



MWATIKHO TORTURE SURVIVORS ORGANISATION (MATESO)

ANNUAL REPORT 2013

CONTENTS:

Message from the chairman	2
Message from the coordinator	3
Message from the Centre Director-Medical/counseling	4
Background	5
Implementation of MATESO activities	6
Increased quality and quantity of treatment of torture victims	7 & 8
Increased awareness on torture and its consequences	9
The managerial, organizational and financial capacity of MATESO	10
Information and documentation on torture and its consequences	11
Experience and future plans	12
Organizational Profile	13
Client Tracking	14
Associations/links	14
Narrative financial report	15

Message from the chairman:



The year 2013 started on a high note, it was an election year in Kenya. The previous election was coupled with violence, deaths and displacements.

The positive implications for our Centre; we fairly managed to get grants from IRCT and UNVFVT. We expanded our office space to accommodate other staff and programmes.

Our coordinator travelled to Nigeria-Abuja on a mission of skill development. The program is supported by IRCT.

It has also been the year to fundraise to enable the Centre sustain itself. But still we have not had a major donor, who could enable our projects to run for more than a year.

Our staff/professionals have been invited to several training forums related to trauma counseling, holistic care and an in-service for professionals on medical treatment and care. In 2013 we look forward for a prosperous year.

Message from the coordinator:



2013 turned out to be low for capacity building for the Organization, the funding decreased for the rehabilitation activities. Though we got late support from a major donor, UNFVT and IRCT funded us through OAK fund. We didn't get La Luz fund. This affected the support we have been offering to women and girls.

In 2013, was an election year; partly the organization was selected to monitor election in the western regions of Kenya.

After election; there were militia attacks that accosted over 20 people and over 300 slashed with machetes. This happened in western Kenya in Bungoma County and Busia County. 7 of our HRDs had a confrontation with the politicians over the coordination of militia gangs and rigged election. The HRDs were threatened, but we managed to relocate them for two months.

In October 2013, I visited Nigeria for a regional training at Abuja, Supported by IRCT. In November 2013, there were conflicts in Southern Sudan; the crisis led to influx of refugees to Kenya. Even the Kenyan Nationals were caught in the conflict. We had to intervene to provide medico-psycho-social support to both refugees and the Kenyan nationals affected.

We still have not attained our budgetary target. In 2013, we managed to fundraise 18% of our total budget. This is a year, we partnered up with IRCT in a DFI project. The project implementation to kick off in 2014. Fundraising efforts was disappointing, major donors; assert that they already have funded similar projects in our regions. We are trying to reach Embassies in our country to finance short term projects. Donors tend to fund urban based organization while a larger percentage of the target groups are rural based. This has not deterred our efforts. We have kept on trying to convince more donors to support our projects.

Towards the end of 2013, Kenya started witnessing a sped of terrorism acts. Several areas in the urban Nairobi and the coastal towns experienced massive terrorist attacks.

To propel a national healing process and offering psycho-social support has become our priority. The urge to increase the quality of treatment and rehabilitation services and prepare alternative medical reports for legal cases has been our focus throughout 2013. We also focused on training health personnel in order to increase the quality of our service delivery and publish reports on the treatment of torture survivors. The staff had, added value for art therapy counseling techniques that took Centre stage in our healing process among the victims of conflict.

Message from the Medical Director-



2013 was a year that we attended to cases as a result of militia attacks in Bungoma County and Busia County respectively. This was immediately after elections. Over 300 people were slashed with machetes, some critically injured as a result of acid contact. The Bungoma and Busia government managed hospitals were overwhelmed with attending to persons with acute injuries. We had to intervene to assist these victims.

Kenya in 2013, experienced a spate of terrorists attacks. Some of the victims coming from Western Kenya had to seek for our medico-psychosocial support.

We had previous clients who still continue with their therapeutic support we offer. We also have refugees who have had conflicts in Sudan, several have been assisted. And the sexually abused women in the event of torture or any aggression as relates to conflicts. The three sets of conflict:—the post-election violence; the SLDF onslaught on civilian; and the military onslaught on SLDF members and partly some members of the public precipitated the increase of torture Survivors. Those with bullet wounds, slashed ears, and physically assaulted needed follow-ups and our support.

