1. Basic Information

1.1. CRIS Number:
1.2. Title: Training Programme on the Istanbul Protocol: Enhancing the Knowledge Level of Non-Forensic Expert Physicians, Judges and Prosecutors
1.2. Sector: Political Criteria
1.4 Location: Turkey
1.5 Duration: Two years

2. Objectives

2.1. Overall Objective(s):

Promoting further alignment with the EU acquis on human rights

2.2. Project purpose:

Enhancement of effectiveness of the evaluation process in medical examination and judicial procedures of torture claims by:

- training of physicians who are not expert on forensic medicine regarding the Istanbul Protocol in order to be able to perform an appropriate examination of possible victims of torture,

- training of prosecutors and judges regarding the Istanbul Protocol in order to improve their ability to prosecute and assess torture cases.

2.3. Accession Partnership (AP) and NPAA priority

The aim of this project is to promote further alignment with the EU acquis on human rights. Torture is one the major human rights violations; therefore it is inevitable to emphasize the importance of conducting a proper investigation and interpreting every possible evidence in suspected torture cases.

The Turkish Government has decided to eliminate torture and maltreatment in the law enforcement and justice systems and to demonstrate a strong zero tolerance policy. The legislative and administrative measures for the swift execution of justice will be implemented fully. All envisaged legislative and administrative measures, including legal and penal reforms, will be taken with sensitivity to the prevention of torture and maltreatment. During the implementation of the measures special account will be taken of Article 3 of the ECHR and the recommendations of the CPT. Added emphasis will be given to mechanisms for monitoring, supervision, and reporting.
In this connection:

- Allegations of torture and maltreatment will be investigated immediately and thoroughly, and the offenders will be punished rapidly.

- Provisions on the rights of persons arrested, detained or charged to communicate with their lawyers and inform their relatives will be fully implemented.

- Modern investigation techniques and medical monitoring systems to prevent maltreatment and human rights violations will be implemented effectively.

- Human rights training for law enforcement officials will be intensified and expanded.

- Implementation of the measures in the Code of Penal Procedure and the Bylaw on Arrests, Detentions and Interviews will be monitored effectively and immediate legal action will be taken against those failing to comply with their provisions.

- The recourse mechanism against responsible personnel for the compensations paid in compliance with the decisions of the ECtHR on cases of torture or inhumane or degrading treatment will be applied effectively.

- Public awareness will be raised on the rights of individuals during arrest, detention, and custody and the procedures for complaint if these rights are denied.

- The ongoing human rights training of public officials, especially members of the judiciary and law enforcement officers, will be expanded, and training programs designed to raise awareness on ECHR and ECtHR case law, as well as EC law, will be developed further.

**2.4. Contribution to National Development Plan**

NA

**2.5 Cross Border Impact**

NA

**3. Description**

**3.1. Background and justification:**

Turkey has completed comprehensive constitutional and legislative reforms that reinforce and safeguard fundamental rights and freedoms, democracy, the rule of law, and the protection of and respect for minorities, as set out in the Turkey National Programme for the Adoption of the European Union Acquis of 24 March 2001. In this context, comprehensive legislative and administrative measures against torture and maltreatment have been put into force. The right to retrial in the light of the decisions of the European Court of Human Rights (ECtHR) has been introduced. Circulars have been issued to raise the awareness of civil servants on the prevention of torture and maltreatment. Human rights training programs for civil servants, particularly law enforcement officers, have been intensified and broadened. Comprehensive training programs for judges and prosecutors, especially on ECHR provisions and ECtHR
case law, continue in collaboration with the Council of Europe and the European Union. Solid progress in practice, parallel to the reforms, has been registered in all these areas.

The Council of Forensic Medicine (Adli Tıp Kurumu, ATK) is an establishment of the Ministry of Justice and the main official expert institution in Turkey. The duties and responsibilities of ATK are presently defined in Turkish law (Law No. 4810, 19th February 2003, art. 2) as:

a) to state scientific and technical opinions on matters concerning forensic medicine which may be referred by the courts or the offices of judges or public prosecutors;
b) to provide forensic medicine speciality and secondary branch speciality training under the Bylaw on Medical Speciality;
c) to organise seminars, symposia, conferences and similar events with a view to conducting the activities in the areas of forensic medicine and forensic sciences, to implement training programmes concerning the same, and to assist in the development and implementation of training programmes in forensic medicine by the institutions, organisations and boards concerned;
d) to provide the health services required during the performance of forensic medicine services.

Approximately 85 000 forensic reports are provided each year as a response to requests by the courts and district prosecutors. In addition, medical practitioners can study in the Council to become a forensic medicine expert.

The organisation chart of the Council of Forensic Medicine is given in Annex IV.

