

STRATEGIC PLAN 2015-2020



irct

International Rehabilitation
Council for Torture Victims

Disclaimer

In the context of this Strategic Plan the term torture is understood to encompass the full range of violations that qualify as torture and other cruel, inhuman or degrading treatment or punishment under the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

The terms torture victim and victim of torture are used in this Strategic Plan to refer to any person that has had torture or cruel, inhuman or degrading treatment inflicted on them. This is in accordance with the name given to the organisation by its founders. However, the IRCT respects that many persons self-identify using other terms, among them, torture survivor.

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Printed in Denmark

ISBN (print): 978-87-93113-11-4

ISBN (online): 978-87-93113-12-1

The International Rehabilitation Council for Torture Victims (IRCT) is an independent, international health-based human rights organisation, which promotes and supports the right to rehabilitation of torture victims, acts as a global knowledge hub on health-based rehabilitation, and leads the global consensus-making process on right to rehabilitation standards. The vision of the IRCT is a world without torture.

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ABBREVIATIONS

ACHPR	African Commission for Human and People's Rights
AICHR	ASEAN Intergovernmental Commission on Human Rights
ASEAN	Association of South East Asian Nations
CAT	United Nations Committee against Torture
CAT General Comment 3	General Comment No. 3 of the Committee against torture; Implementation of article 14 by States parties
CPT	European Committee for the Prevention of Torture
DFI project	Data in the Fight Against Impunity project
EU	European Union
ExCom	IRCT Executive Committee
IFEG	Independent Forensic Expert Group
INGO	International Non-governmental Organisation
IP	Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; Istanbul Protocol
LA	Latin America*
M&E	Monitoring and Evaluation
MENA	Middle East and North Africa
MLR	Medico-legal Report
NGO	Non-governmental Organisation
OPCAT	Optional Protocol to the Convention against Torture
OSCE	Organization for Security and Co-operation in Europe
RBM	Results Based Management
SSA	Sub Saharan Africa
SPT	UN Subcommittee on Prevention of Torture
UN	United Nations
UNCAT	United Nations Convention against Torture
UPR	Universal Periodic Review

*The IRCT currently does not have any members in the Caribbean region

INTRODUCTION

Since its creation 30 years ago, the IRCT has firmly established the right to rehabilitation in the global human rights agenda.

The IRCT's vision continues to be a world without torture. However, as long as the practice of torture continues, persons and communities subjected to it are entitled to full reparation, which includes health-based rehabilitation. In the IRCT's last strategic period, from 2007 to 2014, the movement contributed significantly to the most relevant global development in the field of torture rehabilitation: the issuance of General Comment No. 3 of the Committee against torture; Implementation of article 14 by States parties (CAT General Comment 3), which defines the right to rehabilitation within the frame of international human rights law.

Having reached this milestone, the next challenge is to ensure this entitlement is actually delivered.

This strategy provides a streamlined framework, which rests on a comprehensive mapping exercise already in progress, whereby the IRCT will capture, assess, codify and share the knowledge residing in the movement. This will be the basis for the IRCT's two strategic objectives:

- **The IRCT will be a leading hub of global knowledge on health-based rehabilitation.**
- **The IRCT will lead global consensus-making processes on the right to rehabilitation's contents, scope and standards.**

During the strategic period, the IRCT will seek to achieve these objectives through a series of activities grouped under three key result areas:

- **Capacity building** — the creation of a shared knowledge base will allow each member to identify gaps in their ability to implement best standards of service.
- **Research development** — the identification of shared knowledge will lead to the identification of gaps in relation to research needs.
- **Advocacy** — the existing knowledge and that generated through research will be used to promote entitlement to rehabilitation.

Two additional key result areas will focus on the IRCT's own organisational capacity:

- Continue to govern its activities within a democratic structure that respects cultural diversity and practices solidarity.

- Continue to implement the highest standards of operation and accountability.

This document has three parts. Part I is the vision. Part II has a detailed description of the IRCT's five chapters:

- Governance and Policy
- Capacity Building
- Research Development
- Advocacy
- Operations and Change Management

Part III provides an outline of the monitoring and evaluation system (M&S) and the budget.