We carried out psychological evaluation of patients through patients' instruments; under treatment and documentation—we offered somatically basic care plus structured interview on psycho-social health status and information about health care possibilities.

For victims who experienced violence or psychological stress, we did psychological diagnosis and employed the services of a qualified specialist psychiatric.

There are three predictors that we look into while evaluating the client: we have pre-traumatic stressors, where bio-data such as age, gender, educational level and the historical era is pre-determined. Then there is the phase called peri-traumatic, where we observe trauma severity; initial stress reactions; the trauma duration and the release environment: then lastly we have post-traumatic phase that involves the assessment of disorders, gauge the treatment received and social support given to a client.

Element of a trauma oriented treatment involved—Narrative theatre, orientations, stabilization, focus on the past and future and so to the farewell aspect. We used other complementary therapeutic techniques such as:-

- writing-therapeutic journaling, healing letter, visual journaling and mind mapping;
- Exercise—dance and movement therapy, strength training, walking, yoga, martial art, hydrotherapy, and swimming;
- Music therapy-life song in conjunction with movement therapy and art therapy, movement and composing; Art therapy-visual journaling and bilateral artwork;
- Ropes or challenge courses-trust, touch, addressing fear, teamwork, group problem solving and empowerment; Aromatherapy ;Biblio- therapy-paired with schema work; Cinema therapy; Laughter therapy; EMDR ; meditation/prayer; visualization/guided imagery-safe/beautiful place, future self and healing images; Genograms-use of color-coding for therapeutic purposes; Body work-reiki, therapeutic messages reflexology, hugs and manicure/pedicures; and Life story-lifeline's, fairy tales, collages, "life goals and treasure maps" and story telling

Though we discharged a greater number, the need for follow-ups and offer of home –based care in 2013 was crucial.

Background:

Mwatikho Torture Survivors' Organization (MATESO) was created in 1992; within Bungoma-Kenya. All its members are torture survivors. New torture clients are allowed to join membership. Due to increasing strategic activities, we have further drawn in professionals both in health field and within the staff. MATESO is a registered Trust. The Centre is registered in Kenya under the Trustees (perpetual succession) Act Chapter 164. It is non-political and non-profit making. The organization is dedicated to the promotion and protection of human rights, with emphasis on the health and rehabilitation of victims of torture by security agencies and armed groups. MATESO was accredited by IRCT in 2007.

Our Vision

A world that is a torture free zone; with respect to human dignity.

Our key Values:

- Consistently offer services to our clientele (torture victims);
- Uphold excellence in performance;
- Encourage teamwork and positive contribution from our motivated and innovative staff/volunteers/health professionals;
- Observe good civil governance at all times;
- Embrace internationally accepted conventions on torture.

Our Mission:

Based on our beliefs, MATESO's mission is advocacy for; stamping out torture in totality, seeking reparation and economic emancipation of torture survivors and establishing a center for treatment and counseling of the torture survivors and the families of the victims in Kenya.

The immediate objectives of MATESO are threefold, namely:

- Improve the health status of torture survivors and other survivors of human rights, violation, especially from the aftermath of post-election violence, through provision of integral treatment and where necessary recommend referrals;
- Raise awareness of mental health issues and contribute to the prevention of torture in Kenya through research, documentation, advocacy, lobbying, public education and training for community and stakeholders such as the security personnel;
- Seek reparation for torture survivors by strengthening the litigation activities to ensure survivors get justice.

Strategic objectives:

- To provide holistic treatment and rehabilitation services (physical, mental, legal and social) to the torture survivors;
- To advocate against torture;
- To create awareness among the perpetrators and the community at large about torture;
- To generate information about the state of torture through research, monitoring, inspection visits to the detentions camps-prisons and documentation;
- To provide socio-economic rehabilitation services to survivors of torture.