The Council has branch offices in seven cities. Each of them deals with crime scene investigation, autopsy, some toxicological analyses and clinical forensic medicine. The Council has plans to equip especially Ankara and Izmir branches to a level similar with the headquarters in chemistry and DNA analyses. In a country such as Turkey with long distances and a large population a regional laboratory structure is well justified. In addition, the Council has a unit in 27 regions. They perform clinical forensic medicine examinations and autopsies, with the exception of the 15 units in Istanbul which send the corpses to the Morgue Department for autopsy.

The headquarters of the Council is located in Koca Mustafapaşa, Istanbul, but it will move to new quarters ca. 10 km from the present location in August 2005.

There are other governmental establishments also providing expert services in forensic science and forensic medicine. The relationship between these and the relevant authorities within the justice system is given schematically in Annex VI.

The general purpose of this project is to improve the knowledge level of the physicians who are not experts on forensic medicine as well as prosecutors and judges dealing with torture cases within the justice system on the contents of the Istanbul Protocol.

The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (“the Istanbul Protocol”) is the first set of international guidelines for documentation of torture and its consequences. It became a United Nations official document in 1999. The Istanbul Protocol is intended to serve as a set
of international guidelines for the assessment of persons who allege torture and ill treatment, for investigating cases of alleged torture, and for reporting such findings to the judiciary and any other investigative body. It is thus the internationally agreed basis for effective examination of alleged torture cases. The Istanbul Protocol Manual is given in Annex VIII.

Although international human rights and humanitarian law consistently prohibit torture under any circumstance, torture and ill treatment are practiced in more than half of the world's countries. The striking disparity between the absolute prohibition of torture and its prevalence in the world today demonstrates the need for Countries to identify and implement effective measures to protect individuals from torture and ill treatment.

Such documentation brings evidence of torture and ill treatment to light so that perpetrators may be held accountable for their actions and the interests of justice may be served. In the case of health professionals who are coerced to neglect, misrepresent or falsify evidence of torture, the Manual also provides an international point of reference for health professionals and adjudicators alike.

The huge amount of forensic expertise in Turkey is still made by physicians who are not forensic experts. The basic education in medicine is provided by the Medical Faculties of the Universities. It is a 6-years education and training period, including the theoretical education and practical training. The students have theoretical education as well as practical training in forensic medicine, but the current curriculum is not able to cover all aspects of medical examinations in medico-legal cases in depth. The medical examination of suspected torture cases are mainly performed by physicians of primary health services who are employed by the Ministry of Health. The examination results are sent as a written report to the prosecutorships or to the courts. There are strict rules to be followed in the examination of victims of ill treatment and also in the preparation of medical reports of such cases. It is important to introduce the Istanbul Protocol Manual to these physicians as the guideline in such examinations.

Once physical evidence of torture is identified and documented clearly, it is important that these reports are interpreted correctly by the courts. The majority of judges and prosecutors involved in the judicial process of torture claims don't possess the required training and skills to evaluate medical examination reports of probable torture cases in alignment with the Istanbul Protocol requirements, so many of these claims remain inconcluded within the Turkish judicial system and are referred to the ECtHR. Serial training seminars on manual of the Istanbul Protocol aim to train physicians and judges and prosecutors and to raise their awareness and sensitivity on this issue and so to enhance the quality of medical reports and their use in the courts.

The number of forensic medicine experts in Turkey are about 300, including the experts employed by the Ministry of Justice, meaning that they work in the Council of Forensic Medicine headquarters in Istanbul and in the 7 branch offices and 27 units, the academicians in the Forensic Medicine Departments of the Universities, and forensic medicine experts working in state hospitals as employees of the Ministry of Health. The specialization training is given either in the Forensic Medicine Departments of the Medical Faculties or in the Council of Forensic Medicine headquarters in Istanbul. Considering the current number of cities in Turkey and the geographical size of the country, it is understandable that the number of forensic medicine experts is far away of being sufficient for an effective medical
examination of torture cases in every part of the country. Therefore, the training of non-expert physicians is of great importance.

The examination rooms, which are currently within the Courthouses, are planned to be moved to hospitals and health centers. In line with the recommendation of the 2003 EU Advisory Visit on the functioning of the judiciary system, the Council of Forensic Medicine which has its units within the Courthouses started to move the examination rooms to hospitals in 2004. The conditions in the examination rooms in Courthouses cover the basic requirements of a medical examination, but their move is planned in a near future, so there is no need for the assessment of equipment needs there. The situation of the examination rooms in hospitals are on a satisfactory level and don't need further consideration. The only required equipment according to the Istanbul Protocol is a camera available at least in one of the health facilities of each city or town in Turkey. Based on the number of health directorates in Turkey, the number of necessary cameras are considered as 900 for the health units linked to the Ministry of Justice and 40 for the units of the Council of Forensic Medicine in the Provinces of Turkey. Considering the previous purchase of non-digital cameras for the pilot implementation of the Istanbul Protocol in the units of the Council in Istanbul, the indicative budget for the purchase of equipment is based on the market price of an ordinary non-digital camera.