“I was released in 2013 and started to piece my life back together – it turned out that I had spent 2,820 days in detention, far beyond the sentence I was given. I am still learning to live with this and my experience in prison. I am not the same, and I know I perhaps never will be. I have to learn to adapt to this life with my insecurities. Every time I look in the mirror and look at my crushed forehead I am reminded of my torture. I was able to move on from my torture thanks to those who supported me, particularly my family and professionals from the Georgian Center for Psychosocial and Medical Rehabilitation of torture Victims (GRCT). I was referred to the GCRT through a friend. They helped me deal with what I had been through without judgment or discrimination. I received psychological and medical assistance and completed psychotherapy sessions to speak about my experience. Their support taught me that people can move on, that life is precious, and that you cannot take things for granted. Their help allowed me to build my confidence, heal my wounds, and even get a job as well. They taught me so much and I cannot thank them enough for their help.”

Vaja Kakushadze

Testimonies¹

PART I

VISION

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HISTORY

“The aim of torture is to destroy a person as a human being, to destroy their identity and soul [...] We know that survivors of torture can be helped to regain their health and strength, and in helping them we take the weapon from their torturers. They sought the destruction of other human beings. They have not succeeded.”

Dr. Inge Genefke, founder of the IRCT

The IRCT grew out of a need to create an international platform for health-based work against torture, which began in 1973 when Amnesty International started a campaign to diagnose and heal torture victims in Chile. Soon after, Inge Genefke and three other medical doctors formed the first Amnesty International Medical Group. Other inspiring pioneers in the field of rehabilitation were expanding their work elsewhere. The late Helen Bamber, OBE, was part of a small group of health professionals that established the first Medical Group in the British Section of Amnesty International. By the end of the 1970s, there were several thousand doctors in Amnesty International Medical Groups around the world.

In 1980 Dr. Genefke and her colleagues were given permission to admit torture victims to the University Hospital in Copenhagen, Denmark, and in 1981, she became one of the founders of the Rehabilitation and Research Centre for Torture Victims (today, IRCT member centre Dignity). In 1985, Helen Bamber co-founded the Medical Foundation for the Care of Victims of Torture (today, IRCT member centre Freedom from Torture).

By 1985, “it became evident that the growing movement would need an organisation to support the foundation and financing of new centres. Thus, the IRCT was established, with an assignment to support fundraising, information, research and training”.²

From 1985 to 2014, the IRCT evolved from a loosely organised collaboration of rehabilitation centres to a movement of 144 member centres, in seven regions and 74 countries. The IRCT is the world’s largest membership-based civil society organisation working in the field of torture rehabilitation. Member centres work in a wide range of contexts including some of the most repressive and conflict driven regimes in the world.

According to the last census carried out by the IRCT,³ an estimated 100,000 torture victims receive treatment by member centres.

IMPACT 2007 – 2014

“All over the world, an increasing number of rehabilitation centres for torture victims support and empower victims of this terrible crime – and do so despite interference from the police, the military or other institutions. This again is confirmation of the strength that lies within us, which we can and should choose to use for the betterment of people’s living conditions.”

Dr. Desmond Tutu, Archbishop Emeritus

The torture rehabilitation movement must have a credible, strong and persuasive global voice that represents shared positions, values and views. The IRCT provides this voice through a democratic process which benefits torture victims across the globe.

In the IRCT’s last strategic period, the movement significantly contributed to the most relevant global development in the field of torture rehabilitation: the issuance of CAT General Comment 3, which defines the right to rehabilitation within the frame of international human rights law. When developing its input during the drafting process, the IRCT drew from the collective experience of its membership in the provision of rehabilitation services.

In addition to this significant paradigm shift, the impact of the IRCT’s work during the last strategic period concerns three main areas: enabling the provision of services, pursuing justice and creating awareness.

