocacy bodies? 1. Yes 2. No										
123. If Yes, what form of rehabilitation? 1. Physical 2. Psycho-social 3. Counselling 4. Others (specify)										
124. Are there any rehabilitation centres that you went to? 1. Yes 2.No										
125. If Yes, mention the name of the centres and the kind of treatment you received										
<table border="1"> <thead> <tr> <th>Rehabilitation centre</th> <th>Form of assistance</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> </tr> <tr> <td>3.</td> <td></td> </tr> </tbody> </table>		Rehabilitation centre	Form of assistance	1.		2.		3.		
Rehabilitation centre	Form of assistance									
1.										
2.										
3.										
126. If No, where have you been going for help? What was your contribution?										
<table border="1"> <thead> <tr> <th>Body/organisation</th> <th>Type of treatment</th> <th>Contribution/charge</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Body/organisation	Type of treatment	Contribution/charge					
Body/organisation	Type of treatment	Contribution/charge								
127. How long has been the rehabilitation period since you were inflicted of the torture? (Completed Months)										
128. Do you belong to any association or group that brings together survivors of torture in your region or area? 1. Yes 2. No										
129. If Yes, name the association and the benefits you received/receive by belonging to it. And who assisted in its formation?										
<table border="1"> <thead> <tr> <th>Name of group/association</th> <th>Benefits</th> <th>Who assisted in formation?</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name of group/association	Benefits	Who assisted in formation?					
Name of group/association	Benefits	Who assisted in formation?								

130. What are the key requirements that one needs to be a member of such a group?			
131. Have you received any training with regard to torture? 1.Yes 2.No			
132. If Yes, what type(s) of training, what was the content of the training, who provided it and how do you rate their training and services?			
Type of training	Content of training	Organiser & rating in brackets (1.Excelent 2.Good 3.Fair 4. Poor)	
133. In your opinion, what interventions can make a change in your life following the torture inflicted on you?			
134. What recommendations do you suggest need to be put in place to avert torture in your area?			
.....			
.....			
.....			
.....			

Thank the respondent for their time and contribution to the survey.

ACTV BASELINE SURVEY TOOLKIT
FOCUS GROUP DISCUSSION PROTOCOL

Table 1: FGD Guide on The Services of ACTV, CVT and IMLU

1. Introduction

[Narrative welcoming participants, describing reasons for discussion, and setting up the general ground rules for the session]

Ground Rules

1. 60-90 minutes (tape recorded -- observer and note taker)
2. Speak clearly/one at a time
3. Conversation/all participate
4. No right/wrong answers
5. Assurance of anonymity and confidentiality

2. Registration

Can we talk about what you know about **ACTV, CVT and IMLU** how you joined and how they operate. In your own experience, how do you find **ACTV, CVT and IMLU**?

Probe: Do they depend mostly on information from the camp leaders? What are some of the information they asked for? What are the common assistance the ACTV, CVT, IMLU provides?

3. Services Provided by ACTV, CVT, IMLU - Information

Let us talk now about the information provided by the ACTV, CVT, IMLU. Can you tell me some of the common information you get from the ACTV, CVT, IMLU workers?

Probe: How is information about torture victims managed / kept?

4. Services Provided by ACTV, CVT, IMLU - Counseling

I would like to know more about how you feel about the counseling services provided by the ACTV, CVT, IMLU. Do you usually come to the counselling centers with any expectations about the services you will receive?

Probe: Do you prefer certain kinds of counselling? What do you do if your expectations are not met? Do you try to convince counsellors to counsel you on the topic you prefer?

5. Services Provided by ACTV, CVT, IMLU - Legal Assistance

Can you tell me something about how you feel about the legal assistance provided by the ACTV, CVT, IMLU?

Probe: Do you know the names of specific networks/NGOs that work with **ACTV, CVT and IMLU to provide the services?**

Do you prefer pills or injections? Do they use other remedies/drugs for treating the physical Effects of torture?

What are some of these? Why do you use these remedies/drugs?

6. Services Provided by ACTV, CVT, IMLU - Treatment

Can you tell me something about how you feel about the treatment provided by the ACTV, CVT, IMLU?

Probe: Do you know the categories of the treatment provided by **ACTV, CVT and IMLU**?

Do you prefer group /individual focused treatment? What geographical areas are covered, what sex is mostly covered and what age groups?

List of Participating Institutions

1. ACTV –Uganda
2. IMLU – Kenya
3. The Human Rights Centre – Uganda
4. Lukwago and Company Advocates
5. Nakibuule, Mayanja and Company Advocates
6. InterAid Uganda
7. The Uganda Police (several police stations)
8. Uganda Prisons (several prison centres)
9. Jesuit Refugee Service
10. Nsambya Catholic Parish
11. St. John Baptist Church Kabalagala
12. HIAS Kabalagala
13. HIAS Nsambya
14. Wakiso District Local Government