

Victim Services for Human Rights Violations in Malawi

Jewel Amoah & Bryant Greenbaum

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1. Introduction

The proper delivery of victim support services is necessary in order to heal a country after a period of transition. In Malawi, at the end of Banda's 30-year dictatorial rule, there was a real lack in the capacity of both governmental and non-governmental sectors to address victims' needs. Formed as a pressure group by Malawians in exile, The Centre for Human Rights and Rehabilitation (CHRR) emerged on the scene in these early days in 1994. The original focus of CHRR was broad-based, and it aimed generally to enhance the awareness of rights and civil liberties amongst the populace of Malawi, and also to provide the necessary practical assistance to enable people to access and exercise their rights and entitlements.

In 1996, CHRR developed and implemented a torture victims project. The project, funded by the Danish organisation, the International Centre for the Rehabilitation of Torture Victims (ICRTV) was initially set up as a pilot project, and the focus was to physically, psychologically and spiritually rehabilitate those who had been victims of torture. The project applied to those who were physically abused by the previous regime, or who were the subject of physical attack upon returning to Malawi from exile. Support was offered in the form of legal advice to assist people in making claims to the Department of Relief and

Rehabilitation, and later the National Compensation Tribunal (NCT).

The following case study is an in-depth examination of CHRR's torture victim support project, from its origin to the impact it had even after operations ceased. The purpose of the study is to review what worked well and what did not in terms of NGO activity towards the provision of victim support services and the attainment of reconciliation in Malawi. Part I will examine the origin of the project, how it was structured and its objectives and operations. Part II will review comments from victims and community members on the efficacy of the project. Part III will look at the concrete impact of the project in contributing to the attainment of reconciliation.

2. The Project

2.1 Origin

The dawn of multiparty democracy in 1994 saw the emergence of non- governmental organizations to assist the government in addressing the needs to the people of Malawi. As NGOs were emerging, international donors were also on the scene to assess needs. Initial research from a stakeholders' workshop revealed that the area of victim support was one which needed to be developed from both the NGO and the government side. At the same time, CHRR stepped forward as an NGO with close ties to the "victim" community, and as such, a close recognition of what assistance was needed and what could practically be provided.

The Centre for Human Rights and Rehabilitation wished to implement a support project for victims of torture and political violence. In addition to providing assistance to victims of torture, the purpose of the project was to act in concert with other civil society organizations in order to sensitize society to the issue of torture and to torture victims and to raise public awareness and understanding, which will strengthen resolve not to repeat the past.¹

The programme was called the Centre for Treatment and Rehabilitation of Torture Victims, and operated independently within CHRR's structure. The idea for the project was conceived out of a research project that was supported by the International Centre for the Rehabilitation of Torture Victims, a Danish NGO.² It began as a pilot, with hopes of securing long-term funding, but it only existed for a period of less than two years, between 1996 and 1997. However, within that period of time, the project managed to provide much needed support to a wide range of victims.

2.2 Structure and Operation

The Centre for the Treatment and Rehabilitation of Torture Victims operated within CHRR, therefore, administrative decisions were dealt with through CHRR's Board of Trustees. In addition, the project was guided by an advisory committee. Membership on the committee included organizations from health care institutions, as well as other organisations with which the project networked. The following 15 organisations made up the advisory committee:

- Centre for Advice, Research, Education and Rights (CARER), Blantyre
- Chancellor College, Zomba
- Chief Commissioner of Prisons, Zomba
- College of Medicine, Blantyre
- Inspector General of Police, Lilongwe
- Legal Aid, Blantyre
- Malawi Red Cross, Lilongwe
- Medical Council, Lilongwe
- Nurse's Council, Lilongwe
- Ministry of Relief and Rehabilitation Affairs, Lilongwe
- Ombudsman Office, Lilongwe
- Public Affairs Committee, Lilongwe
- United Nations Centre for Human Rights; Office of the High Commissioner for Human Rights, Lilongwe
- United Nations High Commissioner for Refugees (UNHCR), Lilongwe
- Women's Voice, Blantyre.