Gratitude to IRCT and UNVFVT:

The generous support from IRCT and UNVFVT has enabled MATESO to progress on with its activities successfully.

We would like to express our sincere gratitude to IRCT, first and foremost for supporting our 26th June yearly torture campaigns.

We further take this opportunity to thank OAK/Rausing fund for their support from 2007, 2008 and 2009-13, in 2011 we got La LUZ grant to support sexually abused women in conflicts/torture. IRCT has continued to offer grants to MATESO. And in 2009, IRCT sponsored the exchange program and regional workshop in

South Africa. It also gave us grant that kept our activities going though not adequate. In 2013, IRCT enabled us to partner with them on a DFI project. UNVFVT started funding us in 2011, and we look forward that they increase their funding to us.

Implementation of MATESO activities: -

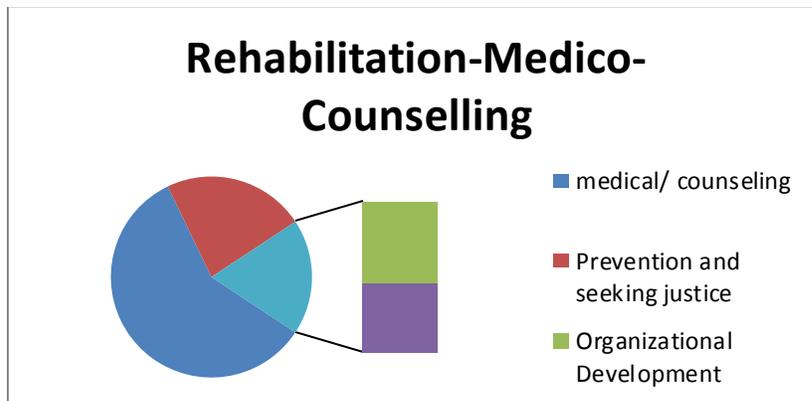
MATESO provides comprehensive Community Based Rehabilitation services inclusive of holistic care services (medical treatment, counseling and legal advice), with special focus on the following target groups: Primary and secondary victims of human rights violation.

The main activities:

1. Medical treatment: - Somatic treatment

Treatment of psychological conditions directly related to traumatization; these are Victims of trauma:- persons who have been subjected directly or indirectly to traumatic situations-including children, women and men.

The multi-disciplinary treatment of torture survivors; fundamentally, psychological and somatic treatment must run parallel, including nursing and social counseling. Family based treatment to immobile victims is made possible by offering Nursing care.



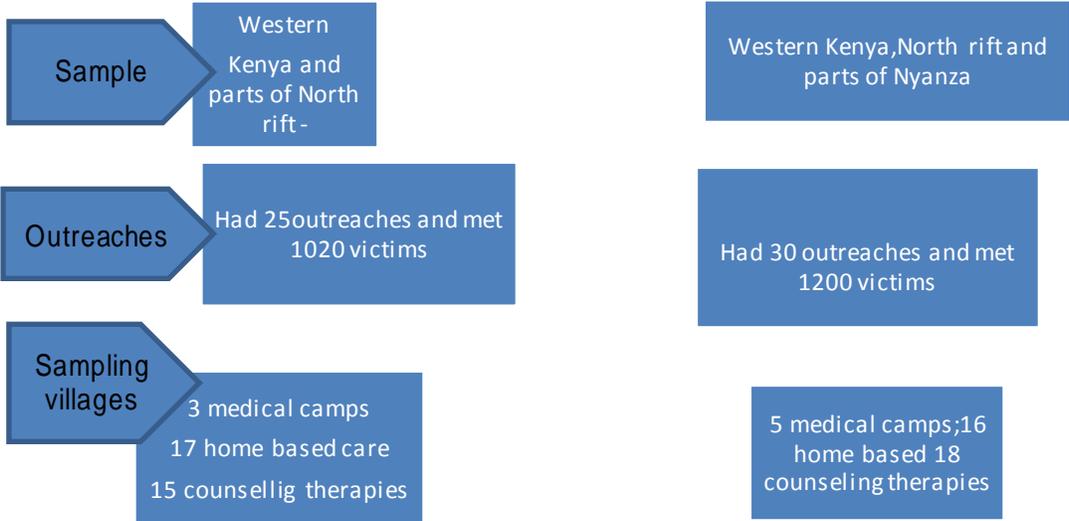
Different types of therapies are offered in the programme, including cognitive behavioral therapy, supportive therapy, occupational therapy, play therapy and special technique used for children. We use psychological treatment approaches i.e.: -Psycho-dynamic talk therapy counseling; Testimony method, debriefing; Behavior therapy and Insight therapy.