WE ENABLED THE PROVISION OF SERVICES

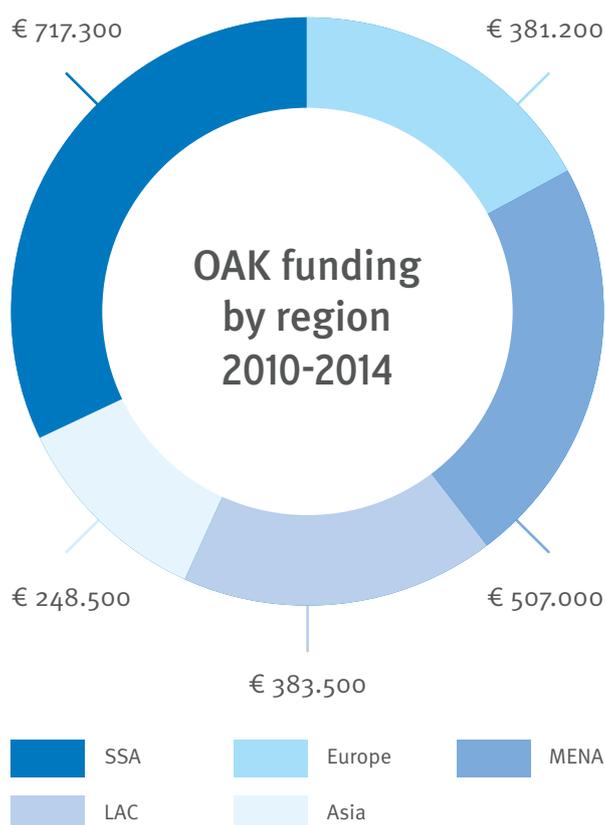
Rehabilitation centres must possess the means to provide appropriate services to torture victims. The IRCT administers sub-grants to members on an annual basis. In many cases, these grants are the difference between centres staying open or being forced to close. Based on their experience, centres decide how best to use the funds they receive. Many use the money to continue their core work of providing services to torture victims.

During the last strategic period, sub-granting revolved around two facilities: the OAK Centre Grants and the La Luz Fund.

The OAK Centre Grants, created under the auspices of the OAK Foundation, have allowed centres to pro-

vide services by supporting their core activities and the direct provision of rehabilitation. From 2010 to 2014, OAK sub-granting amounted to €2,237,500.

Through the OAK Centre Grants, centres have increased the number of victims they provide services to, such as the MATEO centre in Kenya, which provided services to an additional 250 torture victims using their grant in 2013. The CAPS centre in Sierra Leone held organisational development trainings to improve staff capacity, while the FRC centre in Sri Lanka used funds for training and programmes. In



South Africa the TCSVT centre provided services for 154 torture victims and 92 rape victims in 2013.

The second sub-granting facility, the La Luz Fund, has distributed over €600,000 as of 2014. In 2013, the IRCT distributed €144,000 between 41 centres. Sixteen of these centres provided services that specifically catered for female victims of torture and sexual violence and 25 centres treated more than 3,700 child victims of torture.

Many of the beneficiaries deliver services in post-conflict and post-genocide societies that use rape and sexual torture as weapons of war. Under the La Luz funding, the IRCT has supported the delivery of programmes of work with women torture victims, addressing the physical, psychological, social and economic legacy of torture and stigma.

Centres supporting centres

The movement recognises that not all members have the same capacity and that members can learn from each other in terms of rehabilitation capacities, approach and organisation.⁴

In the last strategic period, the IRCT implemented a project where 11 rehabilitation centres from around the world supported each other through a series of peer-to-peer exchanges and regional meetings. The exchanges increased the capacity of the participating centres in the provision of rehabilitation services, as well as organisational management. Twelve regional seminars further enabled sharing and learning in the Middle East and North Africa (MENA), Latin America (LA), Asia and Sub Saharan Africa (SSA) regions.

Government authorities participated in national advocacy workshops organised as part of the project, which contributed to the adoption of the Prevention and Prohibition of Torture Bill in July 2012 in Uganda, the ratification of Optional Protocol to the Convention against Torture (OPCAT) in April 2012 by the Philippines and draft National Human Rights Institutions legislation in Lebanon.

The Peer Support project, which ran from 2012 to 2013, enabled six rehabilitation centres in Europe to focus on the importance of stress and quality management policies and processes to ultimately benefit torture victims. The programme, which was developed as part of the project, helped organisations to increase sustainability, reduce staff turnover (and loss of knowledge and experience in turn), enhance communication within the caregiver's team and the whole organisation, lower the stress level of staff, enhance the quality of professional performance and improve the services provided to torture victims.

Addressing unmet needs: the creation of centres

Supporting the delivery of rehabilitation services in countries and areas where they are scarce or non-existent is at the core of the IRCT. Among a variety of approaches, the IRCT may address unmet needs by supporting a temporary project for the delivery of services,

by enabling an existing centre to deliver additional services, or by creating a centre.⁵ In the last strategic period, the IRCT successfully supported the creation of two centres in Iraq and is currently supporting the creation of one in Afghanistan.⁶ A centre in Libya, created by the IRCT under the auspices of the European Commission, had to close in 2014 when widespread violence made its operation impossible. However, the capacities installed in the clinical team will be ready when the IRCT can support the centre again.