The staff structure of the project was as follows:

- Clinical Director – Full Time
- Psychologist – Full Time
- Psychiatric Nurse – Part-time
- Secretary – Part-time
- Messenger and Cleaner – Full-time
- Research and Documentation Officer – Part-time

The following procedure for dealing with clients was followed when a client came for assistance: S/he was first met by the documentation officer, who would document the facts of the case, and then refer to the medical officer who would assess whether the client needed physical treatment or psychological counseling. At the direction of the medical officer, the project nurse would provide counseling, or assist in the physical treatment. Where the needs of the client exceeded the capacity of the project staff, the client would be referred elsewhere for further treatment.³ Client files would be closed after clients had come back to report on the progress of their follow-up treatment or advice. However, many clients who were primarily seeking legal advice on how to access the government's compensation programs did not come back to report on their progress, so these files were not closed, and it was not known what happened to the clients after they left the office. Whereas, those clients who came to receive medical treatment often came back for follow-up, and so more information was documented in their files.⁴

Essentially, the function of the project was to assist those who were traumatized return to a normal (or pre-traumatic) state – financially, physically, mentally and spiritually. To assist those in financial need, the project referred clients to the National Compensation Tribunal. Those who were in need of medical attention beyond what the clinic could provide were referred to government hospitals. Those who were seeking legal support were referred to the legal aid department of the Centre for Human Rights and Rehabilitation, or other government agencies, such as the Office of the Ombudsman, or the Human Rights Commission, as cases warranted. Those who required more extensive legal representation

beyond what CHRR could provide were referred to Malawi CARER. Unaccompanied minors or orphans who required ongoing or infrastructural support were referred to the government's social welfare offices. And those with extensive psychological counseling needs were referred to the Zomba Mental Hospital.

2.3 Project Objectives

The primary objectives of the project were:

- Medical, psychotherapeutic and social care, treatment and rehabilitation of persons and their families who have been persecuted, detained or tortured in their countries due to political, ethnic and religious reasons.
- Creation of a documentation centre on human rights violations, with a research component to look into the extent of the problem and to provide data for any actions taken in respect of compensation and impunity.
- In collaboration with other institutions, to provide public information (such as through organized seminars) on human rights violations, torture and its consequences, as well as different ways of treatment and rehabilitation of victims.⁵

2.4 Extent and Nature of Support

In the course of providing support and assistance to those who had been traumatized, the project staff observed that the trauma that affected the clients was primarily politically based. In particular, incidents of trauma were related to political disagreement or opposition towards former president Banda's dictatorial rule. Banda demanded complete submission from the citizens of Malawi, and when this was not given, they were subjected to murder, torture, rape or property expropriation. Most of the clients had been indirect victims, in that they had witnessed the torture rather than experienced it. This created severe trauma and rendered many in need of counseling.

Beyond the simple act of referring clients to other organisations and agencies, there was a system of follow-up, so that project staff could ensure that clients were getting the particular assistance that they had been referred for. With respect to those who were referred for medical attention, and may have been too ill to relay their medical history on their own, a member of staff would accompany them to the hospital to ensure that they were given the necessary treatment.

This system of follow-up reflected a genuine concern for the well-being of the clients on the part of project staff. This level of commitment was certainly appreciated by the clients, and also served as an internal means of evaluating the efficacy of the program. Furthermore, this system provided the project with an initial means of networking with the different stakeholders, both governmental and non-governmental.

The former project nurse, Charity Salima, indicated that the focus of the treatment was to "touch all the areas which affected the victim". In addition to the project nurse, the project staff included a medical officer, a consulting doctor from Queen Elizabeth Central Hospital, and a documentation officer. This staff of three essentially ran the project. Administrative and financial matters were dealt with by CHRR's Executive Director.

Although the program was the only one of its kind in the country, it was not exactly an isolated entity. As stated, the programme operated within the CHRR structure and clients were referred to it from CHRR. Furthermore, the program was part of a network which included other NGOs and hospitals, and victims would be referred to the torture centre through this network.

2.5 The clients

Support was provided to "victims", who were defined as those who had been exposed to violence during the past regime. Some of these people were detained in prisons, some were beaten, some were unlawfully detained, and some had their property stolen by relatives who would come and grab their property— either on the basis of political or religious differences.⁶ In short, victims were all those who were exposed to trauma.