3.2. Sectoral rationale

This project aims to support the Turkish government in its zero policy against torture and ill-treatment.

With regard to prevention of torture and ill-treatment, most of the legislative and administrative framework required to combat torture and ill-treatment has been put in place since 2002, when the government declared its intention to pursue a zero-tolerance policy against torture. In accordance with various legislative amendments, pre-trial detention procedures have been aligned with European standards; sentences for torture and ill-treatment can no longer be suspended or converted into fines; and the requirement to obtain permission from superiors to open investigations against public officials has been lifted. Also some improvements have been introduced to medical examinations. The Regulation on Apprehension, Detention and Statement Taking was amended in January 2004, which strengthened the rights of detainees. Accordingly, medical examinations of detained persons are to be carried out without the presence of the security forces, except when the doctor requires otherwise. In October 2003 the Council of State clarified that detainees’ medical examination reports should not be copied to law enforcement officers. In April 2004, the Turkish Medical Association issued a guideline stating that disciplinary penalties should be brought against doctors who discriminate on the basis of gender, race, nationality or for any other reason, during medical checks and treatment.

Although many of the recommendations of the Council of Europe’s Committee for the Prevention of Torture and Ill-Treatment (CPT) and the relevant UN bodies have been acted upon, there is still need to pursue vigorously efforts to combat torture and other forms of ill-treatment by law enforcement officials. Notwithstanding the January 2004 Regulation and despite the general improvement in practice, there are still reports of detainees being seen by a doctor in the presence of law enforcement officials without the prior request of the doctor. Moreover, the requirement to transmit the medical report to the authorities concerned (public prosecutor), without providing copies to law enforcement officials, is not always met.
This project will not prevent torture and ill treatment by itself, but seen in the bigger picture and together with the planned 2005 project on “Establishment of an Independent Complaints Commission & Complaints system for the Turkish National Police and Gendarmerie”, it shall act as a deterrent measure as both doctors and prosecutors will be better equipped to identify torture and ill treatment and act upon detection of such treatment.

The Regular Report 2004 states that despite the government’s policy of zero tolerance in the fight against torture and reduction in the complaints related to torture and ill-treatment, some practices still remain and that the Turkish authorities should continue to tackle this problem and further efforts will be required to eradicate such practices.

3.3. Results

3.3.1. Project Purpose

Enhancement of effectiveness of the evaluation process in medical examination and judicial procedures of torture claims by:

- training of physicians who are not expert on forensic medicine regarding the Istanbul Protocol in order to be able to perform an appropriate examination of possible victims of torture,
- training of prosecutors and judges regarding the Istanbul Protocol in order to improve their ability to prosecute and assess torture cases.

3.3.2. Results

- The Istanbul Protocol implemented as regards medical examination of torture claims.
- The Istanbul Protocol implemented as regards interpretation of medical reports of torture claims by prosecutors and judges.
- New guidelines, procedures and services adopted for medical examinations and judicial interpretations in line with the Istanbul Protocol.
- Monitoring mechanism established for medical examinations.
- Training strategy on medical examination of torture claims developed and implemented by the Council of Forensic Medicine, Ministry of Health and Ministry of Justice.
- Equipment requirements in medical examination facilities regarding the Istanbul Protocol fulfilled in terms of non-digital cameras.

3.4. Activities (including Means)

The activities should be considered in two components, the first component including the assessment of the current situation in the country and the second component including the training itself.

Component 1:
- Assessment of the current situation with regard to medical examinations and judicial procedures of torture and maltreatment cases, including the legislative framework, the guidelines and procedures that are followed, organisation of the services, working relationship and cooperation between the relevant institutions and the medical examination form filled by the physicians, etc. and identification of shortcomings.

- Establishment of a joint working group between the Council of Forensic Medicine, Ministry of Justice, Ministry of Health, Police, Gendarmerie and relevant NGOs to work on new guidelines, procedures and improved cooperation together with the Service Contract Team.

- Development of improved guidelines, procedures and services in the context of medical examination as well as the medical examination form in line with the Istanbul Protocol.

- Adoption of new guidelines, procedures, services and the new medical examination form.

- Establishment of a monitoring mechanism for medical examinations of torture claims.

**Component 2:**

- Assessment of training needs. The training needs of physicians, and prosecutors and judges who are subject to the training programme will be assessed by experts on trainings regarding the Istanbul Protocol.

- Development of suitable training materials and methodology for the training of trainers and dissemination of training on the basis of the needs assessment

- Adoption of future training strategies including methodology and curriculum for medical schools, faculties of law and the Justice Academy

- Training of 250 trainers. In order to achieve the goal of training 4000 physicians who are not expert on forensic medicine and 1000 prosecutors and 500 judges, training of trainers will be necessary. These trainers, selected by the beneficiaries will be trained by Turkish and foreign experts on that particular field.