WE PURSUED JUSTICE

The investigation and documentation of torture is complex. Health and legal professionals often require specialised training on rights and obligations, as well as specific technical skills and knowledge on appropriate medical and legal procedures. The IRCT has worked with partners to carry out implementation programmes for health and legal professionals in countries such as Burundi, the Democratic Republic of Congo, Ecuador, Egypt, Georgia, Israel, Kenya, Lebanon, Mexico, Morocco, the Philippines, Rwanda, Serbia, Sri Lanka, Turkey and Uganda.

Documenting torture

The holistic approach to rehabilitation underlines the complexity of the healing process. For many torture victims, the pursuit of justice, redress and official recognition of harm helps restore morale and can be as important as physical and mental rehabilitation.

IRCT member centres are well placed to gather information on all aspects of torture as they have direct contact with both torture victims and their relatives. Even in cases where torture victims prefer not to share their stories publicly, anonymised data from patient records can provide information about the number of cases and the demographic details of the victims. Such data can provide insights into the scope and use of torture in a region or country, as well as practices and patterns affecting particular groups.⁷

In turn, impunity may have a detrimental effect on the healing process of torture victims, for example, if their legal status is not secured, atrocities are not acknowledged, if perpetrators go free and there is no guarantee of non-repetition, the trauma is more likely to persist. Building on its health expertise, the IRCT advocates for the global implementation of the Istanbul Protocol (Manual on Effective Investigation and Documentation of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment) and the use of forensic expertise as a key tool in the fight against impunity.

In the last strategic period, the IRCT continued its work to promote the value and use of forensic documentation of torture according to the international standards contained in the Istanbul Protocol. The Istanbul Protocol is a crucial instrument, endorsed in 1999 by the United Nations as a standard for proper investigation. It is the first set of international standards and guide-

lines for health and legal professionals on documenting evidence of torture for use in court cases.

The creation of the Independent Forensic Expert Group (IFEG) in 2009 has generated significant impact in the fight against torture. The group, comprised of more than 30 of the most qualified experts worldwide, provides technical advice, participates in missions to examine alleged torture victims and draws up impartial medico-legal reports (MLRs) to strengthen the evidentiary basis in court cases relating to torture. In many instances, the IFEG's interventions have led national, regional, and international bodies to issue precedential judgments acknowledging, often for the first time, that torture has been perpetrated and ordering that the harm to the victim be redressed. The IFEG's expert statements, such as on the practice of hooding and right of access to medical files, have contributed to important global reforms. The United Kingdom, for example, rejected its policy

on the hooding of detainees following the collaborative efforts of the IFEG and its partners to outline the practice as cruel, inhuman and degrading treatment or punishment and potentially constituting torture. In both media and public forums, the IFEG has helped to raise the importance of the involvement of the health sector in combating torture and strengthening the entitlement of victims to holistic, health-based rehabilitation.

Supporting groups and populations historically subjected to discrimination

There is an inextricable relationship between torture and the discrimination of communities and populations. Victims of forced migration are one group. To address the overall issues involved in forced migration, a number of European member centres, with the support of the IRCT, developed a simple and pragmatic questionnaire to help those responsible

Death of Egyptian causes public outcry against torture

On 6 June 2010, 28-year old Khaled Said was brutally killed at the hands of policemen in the city of Alexandria, Egypt.

Egyptian police denied any role in Said's death, claiming that he died from an overdose of drugs he swallowed before police approached him. However, eyewitnesses, Egyptian NGOs and photographs of Said's face following his arrest told a very different story.

His face – both the youthful image of an average Egyptian man, and the picture of his brutalised face after his death – spread throughout the country and the globe as Egyptians said they would no longer take the abuse and torture of the Mubarak regime.

The official autopsy report supported the claim that Said died from asphyxiation after swallow-

ing a plastic bag with narcotics. As did a second autopsy report conducted, post exhumation, by three Egyptian forensic doctors forming part of a tripartite commission established as a result of national and international pressure. Upon request from El Nadim Center for Psychological Treatment and Rehabilitation of Victims of Violence and the lawyer of Said's family, two members of the IFEG – Professors Jørgen Lange Thomsen and Duarte Nuno Vieira – provided an expert opinion on the quality of the two official reports. The reports were submitted at the first court session.