Although the Centre was open to all citizens of Malawi, the client base was concentrated mainly in the capital city, Lilongwe and the outskirts. In addition, a significant number of clients also came from Mchinji, Nkhata Bay and Karonga districts. People heard about the project from radio advertisements and public outreach initiatives. In addition, clients were referred to the torture treatment program from CHRR. Further, due to the fact that many torture victims were Jehovah's Witnesses, persecuted for their religious beliefs, some clients were referred to the program by Jehovah's Witness church elders. The impression from project staff was that the Jehovah's Witnesses were the largest client constituency.⁷

The clinic was open daily, and the number of clients per day was roughly 6-7. Although the clinic did have physical office space (within CHRR premises), where clients came for treatment and advice, the program also conducted community work. Approximately twice a week the staff would go out into the field to do home or village assessments, or even follow-up visits for clients who were unable to travel to the office. Community field visits were not only in the interests of assessing victims who were unable to come to the clinic, but also, these visits gave staff the opportunity to observe the conditions in which clients lived, as well as how clients were integrating into society. Many individuals who returned from exile or who were previously internally displaced experienced psychological trauma and difficulty re-integrating into the communities they had left. These field visits provided clinic staff with an opportunity to observe the dynamics within communities, and thus strategize about effective counseling advice.

Despite the need for the project, as was evidenced by the community patronage, funding was not extended after the initial pilot period. This left a gap in the provision of victim support services in the new and democratic Malawi. As a result, several clients were unable to complete their courses of treatment. And, even more regrettable was that there would be no place where people could go for general advice and assistance on human rights.

3. Victim/Beneficiary Community Support for the Project

Indications from the client community were that for the most part the clients were pleased with the assistance they received from the project. It was noted that since the core objective of the project was providing total care to the victim, and since most people required assistance in one aspect or another (financial, physical, mental, spiritual), everyone was

able to benefit from the services provided by the project. For many, their satisfaction with the project stemmed from the fact that it was the first time that they had received any sort of care, whatsoever.

Although the project did what it could to fill the gaps left by government in assisting victims and returnees, there were also cases where victims were able to access the little service provided by the government more so than they were NGO support. In any case, whatever was provided by the government or the NGO sector was insufficient to address the range of needs of the victims. As one victim indicated, he received 500 kwacha per month from the Department of Relief and Rehabilitation when he returned to Malawi in 1993 after having been in exile for 10 years. However, these monthly payments were stopped because of promises made by the NCT to help resettle returnees. He never received any compensation money from the NCT. Although the assistance he received from the government was very little and short-lived, he did not receive anything from the NGO sector. Moreover, this victim was not even aware that NGOs were involved in providing support to returnees.

Another victim, Msiska, attributed the above problem to the fact that when he first arrived back in Malawi in 1993, NGOs were just beginning to appear on the scene. He noted that during the height of the Banda era, NGO activity was forbidden,⁸ and it took a while for this atmosphere to change. He questioned, however, why assistance was not forthcoming from international NGOs or UN agencies, such as the UNHCR. Maybe the Malawian government did not request this assistance, but Msiska notes, that in its effort to resettle the returnees, the government would have greatly benefited from the expertise and structure that a UN agency would have provided.

Msiska would later become involved in CHRR as a legal officer when the torture victim support project was operational. In terms of the referral advice and assistance that the project provided for clients with respect to the NCT, Msiska viewed CHRR as a window to the NCT.⁹ The reality was that most of the returnees did not know where to go for assistance, or what sort of assistance was available. Even those who were aware that the NCT existed did not know the procedure of accessing this assistance. In this way, CHRR functioned to connect people with the NCT, and of those that CHRR informed about the NCT, many of them were able to access assistance.

The process of the NCT was that claims were dealt with on a first come, first serve basis, however, in actuality, it did not work as such. It was understood that when claims were filed with the NCT, interim payments of 10,000, 15,000 or 20,000 kwacha were given to applicants while they waited for their cases to be fully assessed and final award payments made. However, there were some stories circulating that various high profile individuals received sums as high as 2 million kwacha. The government position was that these high awards went to "special cases" and many suspected that "corruption and political intervention prevented the fair operation of the NCT".¹⁰

4. Impact of the Project

Positive client comments indicated that the project was making best efforts at fulfilling a dire need within the population. Client evaluations during the life of the project assured

project staff that they were on the right track.

The core objective of the project was to assist in the rehabilitation of torture victims. Such rehabilitation could have taken the form of physical medical treatment, psychological counseling, or legal assistance. Overall, the aim was not simply to rehabilitate individuals, but also to rehabilitate the nation in terms of the way that individuals relate to one another. As previously mentioned, the returned exiles were met with much hostility from those who had not gone into exile. The basis of this hostility was a lack of understanding of the way in which the two groups dealt with their victimization during the Banda years. When the torture victim project set out to assist in the reconciliation process, it was meant to be on the individual as well as national level. And even beyond this, the project had an international impact as well. The project assisted refugees, such as from Rwanda and Zaire (Congo) who were seeking refuge in Malawi. They were provided whatever assistance was available to them, such as where they could access legal and other refugee services. It was acknowledged that the language barrier may have impacted upon the quality of service that the refugees received.¹¹

Given that the project was the only one of its kind in either the governmental or non-governmental sectors, it definitely had a noticeable impact on the provision of assistance and advice to victims of torture. Although some rehabilitative and compensatory assistance was provided by the government, this assistance was minimal and did not reflect the comprehensive support that victims needed.