- Training of 4000 physicians who are not expert on forensic medicine regarding the Istanbul Protocol. Since the huge amount of forensic expertise in Turkey has been still made by physicians who are not forensic experts, the educations of non-expert physicians are strong obligation on medical evaluations of torture. According to the Istanbul Protocol Manual physicians performing the medical examinations should be well trained and skilled in that field. To achieve this goal, physicians who are not experts on forensic medicine and but who are due to the current situation in Turkey responsible of medical examinations in suspected torture cases should be trained by Turkish and foreign experts on that particular field in order to be supported in obtaining the necessary knowledge and developing the required skills.

- Training of 1000 prosecutors and 500 judges regarding the Istanbul Protocol. The Istanbul Protocol Manual requires also the appropriate utilization and interpration of the medical documents. Prosecutors and judges who deal intensively with suspected torture cases should therefore be trained by Turkish and foreign experts on that particular field in order to be supported in obtaining the necessary knowledge and developing the required skills.
- Monitoring and evaluation of the provided trainings, identification of further training needs and recommendations for the future.

- Purchase of equipment: Purchasing 900 high quality non-digital cameras to be supplied to the new examination rooms in hospitals and health centers, and not to the old rooms in courthouses according to the requirements of the Istanbul Protocol Manual and 40 for the units and branches of the Council of Forensic Medicine.

3.5. **Linked Activities:**

- The Council of Forensic Medicine has proposed a training project on the Istanbul Protocol to the EU TAIEX Office. The trainings within the frame of the TAIEX Project will start by the end of May 2005. Two training sessions are planned including 75 physicians and 75 judges and prosecutors, one in Ankara and one in Istanbul. These trainings will constitute a preliminary support to the Ministry of Health and Ministry of Justice prior to the start of implementation of this project. The trainings will be delivered by the British Medical Association and Turkish Medical Association, which will ensure continuity and link to the present project as the two institutions are to be awarded a direct contract to implement this project.

- Turkish Medical Association provides training on the Istanbul Protocol on national as well as on international level. The training programs of TTB are given below:

**National training programs:**

Pilot training project in 2001-2002 in five different cities of Turkey (Adana, Ankara, Diyarbakır, Istanbul, Izmir). 30 people (general practitioners, psychiatrists, forensic doctors, lawyers) in each city attended these trainings. During these trainings training materials were prepared and these manuals are used in following programs. In cooperation with Izmir Bar Association, four training programs were performed. Forty lawyers attended to each training. Two training programs were organized together with the Provincial Health Directorate of Izmir (İl Sağlık Müdürlüğü) and Izmir Medical Chamber in October 2002 and 2003. 30-35 physicians attended to each program. In cooperation with Diyarbakir Bar Association two training programs were performed in October 2003 and May 2004 and 40 lawyers attended to each training. Several short term courses and similar training programs organized in cooperation with Istanbul Bar Association since 2001. 200 lawyers trained in these programs. Several members of HRFT, TMA and FMSA are giving lectures about Istanbul Protocol in universities including Hacettepe, Istanbul, Kocaeli and Bilgi University.

**International training programs:**

There were two main international training projects up to now. One of them is a program between Physicians for Human Rights-USA (PHR-USA) and Mexican Federal Attorneys Office. As a part of Human Rights Training Program, PHR-USA performed training for forensic physicians and a member of TMA (Önder Özkalicioğlu) contributed to these programs as a trainer.

Second international training program is a project of IRCT, World Medical Association, PHR-USA, TMA and HRFT named Istanbul Protocol Implementation Project (IPIP). As a summary, it was a training program in five countries (Mexico, Uganda, Georgia, Morocco and Sri Lanka). Training was performed with medical professionals and lawyers. TMA and HRFT contributed to the preparation of training materials of IPIP and a staff from HRFT took
a leading role in the IPIP training in Georgia. TMA and HRFT contributed also to the
preparation of national training materials (medical and legal). Three members of TMA
attended the training program in Georgia and two members of TMA attended the training
program in Morocco as trainers.

- The Ministry of Justice provided internal trainings on human rights to prosecutors and
judges in 2004

3.6. Lessons learned:

ECtHR has given several decisions against Turkey on suspected torture claims, mostly based
on insufficient medical examinations of probable victims of torture and other cruel, inhuman
or degrading treatment or punishment and insufficient evaluation of medical reports by judges
and prosecutors.

It is probable that problems in this area are partially caused by lack of competence among the
Turkish medical practitioners to detect signs of torture. This training program will improve the
competence level of physicians and besides that also raise awareness to fight torture.

But on the other hand, even high quality medical documentation of torture signs may remain
useless without carefully and appropriate utilization by related prosecutros and judges. This
training program will increase the capacity of prosecutors and judges regarding the evaluation
of medical reports in suspected torture cases.