The two experts stated that the “the first autopsy did not comply with minimum international standards for forensic autopsies and there were numerous significant deficiencies.” They further stated regarding the first report that, “the supposedly compelling diagnosis of death by asphyxia is not sufficiently supported by the data provided, and most of the aspects described, such as cyanosis or congestion, are non-specific and inconclusive on their own.” Regarding the second report, the experts found that,

“it continues to have the same weaknesses and deficiencies as the first report, and is much beneath the minimum international standards acceptable for forensic autopsies...” The experts concluded that:

“As described, the deficiencies, inadequacies and incongruences in the reports of the two autopsies performed on the cadaver of Khaled Mohammed Said Sobhi clearly make it impossible to reach any firm conclusions about the circumstances surrounding his death and the cause of it.”

The two policemen charged were eventually convicted for their involvement in Said's death.

The case contributed to raising awareness among citizens that any Egyptian could be subjected to torture and other forms of ill treatment. It was also one of the many contributing factors to demonstrations and the uprising that led to the ousting of Hosni Mubarak in February 2011.

Watch World Without Torture – a short film on the use of forensic documentation in the Khaled Said case. Available at: <https://www.youtube.com/irct>

at the first point of contact with asylum seekers to identify persons subjected to torture. Eleven member centres now use this early identification tool, which helps officials diagnose and document torture victims as early as possible.

The questionnaire is officially promoted in Poland by border guards, in Bulgaria by the refugee authority and in Lithuania. It has also been recommended as an example of good practice by the European Asylum Support Office.

WE CREATED AWARENESS

Ignorance and misinformation are threats in the fight against torture. Through various channels such as social networks and the media, the IRCT creates awareness about the prevalence of torture but also about the benefits of rehabilitation for victims. Public support helps the goals of the members, encourages their work and helps safeguard the safety of their staff in emergencies.

Every year the IRCT marks 26 June 1987, when the UNCAT came into effect as the prime international document declaring torture a crime. On 26 June the IRCT unites thousands of people and organisations across the globe through its campaign to call out perpetrators for their crimes, and remind governments of their responsibilities. On this day the

world sees the growing strength and reach of the global movement against torture.

The IRCT connects and supports the centres, providing them with a campaign kit containing a unifying theme and visual materials, campaigning tips and recommendations, as well as tools for successful presswork. The number of organisations joining the campaign has been growing, reaching a record 110 participants in 2014.

Across the globe, there have been compelling concerts, seminars, peace vigils, debates and artistic performances that communicate the legacy of torture, but also trainings on the Istanbul Protocol and other workshops for health and legal professionals. Every year, organisations use the campaign day to issue reports and send their government letters and petitions demanding action. The IRCT brings together these local efforts and shares the results through the annual 26 June Global Report — an important fundraising tool for the organisation in it.

The IRCT knows that in order for campaigns to have an impact they need to have a coordinated and coherent set of actions. IRCT members have proved that by working together, focusing on their demand for change and giving torture victims a voice, the movement can achieve the change it seeks — one step at a time.

From Peru to Italy and South Africa: creating impact through campaigns

In 2014, Peruvian IRCT member, Centro de Atención Psicosocial (CAPS) (as part of GTCT - Grupo de Trabajo contra la Tortura) used 26 June as a focal point in its successful lobbying to ensure legislation which extended the functions of the Peruvian Ombudsman to include the national preventive mechanism (NPM) on torture was passed. The centre held a press conference to emphasise the importance of the

passing of the law, which was covered in the national media with staff appearing on television to talk about the day and the NPM legislation.

In Italy, the highlight of 26 June was a colourful performance of 'Mare Monstrum' in the heart of Rome organised by the Hospitality and Care for the Victims of Torture of the Italian Council for Refugees, an IRCT member. The performance featured 15 refugees who participated in a psychosocial rehabilitation theatre workshop. Alongside this, the Italian organisation formally launched its new online video campaign, aimed at raising public awareness about torture and about 26 June. Two short adverts were produced with two different

actors, asking the viewer to put the use of the word torture into context.

A testament to the impact of a simple act is the Trauma Centre for Survivors of Violence and Torture in South Africa. Despite a lack of resources, they printed out dozens of posters from the campaign kit and stuck them on the walls of police stations throughout Cape Town. Some of the posters were taken down immediately, but their action started an important and open conversation with police officers. The fact that the police, those most often implicated in torture, engaged in a discussion, was an unexpected but extremely positive outcome, which had a significant impact on the community.

CHALLENGES AHEAD

“Thirty years have passed since the United Nations Convention against Torture entered into force, enshrining an unequivocal prohibition of this heinous practice. Yet torture continues across the world, with devastating impacts on people and societies alike.”