The project's networking among the different stakeholders helped with follow-up, project evaluation and to create a clearer picture of the range of human rights violations that occurred and what impact it had on the people. The project's involvement in community outreach and public awareness advised many people of their rights, and also sought to encourage community members to share their experiences be open to the experiences of others, in the attempt to work towards reconciliation.¹² For many Malawians, the transition that came with re-integration was extremely difficult. In the case of the Jehovah's Witnesses, before this group was persecuted, some members were fairly wealthy landowners. When they fled or were chased away, they left with nothing. And similarly when they returned from exile (after having lived many years in refugee camps), they came back with nothing. Thus, psychologically, it was difficult to re-integrate into a society which you had been forced to leave, holding a certain social and economic class, and then return to a much more impoverished status.¹³

It is important to note that the project did not come to an end because of lack of need or lack of staff commitment, but rather lack of funding. The project was initially developed and funded by the Centre for the Rehabilitation of Torture Victims in Copenhagen, Denmark. The particular expertise of the funder proved to be useful. After the initial pilot phase, the donor suggested that the project should operate as a separate NGO, rather than under the auspices of CHRR. Arrangements were made to establish the torture victim support entity as a separate NGO. However, before this was complete, the donor withdrew funding. It was difficult to secure alternate funding, as other donors were not too keen on the idea of establishing the project as a separate entity.

Although the clients were for the most part satisfied with the project, as was evidenced by

their patronage of the counseling, legal and medical assistance provided, the reality was that the victims were in need of more than the project was equipped to provide. For those who had returned from exile and were in search in employment, housing, and compensation for stolen property, there was a need for broad-based infrastructural support, which required the machinery of government. Although client satisfaction was overall relatively high, it was recognized that the project was in need of capacity building in the area of counseling services.

Given that the torture victim support project was the only one of its kind in either the governmental or non-governmental sectors, its very existence was a small symbol to those who had returned from exile that there were some efforts being made to assist them. In this way, the existence of the project was able to control some elements of frustration on the part of the returnees. It was likely that without the forums provided by the programme (informal discussions/information exchanges and the provision of counseling services) some of the returnees might have resorted to violence.

4. Conclusion

Due to the brevity of the study many questions and issues remain unanswered yet this short review of one programme does highlight the gaps in victim support services in Malawi. The questions that need further review include:

- Is there a present need for victim support services for torture victims?
- Have the victims of the past been adequately helped?
- If the project were to be revived today, what form/structure would it take?
- What is the current societal attitude towards victims of torture?
- What is the government's position on: 1) eliminating the incidence of state torture; 2) acknowledging overall responsibility and assisting victims?

Notes:

¹ CHRR internal document: "Project Documentation on a Pilot Project on the Treatment and Rehabilitation of Torture Survivors and their Families in Malawi".

² Interview with Ollen Mwalubunju, CHRR executive director, June 13, 2002.

³ Interview with Undule Mwakasungura, former project documentation officer, February 20, 2002.

⁴ Interview with Undule Mwakasungura, former project documentation officer, February 20, 2002.

⁵ CHRR internal document: "Project Documentation on a Pilot Project on the Treatment and Rehabilitation of Torture Survivors and their Families in Malawi", p. 13.

⁶ Interview with Charity Salima, former project nurse with the CHRR torture victim project, February 22, 2002.

⁷ Interview with Undule Mwaksungura, former project documentation officer, February 20, 2002.

⁸ Msiska continued to explain that during the Banda era, it was illegal to form NGOs – and this prohibition did not just apply to NGOs that were political in nature, but also to those who investigated human rights violations.

⁹ Interview with Clifford Msiska, former victim, June 11, 2002.

¹⁰ Interview with Clifford Msiska, former victim, June 11, 2002.

¹¹ Interview with Undule Mwakasungura, project documentation officer, February 20, 2002.

¹² Interview with Undule Mwakasungura, former project documentation officer, February 20, 2002.

¹³ Interview with Undule Mwakasungura, former project documentation officer, February 20, 2002.