The proper documentation of torture findings by trained physicians and the appropriate
interpretation of these medical reports by prosecutors and judges will allow the justice system
as a whole to assess suspected torture cases on a much more satisfactory level. This will
probably lead to an increase of torture claims at the beginning, but at the same time it will
also enable the courts to complete suspected torture claims based on sound physical evidence.
This again will decrease the numbers of incomplete torture claims within the internal justice
system and will also reduce the numbers of claims referred to the ECtHR based on the motive
of improper investigation of the case.

4. Institutional Framework

The Council of Forensic Medicine is the official expert institution responsible of obtaining,
evaluating physical evidence in torture or maltreatment cases and providing the courts with
high quality medical reports on this issue. For this reason the Council of Forensic Medicine is
the self-evident executive institution in this project.

The European Union Projects Working Group within the Council of Forensic Medicine will be
the coordinator of the project.

The Education and Training Department of the Ministry of Justice will be responsible of
selecting and appointing of judges and prosecutors and their participation in the trainings.

The Education and Training Department of the Ministry of Health will be responsible of
selecting and appointing of physicians who are not experts on forensic medicine.
Working groups involving the different institutions and a steering committee constituted of representatives of related institutions will be established and the coordination and cooperation will be ensured by the Council of Forensic Medicine.

5. Detailed Budget

<table>
<thead>
<tr>
<th></th>
<th>Phare/Pre-Accession Instrument support</th>
<th>Co-financing</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Public Funds (*)</td>
<td>Other Sources (**)</td>
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<tr>
<td>€M Year 2005 - Investment support jointly co funded</td>
<td>0.225 M€</td>
<td>0.075 M€</td>
<td>0.075 M€</td>
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<td>Investment support – sub-total</td>
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<td>0.075 M€</td>
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<tr>
<td>% of total public funds</td>
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<td>Year 2005 Institution Building support</td>
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<td>-</td>
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<tr>
<td>IB support</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total project 2005</td>
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<td>0.075 M€</td>
<td>0.075 M€</td>
</tr>
</tbody>
</table>

indicative Year 2006
Investment support
indicative Year 2006
IB support
Total (indicative) project 2006

(*) contributions form National, Regional, Local, Municipal authorities, FIs loans to public entities, funds from public enterprises

(**) private funds, FIs loans to private entities
1. All investment sub-projects supported by the pre-accession fund must receive co-financing from national public funds. Minimum requirement for co-financing from national public funds is 25% of the combined PHARE and national contributions to the overall investment support.

2. Many Institution building projects will also have a degree of co-financing – this should be quantified and included wherever possible.

3. Expenditure related to equipment (regulatory infrastructure or ESC-related) and to Technical Assistance supporting investment (e.g. pre feasibility study / supervision of works / technical specifications) should be considered as Investment support in the project fiche.

4. All co-financing must be provided on a joint basis. Parallel co-financing will, in principle, not be accepted. Exceptions to this rule have to be agreed with the Commission in advance.

5. All co-financing should be clearly quantified, also the degree of certainty of such co-financing (i.e. for National Public Funds: is it already earmarked in local or national budget, for FIs Loans, private funds: are they already approved/under appraisal, etc.).

6. Where parallel co-financing is accepted and justified per exception to the normal rule it should be provided in monetary form. If this is not possible there should be clear criteria set out for the valuation of any non-monetary contributions (that should be quantified in the table).

7. If twinning is involved, clearly state the expected budget of the twinning covenant.

8. The financial engineering of the project should be closely monitored against actual delivery during implementation and against the objectives that were set in the project fiche so that corrective actions may be taken where required.

6. Implementation Arrangements

6.1. Implementing Agency

The CFCU will be the implementing agency and will be responsible for all procedural aspects of the tendering process, contracting matters and financial management, including payment of project activities. The Director General of the CFCU will act as PAO of the project. His contact details are:

Mr. Nuri Ercan Tortop  
Programme Authorising Officer  
Central Finance and Contracts Unit  
Tel: +90 312 2854620  
Fax: +90 312 2859624  
e-mail: ercan.tortop@cfcu.gov.tr

6.2. Twinning

NA

6.3. Non-standard aspects
The Istanbul Protocol Project is an international project which is originated from grassroots and realised with voluntary work of 75 experts from 40 different organisations from 15 countries. The decision for preparation of the Istanbul Protocol was made in a meeting of Turkish Medical Association on Health and Human Rights in 1996. Of the 75 experts who participated in the preparation of the Istanbul Protocol, 24 of them were from Turkey and mainly from the Turkish Medical Association. After a long period of study and several meetings, the final draft was submitted to UNHCHR Mary Robinson after a meeting between UN professionals and Istanbul Protocol experts in Geneva in 1999. The Protocol was then accepted as a UN document also in 1999.