Ban Ki-Moon, Secretary-General of the United Nations

THE WORLD CONTINUES TO ACCEPT AND USE TORTURE

In the last five years, Amnesty International has reported on torture in at least three quarters of the world — 141 countries, from every region.⁸ Torture persists and IRCT member centres operate in this context.

Even in situations of stability, systemic failures and lack of political will are, by their very nature, actively concealed. In vast regions of the world, states limit the victim’s access to justice, creating a deep mistrust in the justice system. Even if and when victims speak out, torturers are seldom prosecuted and punished. As a result, torture victims rarely receive any kind of redress.

Explicit or implicit policies on using torture exist even in established democracies. In the context of the so-called “war on terror”, parties and governments have sought and continue to seek legitimacy for acts of rendition, such as enhanced interrogation and placing civilians under military jurisdiction.

It is clear that in many cases the public has accepted these actions. A survey carried out after the release of the Senate Intelligence Committee’s report on CIA interrogation practices following September 11, found that 51 percent of the American public believe CIA methods were justified, compared with 29 percent who said they were not; 20 percent did not express an opinion.⁹ A second survey, carried out in Denmark in 2014, found that one in every four Danes believe it is acceptable to use torture if it prevents terrorist attacks.¹⁰ This climate of acceptance is global.

As a result, IRCT member centres are among the very few support systems to which victims can turn to receive health-based rehabilitation. As long as torture persists in its current scale, is denied by states and rehabilitation is not financed by a public budget, it is necessary that centres provide rehabilitation services.

REAL ENTITLEMENT TO REHABILITATION IS NOT A REALITY FOR MOST VICTIMS

Helping torture victims recover is complex, and most health-based rehabilitation is currently financed by donor governments in the context of development cooperation, or by private philanthropy. This situation underscores that the right to rehabilitation is not seen as an entitlement of the torture victim, but rather as a service that is provided mostly by civil society organisations if and when international agencies and philanthropists decide to fund it.

In 2014, the IRCT adopted a policy on the Right to Rehabilitation, which declared, in accordance with CAT General Comment 3 that, “states have an obligation under international human rights and international humanitarian law to ensure that victims of torture and ill-treatment have free and prompt access to rehabilitation services”. This approach needs to be consolidated.

This challenge, which lies at the core of the IRCT’s work, is extremely complex as the relationship between states, service providers and the victim is often complicated by factors that exceed any development cooperation framework. For example, as a result of past human rights violations the process of creating state credibility will, in many cases, be a long process, even more so, as rehabilitation service providers are under threat in many countries because of their work with torture victims.

THE MOVEMENT IS UNDER GREAT PRESSURE

Current conflicts and humanitarian crises result in migratory flows of millions of asylum seekers, refugees and internally displaced persons every year. For example, an estimated nine million Syrians have fled their homes since the outbreak of civil war in March 2011, taking refuge in neighbouring countries or within Syria itself. According to the UN Refugee Agency, over three million people have fled to Syria’s immediate neighbours Turkey, Lebanon, Jordan and Iraq.¹¹ It is likely that a proportion of this pop-

ulation are torture victims as health professionals and researchers commonly estimate that between 4–35 percent of refugees worldwide have been subjected to torture.¹²

These people turn to IRCT member centres requesting rehabilitation services, as do many victims of torture in over a hundred countries worldwide.

Under these and any other conditions, the rehabilitation process is lengthy and differs for every torture victim, and most decision-makers, policy-agents and donor agencies are not familiar with this kind of approach. While the movement can show that treated victims have been supported and are coping with everyday life, it cannot adopt metrics that lead to rushed or premature discontinuation of treatment.

Against this backdrop, sustainability and availability of resources is a global pressing issue. The IRCT is committed to ensuring all centres are sustainable. While the number of those in need increases, the funding that centres receive is decreasing. It is a real risk that development funding and philanthropists become more focused on promoting systemic change and therefore lose focus on the value of supporting the individual, which is at the core of holistic rehabilitation. This places increased pressure on members as many operate in situations where their fate is constantly uncertain and they could be forced to close at any moment.

In particular, as long as states do not fulfil the full range of their duties, member centres will continue to provide rehabilitation services, and will claim as policy that the provision of these services must be a priority in the agenda of international dialogue, development cooperation and philanthropy.

The IRCT's STRATEGY

“Darkness cannot drive out darkness;
only light can do that.”

Martin Luther King, Jr

The fight against torture requires a sector-wide approach that recognises the important role of a vast number of organisations and entities. Each one must focus on the area or areas where it can most effectively contribute. In 2012, CAT General Comment 3, which defines the right to rehabilitation within the frame of international human rights law was issued.