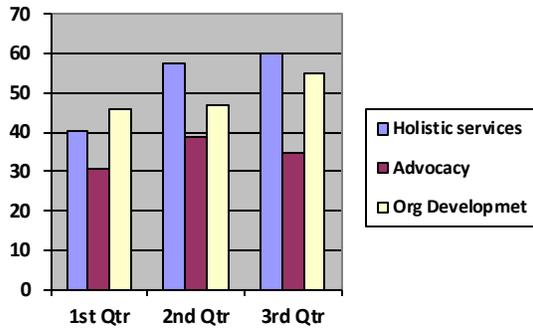
Police/Militia brutality

Number of Clients Treated;

By November 31ST 2013, MATESO had provided quality holistic care services (medical treatment, counseling and legal advice) to 1778. By the end of December 2012, the number of client increased drastically as a result of the healing process of the trauma experiences - pre and post-election violence.

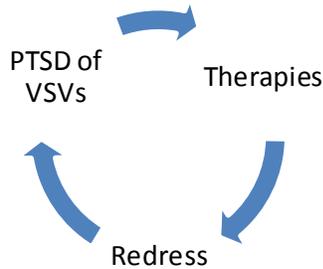


interns' 2013



New clients accepted during the period January 1-December 31st, 2013

Month	Jan	Feb.	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total	%
Male	78	80	126	240	62	75	44	30	40	30	30	25	860	39.48
Female	70	51	113	150	127	98	67	61	53	39	45	25	899	40.74
children	40	45	57	62	37	38	39	25	25	16	17	20	421	19.31
Total	188	176	296	452	226	211	150	116	118	85	92	70	2180	100



BENEFICIARIES: Torture survivors; Traumatized families of torture survivors; and Potential victims of torture-2012.

Task	Number	Age	Male	Female	Nationality	Percentage %
Counseling	900	10-60	398	502	Kenya,	55.1
Treatment	670	10-60	180	650	Kenya,	19.1
Litigation	5	18-40	3	2	Kenya,	0.2
Families of survivors	400	10-60	200	200	Kenya,	25.4
Seminars/training	3	16-60	100	100	Kenya,	0.12
Total	1978	10-60	881	1254		100

The total number of direct beneficiaries is 2180 for 2013.

B) Somatic treatment;

Psychological education:

We involve the entire family /group of families in teaching about the effects of torture, the meaning of symptoms, and the way of helping each other, when specialist assistance is required and how to access it.

Group therapy for children and adolescents;

Psychological camps are devised in the countryside to help develop trust; therapies activities interspersed with enjoyable physical activities are used; Three hour weekly sessions are employed.

Physiotherapy/ Psychotherapy;

Psychotherapists use a three-phase therapy through in-depth interviews with a medium number of 22 and a range of 10-52 sessions.



Child Therapy class in session

2. Training/seminars/workshops:-

Training needs are identified. Our staff, volunteers to be inculcated with knowledge, skills in order to achieve competence in their delivery of services. The Coordinator was chosen among 15 human rights defenders in Kenya to undertake a three-month scholarship course on Investigating, Monitoring and Reporting on Human Rights violations sponsored by FAHAMU/Oxford University. Coordinator flew to Cameroon to attend a regional 4 day workshop organized by IRCT through a local Cameroon centre.