There are not many institutions available for training purposes regarding the Istanbul Protocol. Of the 40 participating organisations, only a few of them are originating from the Member States of the European Union (Denmark, the United Kingdom, Germany, France and the Netherlands) and even less so are specialised on the training of Istanbul Protocol. The Turkish Medical Association is one of the few institutions worldwide which is specialised on the Istanbul Protocol and has worldwide accepted training capacity on the detection, investigation and documentation of torture and ill-treatment. In its trainings, the Turkish Medical Association has been cooperating from the beginning with the Human Rights Foundations of Turkey and the Society of Forensic Medicine Specialists in Turkey, whose members are also members of the Turkish Medical Association.

Considering the national and international experiences of the Turkish Medical Association (see Section 3.5. Linked Activities regarding the trainings provided by the Turkish Medical Association) and that it is the only Turkish institution with the human resources capacity and expertise to offer the requested extensive training, a direct agreement with the Turkish Medical Association will be sought. Needless to say, including a Turkish partner for the delivery of the training has natural advantages in terms of language.

At the same time, recognising the need for the contribution of European Countries in terms of the available specialisation in Europe and as regard to the interest of the EU funding in general, a consortium between the TTB and an institution specialised on the Istanbul protocol and its training within the European Union shall be established and the delivery mechanism shall be organised in terms of direct service contract with this consortium.

The selection of the consortium partner will be done on the basis of a competitive procedure.

6.4. Contracts

There will be two contracts:
Contract 1: for institution building, 2.7 M€
Contract 2: for purchase of equipment, 0.3 M€

7. Implementation Schedule

7.1 Start of tendering/contracting: 4th quarter 2005
7.2 Start of project activity: 3rd quarter 2006
7.3 Project Completion: 3rd quarter 2008

For details, reference is made to annex 2.
8. Equal Opportunity

Equal opportunity principles and practices in ensuring equitable gender participation in the project will be guaranteed. Appropriate professional qualifications and experience will be the factors for personnel recruitment and evaluation. When recruiting personnel for this project, no distinction based on sex, race, or religion will be made. Both men and women will have equal opportunities and salaries. The project will comply with the European Commission's equal opportunity policy.

The beneficiary will pay special attention to assure the highest possible participation of women in the project. All periodical progress review reports and other interim reports will include a specific explanation on measures and policies taken with respect to participation of women and equal opportunity for women and men and will provide measurements of achievement of this goal.

9. Environment

The project itself will not have any adverse environmental impacts, other than those due to normal activities (e.g. transport).

10. Rates of return

NA

11. Investment criteria (applicable to all investments)

11.1. Catalytic effect

Purchasing equipment is necessary to fulfil the requirements of the Istanbul Protocol. The efficiency of trainings will be enhanced by providing the necessary equipment. The present financial resources of the Turkish Government alone are not enough to cover the costs of purchasing the equipment in a short term. Therefore the support of the European Union is required.

11.2. Co-financing

The Turkish Government will contribute to the purchase of equipment by 75 000 € or 25% of the total purchase budget.

11.3. Additionality

This EU grant does not displace any other sources of funding, especially from the private sector. There are no financial returns of this project to attract other financiers.

11.4. Project readiness and size
The annexes to the project fiche are already prepared. Preparation of ToR and technical specifications of the project are underway.

11.5. **Sustainability**

The project will be carried out with the contribution and participation of the Council of Forensic Medicine, the Ministry of Justice, and the Ministry of Health.

11.6. **Compliance with state aids provisions**

There are no approaches anticipated contrary to state aid provisions.

12. **Conditionality and sequencing**

There is no pre-condition for the start of the project. However, during project implementation the Turkish Council of Forensic Medicine commits itself to adopt new strategies and standards developed during the programme and disseminate them through further training and awareness-raising activities.

The Council of Forensic Medicine will also publish the newly developed guidelines, standards and strategies and communicate them to the public.

Projects to be supported by the European Union require the full commitment and participation of the senior management of the beneficiary institution. In addition to providing the project with adequate staff and other resources to operate effectively, the senior management must be involved in the development and implementation of policies and institutional change required to deliver the project results.

The project will have to seek for durable solutions and approaches which shall ensure adoption of the EU standards and best practices in the area of medical examinations of torture and ill-treatment, its documentation and prosecution as well as trial and thus prepare grounds for Turkey’s full integration into the EU.

During project implementation close cooperation with the European Commission and project partners will ensure best results by contributing to the preparation of activities and monitoring implementation of the working groups’ findings and products.
ANNEXES TO PROJECT FICHE

Annex I: Logframe of the project
Annex II: Detailed implementation schedule
Annex III: Contracting and Disbursement Schedule
Annex IV: Organisation chart of the Council of Forensic Medicine
Annex V: Reference list of relevant laws and regulations
Annex VI: Scheme showing the relationships between institutions providing forensic science and forensic medicine and other authorities within the justice system.