According to General Comment 3, rehabilitation should be:

1. holistic;
2. available, appropriate and accessible without discrimination;
3. provided in a way that guarantees the safety and personal integrity of the victims, their family and their caretakers;
4. provided at the earliest possible point in time after the torture event;
5. provided without a requirement for the victim to pursue judicial remedies, but solely based on recommendations by a qualified health professional;
6. provided in close consultation with the victim and tailored to meet the specific needs of each individual victim and
7. adequately funded by national governments.

Having reached this milestone, the next challenge is to ensure this entitlement is actually delivered. The resulting international and national dialogues will rest upon understanding and consensus on the scope, implications and content of these standards. With its wide and specialised membership, the IRCT has the capacity and the strategic advantage to contribute to this endeavour.

The IRCT is in a unique position to deliver on this objective due to four of its constitutional features:

1. Democracy, according to which all of IRCT's policies, views and values are the result of consensus building processes, and have been endorsed by the critical mass within the movement.
2. Solidarity, which ensures strong members contribute and support the development of the capacities of weaker member centres; and simultaneously trust the movement to support them when needed.

3. Independence, which ensures the IRCT is strong, credible and legitimate in the international arena.
4. Cultural diversity and mutual respect, which nurtures a variety of experiences, all valuable in the creation of a global knowledge base.

This strategy provides a streamlined framework resting on a comprehensive mapping exercise, already in progress, through which the IRCT will capture, assess, codify and share the knowledge residing in the movement. This will be the basis for the IRCT's two strategic objectives:

- **The IRCT will be a leading hub of global knowledge on health-based rehabilitation.**
- **The IRCT will lead global consensus-making processes on the right to rehabilitation's contents, scope and standards.**

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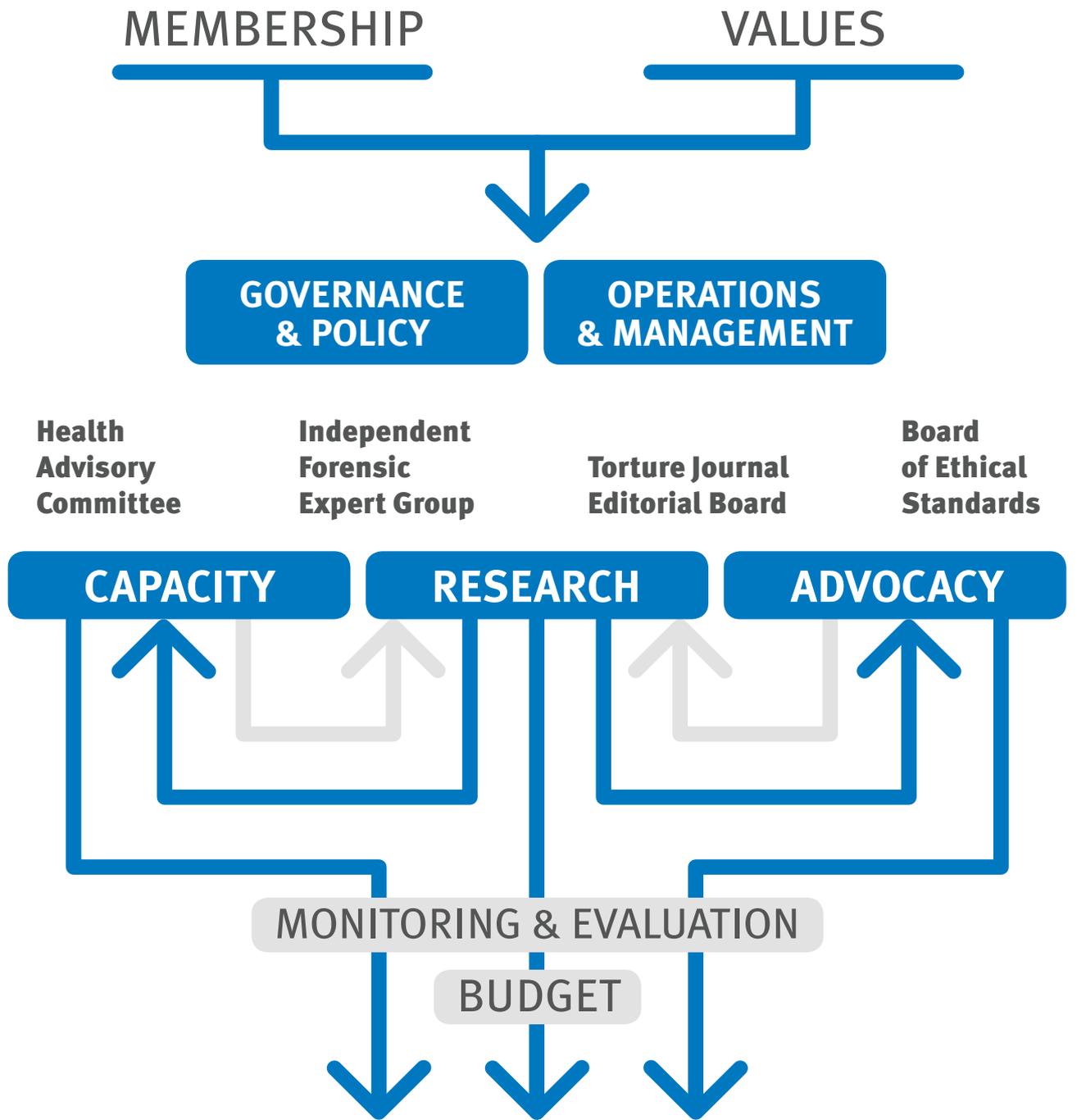
- **Capacity building** — the creation of a shared knowledge base will allow each member to identify gaps in their ability to implement best standards of service.
- **Research development** — the identification of shared knowledge will lead to the identification of gaps in relation to research needs.
- **Advocacy** — the existing knowledge and that generated through research will be used to promote entitlement to rehabilitation.