Sub Saharan workshop regional meeting-Nigeria

3. Referrals- Referrals for specialized treatment & legal redress

The health needs that are diagnosed critically; we have always referred them to a more specialized medical centre. In Kenya we have Kenyatta national hospital- a government hospital that requires partial payment. Nairobi hospital is private and requires full payment. Eldoret Teaching and Referrals hospital requires partial payment. Within the centre, we have the Bungoma general hospital about 200 meters away, we do send their out-patients; requires cost sharing. Kakamega provincial hospital is about 60 kilometers away.

Increased awareness on torture and its consequences:

Awareness education and Advocacy;

To increase awareness on torture and its consequences; we use expanded networks and advocacy; to gather information and improve on documentation system on torture and its consequences; and initiate an earlier prevention mechanism of torture;

Other services provided by the Centre include:-Legal advice and litigation; Inspection of detentions places/prisons/Centre and networking and liaising with relevant NGOs/CBOs, government institutions and



Advocacy photos.

The managerial, organizational and financial capacity of MATESO:

Staff development and welfare:

HR DATA Bank;

A human resource hard copy data bank was created and is in place with all personnel files updated.

Trainings

Recruitment;

During the year 2012 we have tried to source for more health professionals and social workers on volunteer basis as we build the capacity of the centre.

Policies;

Personnel policy and other administrative documents are being developed and adopted for use. These include: the terms and conditions of service; a communication and advocacy strategy; a training manual; and a finance and administration manual.

A staff-training programme was developed .Training needs of each staff are identified. Our staff, volunteers to be inculcated with knowledge, skills in order to achieve competence in their delivery of services.

The Truth, Justice and Reconciliation Commission (TJRC) trained two of MATESO staff on data collection from victims whose rights were violated.

The Advocacy officer underwent several security precaution trainings for HRDs at risk at various stations in the Country and neighboring Uganda.



Art therapist with MATESO TEAM

Other courses were conducted for staff:

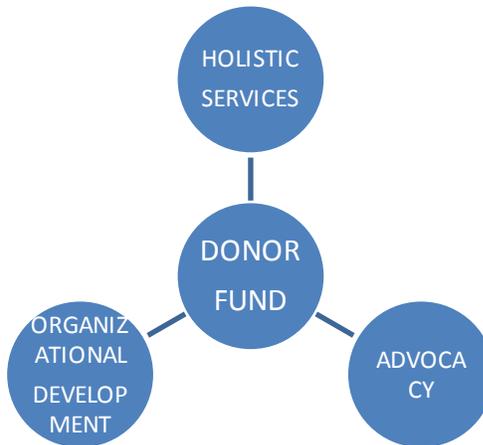
- Team building and effective communication skills for all staff.
- Computer skills, each staff updating oneself in various computer packages.

Strengthening the financial base:

MATESO has not been able to raise all the funds indicated; its financial base is much weaker.

As a result of post-election violence there is insufficient fund to cope with spiraling clientele.

In order to improve our financial base we shall need to convince more donors to partner up with us in order to efficiently meet the needs of new torture survivors.



Information and documentation on torture and its consequences

Management information system:

- Need to acquire more filing cabinets;
- Initiate resource center;
- Develop new formats for accounting and client management;
- Orderly filing system to be instituted;
- Secretary to upgrade her skills on data management.
- Have a central server system

Documentation:

A routine statistical registration of reported cases of torture-previous and current, treatment activities by our professionals' health providers where patient files are opened, therapeutic sessions, testimonies and case histories of the torture survivors are assessed and those requiring redress are acted upon. Monitoring the influx of refugees in the country; and the terrorist's acts and casualties.