Annex VIII: Assessment of equipment needs
## ANNEX I: Logframe for Phare or Turkey pre-accession scheme projects

<table>
<thead>
<tr>
<th>Programme name and number:</th>
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<tbody>
<tr>
<td>TRAINING PROGRAMME ON THE ISTANBUL PROTOCOL: ENHANCING THE KNOWLEDGE LEVEL OF NON-FORENSIC EXPERT PHYSICIANS, JUDGES AND PROSECUTORS</td>
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</table>

<table>
<thead>
<tr>
<th>Overall objective</th>
<th>Objectively Verifiable Indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
</table>
| - Promoting further alignment with the EU acquis on human rights | - Achievement of compatibility with the EU acquis  
- Number of complaints about human rights abuses by the law enforcement authorities reduced by %20 between 2007 and 2008 as documented by international and national human rights NGOs.. | - Official Gazette of the Turkish Republic  
- Evaluation of the EU Regular Report on Turkey’s progress towards accession  
- Evaluation of the progress in the implementation of the Turkish National Programme for the adoption of the Acquis. | - Lack of financial resources to cover all needs. |

<table>
<thead>
<tr>
<th>Project purpose</th>
<th>Objectively Verifiable Indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
</table>
| - Enhancement of effectiveness of the evaluation process in medical examination and judicial procedures of torture claims by:  
- training of physicians who are not expert on forensic medicine regarding the Istanbul Protocol  
- training of prosecutors and judges regarding the Istanbul Protocol | - 30% decrease in internally inconcluded torture claims by the end of 2007  
- 30% decrease in torture claims against Turkey referred to the European Court of Human Rights based on the motive of improper investigation of the case by the end of 2007 | - Official Journal of the European Court of Human Rights  
- Juridical Register Records of the Ministry of Justice  
- Commission Regular Report  
- Evaluation and expert mission reports  
- Reports from working committees and groups  
- EC Delegation monitoring reports | - Lack of co-ordination and cooperation between doctors and judicial authorities  
- Inadequate and insufficient infrastructure of equipment and channels of communication  
- Inadequate training facilities and staff  
- Major logistical and geographical difficulties |
<table>
<thead>
<tr>
<th>Results</th>
<th>Objectively Verifiable Indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- The Istanbul Protocol implemented as regards medical examination of torture claims.</td>
<td>- Requirements of the Istanbul Protocol adopted as national standards by the end of 2007</td>
<td>Project reports</td>
<td>- Adequate provision from state budget</td>
</tr>
<tr>
<td>2- The Istanbul Protocol implemented as regards interpretation of medical reports of torture claims by prosecutors and judges.</td>
<td>- Medical examination reports brought in line with the Istanbul Protocol reports by end 2007</td>
<td>- Evaluation of relevant reports</td>
<td>- Insufficient, inadequate or poor co-ordination of the relevant government institutions</td>
</tr>
<tr>
<td>3- New guidelines, procedures and services adopted for medical examinations and judicial interpretations in line with the Istanbul Protocol.</td>
<td>- Prosecutions based on medical examination reports increased by 20% by project end as compared to the year before</td>
<td>- On-going evaluation of the Project</td>
<td>- Insufficient or inadequate co-ordination of effort within the judicial process</td>
</tr>
<tr>
<td>4- Monitoring mechanism established for medical examinations.</td>
<td>- New training strategy officially adopted by the relevant institutions by project end</td>
<td></td>
<td>- Sufficient human resources are allocated by the Turkish government</td>
</tr>
<tr>
<td>5- Training strategy on medical examination of torture claims developed and implemented by the Council of Forensic Medicine, Ministry of Health and Ministry of Justice.</td>
<td>- Medical facilities equipped with cameras</td>
<td></td>
<td>- Displacement of key personnel and/or resistance emerge from current or newly appointed gate keepers.</td>
</tr>
<tr>
<td>6- Equipment requirements in medical examination facilities regarding the Istanbul Protocol fulfilled in terms of non-digital cameras</td>
<td>- Use of cameras in medical examinations increased by 100% by project end</td>
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<thead>
<tr>
<th>Activities</th>
<th>Means</th>
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<tbody>
<tr>
<td><strong>Component 1:</strong></td>
<td></td>
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<tr>
<td>1. Assessment of the current situation with regard to medical examinations and judicial procedures of torture and maltreatment cases</td>
<td>- Direct Service Contract</td>
<td>- Both MoH and MoJ are presented with adequate participants</td>
</tr>
<tr>
<td>2. Establishment of a joint working group to work on new guidelines, procedures and improved cooperation together with the Service Contract Team.</td>
<td>- Training list and curriculum which will be obtained from the identification of training needs, the reports of the evaluation and assessment and the outputs of the assistance</td>
<td>- Effective co-operation and coordination with relevant institutions</td>
</tr>
<tr>
<td>3. Development of improved guidelines, procedures and services in the context of medical examination as well as the medical examination form in line with the Istanbul Protocol.</td>
<td>- Organisation and delivery of training</td>
<td>- Full commitment of the involved authorities</td>
</tr>
<tr>
<td>4. Adoption of new guidelines, procedures, services and</td>
<td></td>
<td>- Services delivered from an appropriate agency/ies in EU Member State/s and the Turkish Medical Association</td>
</tr>
<tr>
<td>Services</td>
<td></td>
<td>- Effective monitoring of project</td>
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</table>
the new medical examination form.