Problems to be resolved:

- Lack of mobility to reach those torture survivors living over 100 kilometers and costs for traveling possibly to a rehabilitation center are high and beyond the reach of most torture victims.
- Emergence of militia groups has perpetuated the increase in torture survivors and those traumatized in need of help.
- The need for specialized treatment and attendance requires facilities within our reach.
- The government executes and intimidates or prevents both the media and us to get facts of the killings and The government forces are protected as they kill and torture;
- Lack of resources to meet the rehabilitation program in terms of treatment. Counseling, resettlement and litigation. Lack of funds to run a continuous project.
- Costs for treatment in private clinics and cost sharing in government hospitals is high.
- Induced fear by the perpetrators to the victims of torture, fear of treatment and non-seeking of legal redress.
- Inabilities to get justice through legal ways, as legal cases are very expensive and take years to be resolved.
- Increased poverty problems from disorientation and displacement.
- The influx of refugees from Somalia and now southern Sudan surpasses the capacity of two camps, Kakuma and Dadaab.

What is needed?

- Increase institutional capacity in terms of funding and accessing technical expertise; Create structures of mobile clinics; Institute educational programs and publications;
- The funds/costs for treatment are limited, therefore source for funds

- Commit the government in supporting torture rehabilitation programs.
- Prevent torture by putting in place instruments of prevention.
- Sourcing for Litigation and socio economic fund.

Experience of similar actions:

Organization's capacity and experience:

- Involved in a program of psychosocial support for torture survivors sponsored by the United Nations voluntary fund for victims of torture (2000), donated US \$ 60,000;
- Participates in the international torture campaigns on yearly basis since 2000, coordinated worldwide and supported by IRCT;
- From 2007 -2009 through the support of OAK/Rausing fund managed to treat 1250, counseled 3250 torture survivors.
In 2007 a staff visited Senegal for regional meeting.
- April 2008 relocated to Uganda, had contacts with Human rights House; Amnesty International; African Centre-ACTV Uganda
- June 2008, jointly with IMLU Center, we documented/treated/counseled 250 torture cases from the Mt.Elgon military operation.
- In 2008 and 2009, 2 staff visited a centre in South Africa-Cape Town that hosted South Saharan regional meeting and several representatives of centers shared experiences
- Same year a representative visited San Diego –USA on an exchange programme and acquired high level skills in rehabilitating victims of conflicts. And courted partnership with two European centers .2011 a representative visited Senegal for a regional meeting.
- 2011 we had 40 outreaches in Western Kenya different therapeutic methodologies in our psycho-social healing processes.
- 2012 Visited Belgium in an EC funding program,same year visited Cameroon for a regional-sub-Saharan meeting.
- 2013 selected to participate in election monitoring

Future plans, expected output and supporting activities:

MATESO intends to expand by offering its activities in some parts of Kenya especially those that have not been covered by other organization and where torture goes unnoticed. The post-election violence in Kenya at the end of 2007-8, got our center with less capacity, that could not manage the spiral magnitude numbers of victims of post electoral violence that spilled all over the country.2010 onwards, became a healing year. We therefore had to embark on psycho-social healing process in the country.

These calls for our entry point to Nyanza and Rift valley. The healing process prompts the center to:

- Establish a day-care center that provides both physical and psychological health services to torture survivors and their families and refugees who need this kind of services on daily basis;
- Assistance in establishing mobile clinical centers in far regions to reach survivors and refugees who have no access to such facilities. Set a sub –Centre in Kitale to cover refugee needs in Kakuma and Dadaab.
- Be able to sustain adequate provision of health services to torture survivors and refugees and also be able to maintain high caliber professional's health providers services.
- Start a publication titled "survivors tale after trauma experiences in Kenya".
- Center institutional strengthening/capacity building to be able to carry rehabilitation programmes effectively. Widen our fundraising capacity by approaching other new donors.
- Start litigation fund and Human Rights Defenders (HRD) protection fund and other socio-economic programmes that will benefit the torture survivors.



Advocacy

Staff

MATESO will require a staff comprising 12 professionals and administrative staff working in administration, training, documentation, public relations, as well as legal advisor, secretary, driver and guards. The following clinical professionals staff are to be hired when need arises;

A psychiatrist, two general practitioners assisted by the center director, a psychologist, two social workers, two nurses, physiotherapist, one occupational therapist, a pharmacist and five monitors.