5. Establishment of a monitoring mechanism for medical examinations of torture claims.

- **Component 2:**

1. Assessment of training needs.

2. Development of suitable training materials and methodology

3. Adoption of future training strategies

4. Training of trainers

5. Training of 4000 physicians who are not expert on forensic medicine regarding the Istanbul Protocol.

6. Training of 1000 prosecutors and 500 judges regarding the Istanbul Protocol

7. Monitoring and evaluation of the provided trainings, identification of further training needs and recommendations for the future.

8. Purchase of equipment in terms of non-digital cameras

<table>
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<th>Implementation</th>
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<tbody>
<tr>
<td>- Timely availability of adequate resources</td>
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<tr>
<td>- Staff will be released for training</td>
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<td>- Staff will be able to absorb the training</td>
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- Equipment provided
## ANNEX II: IMPLEMENTATION CHART

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| Design               | D    |
| Tendering and contracting | C    |
| Implementation and Payments | I    |
## ANNEX III: CONTRACTING AND DISBURSEMENT SCHEDULE

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ANNEX V: REFERENCE LIST OF RELEVANT LAWS AND REGULATIONS

A- LIST OF INTERNATIONAL LEGISLATIONS

The ISTANBUL PROTOCOL: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
Universal Declaration of Human Rights
Covenant on Civil and Political Rights
Optional Protocol to the Covenant on Civil and Political Rights
Convention Against Torture
The Geneva Conventions
Convention against Torture or Other Cruel, Inhuman or Degrading Treatment or Punishment
Declaration on the Protection of All Persons from Being Subjected to Torture or Other Cruel, Inhuman or Degrading Treatment or Punishment
Optional Protocol to the Convention against Torture or Other Cruel, Inhuman or Degrading Treatment or Punishment
Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture or Other Cruel, Inhuman or Degrading Treatment or Punishment
Code of Conduct for Law Enforcement Officials
European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
Protocol No. 1 to the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
Protocol No. 2 to the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power
ANNEX V: REFERENCE LIST OF RELEVANT LAWS AND REGULATIONS

B- LIST OF NATIONAL LEGISLATIONS

Constitution (Anayasa)
National Programme (Ulusal Program)
The Turkish Penal Code (Türk Ceza Kanunu)
The New Turkish Penal Code (Yeni Türk Ceza Kanunu)
The Code of Criminal Procedures (Ceza Muhakemeleri Usul Kanunu)
The New Code of Criminal Procedures (Yeni Ceza Muhakemeleri Usul Kanunu)
Police Duty and Capacity Law (Polis Vazife ve Selahiyetleri Kanunu)
Gendarmerie Duty and Capacity Law (Jandarma Teşkilati, Görev ve Yetkileri Kanunu)
Law for the Council of Forensic Medicine (Adli Tıp Kurumu Kanunu)
ANNEX VI: Scheme showing the relationships between institutions providing forensic science and forensic medicine and other authorities within the justice system.
Annex VIII: Assessment of equipment needs

The Istanbul Protocol requires that “colour photographs should be taken of the injuries of persons alleging that they have been tortured, of the premises where torture has allegedly occurred (interior and exterior) and of any other physical evidence found there. A measuring tape or some other means of showing scale on the photograph is essential. Photographs must be taken as soon as possible, even with a basic camera, because some physical signs fade rapidly and locations can be interfered with. Instantly-developed photos may decade over time. More professional photos are preferred and should be taken when the equipment becomes available. If possible, photographs should be taken using a 35-millimetre camera with an automatic date feature. The chain of custody of the film, negatives and prints must be fully documented.”

The number of medical examination rooms where such cameras are not available, but where medical examinations are carried out intensively is determined as 900 by the Ministry of Health. The Council of Forensic Medicine identified that it needs in addition 40 cameras to be used in the existing forensic units and branches of the Council countrywide.

A small market survey conducted by the Council of Forensic Medicine showed that a high quality non-digital camera costs around 320,- Euro. Thus:

\[
940 \text{ cameras} \times 320 \text{ Euro} = \text{app. 300,000,- Euro}
\]

Total investment budget: 300,000,- Euro

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