Organ gram

List of Trustees

Samuel Ng'eti	Chairman
George Walukhu	Secretary
Francis Namayengo	Treasurer
Helen Lusike	Vice Secretary
Alice Wanjusi	Member

Current Staff: Full Time

Taiga Wanyanja---Coordinator
Job Mukoya --Administrator/Accountant
Jacqueline Masinde-Programs officer/Case Manager

Part-Time

Dr. Peter Wilbur Marumbu-Centre Director
Dr.OmoloOtienoErasto-Psychiatrist
Rogers ShitiavayiSongole-Psychotherapist
Edith AyotiOnyango-counsellor

Kraido Majune -Advocate
Judith Wambani - Counselor
Dan Hongo --Web Manager
OnyangoPanyako-Vocational trainer-Sewing machines
Patrick Mulati- Volunteer

Auditor(s)

M'K JOHN & COMPANY
C.P.A (K)
P.O Box1302 - 50200
Bungoma-Kenya

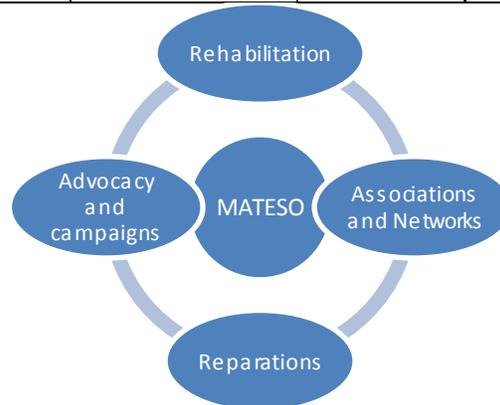
CLIENT TRACKING:

Report for clients admitted at the center between Jan - December 2012

The TOTAL number of torture victims treated at your Centre in 2013

1. Number of Torture Victims (TV) Treated

	No. of TV treated in 2012	No. of TV DISCHARGED in 2012	No. of NEW clients (TV) in 2012	Estimated No. of TV to be treated in 2013
Men above 18	560	280	440	620
Women above 18	510	275	350	780
Women under 18	370	200	220	450
Men under 18	300	170	240	330
Total	1740	925	1250	2180



Advocacy

Associations:

- International Rehabilitation Council for Victims of Torture. (IRCT)
- Survivors of Torture internal –SOTI-USA
- Cordelia centre for rehabilitation of refugees-Hungary
- The Catholic Church under Justice and Peace Initiative (CJPC)-Western Region-Kenya.
- Kenya Medical Association (KMA) - is a doctor-based organization.
- African centre for treatment and rehabilitation of torture victims. (ACTV)
- Independent Medico-Legal Unit (IMLU)
- Kenya Workers Rights and Harmonisation Programme (KWRHP)
- Human Rights Watch (HRW)
- Centre against Torture

Narrative financial report:

1.

Please enter the requested data in the table below.

Annual Expenditures and Budget in Euros	Actual 2013	Budgeted 2014
EXPENDITURES - <i>please add as many lines as necessary</i>		
A 1) Salaries for health professionals	1607	15000
2) Other treatment costs -medical	5812	14000
-counseling	6091	12000
-equipment	676	10000
B 1) Salaries for legal professionals	179	9000
2) Other costs related to access to justice	879	4000
C 1) Salaries for administrative staff	2013	14000
D Other salaries		
E Fixed costs (rental, etc.)	2882	10000
F Other costs (travels, seminars, etc....)	148	7000
G Documentation and trainings	-	15000
TOTAL EXPENDITURES	20287	111000
INCOME BY DONOR <i>Please add as many lines as necessary. For 2014, please indicate only the approved grants. For multi year grants, mention only the portion available for each year.</i>		
International donors		
A) OAK Centre Support Grants	5000	15000
B) UNVFVT	14963	25000
C) European Commission		30000
D) Foundations		26000
Fundraising locally (please specify)		
A) Membership	223	5000
B) fundraising		5000
Any other income (please specify)		
A) Trustees contribution		4000
B)		
TOTAL INCOME	20186	111000
RESULT	(101)	