Two additional key result areas will focus on the IRCT's own organisational capacity:

- Continue to govern its activities within a democratic structure that respects cultural diversity and practices solidarity.
- Continue to implement the highest standards of operation and accountability.

SUMMARY OF THE IRCT’S THEORY OF CHANGE

STRATEGIC OBJECTIVES	KEY RESULT AREA	PROGRAMME	SUB-PROGRAMME	OUTCOME
<p>The IRCT will be a leading hub of global knowledge on health-based rehabilitation.</p> <p>The IRCT will lead global consensus-making processes on the right to rehabilitation’s contents, scope and standards.</p>	Capacity building	Knowledge and skills development	Exchanges	<p>A shared knowledge base of methodologies, approaches and disciplines available to provide health-based rehabilitation.</p> <p>Needs of torture victims to receive health-based rehabilitation satisfied in as many instances as the resources available to IRCT centres will allow.</p>
			Training	
			Action-learning	
			Curriculum and methodology development	
		Addressing unmet needs	Asia	
			Addressing unmet needs	
			Latin America	
			Middle East and North Africa	
			North America	
			Pacific	
	Research development	Research	Global programmes	<p>State-of-the-art knowledge on methodologies, approaches and disciplines available to provide health-based rehabilitation.</p> <p>Social awareness of the disastrous effects of torture on the health and well-being of individuals.</p> <p>Global consensus on the standards for holistic health-based rehabilitation.</p> <p>Long-term sustainability of health-based rehabilitation services.</p>
			Research	
			State of the right to rehabilitation	
			Fellowships	
			Events	
		Resources	Documentation centre and library	
		Communications	Publications	
			Communications	
			Campaigning	
			Advocacy	
	Policy and legislation			
	Regional, sub-regional human rights systems			
	United Nations organisations			
European Union external relations				
Donors				
Civil society and other organisations				
Jurisprudence	Case support			
	Jurisprudence			



Right to Rehabilitation



A World Without Torture

PART II

PROGRAMMES, SUB-PROGRAMMES AND PROJECTS

19 I GOVERNANCE AND POLICY

22 II CAPACITY BUILDING

24 III RESEARCH DEVELOPMENT

28 IV ADVOCACY

33 V OPERATIONS AND CHANGE MANAGEMENT



I. GOVERNANCE AND POLICY

This chapter provides the platform for all leadership processes within the organisation. One of the core values of the IRCT is democracy, and this value will guide the design, consideration, decision-making and accountability for any activity. The first practical consequence of this commitment is that any activity devised or considered by the IRCT must be within the frame of the mandate defined by the General Assembly. The second consequence is that the Council considers and decides the main frames of the Strategic Plan. Thirdly, the Secretary-General delivers the Plan as efficiently and effectively as possible, and is accountable to the Executive Committee (ExCom). Within this framework, the IRCT implements leadership through two programmes: mandate management and membership services.

A. MANDATE MANAGEMENT

Mandate management at the IRCT refers to the development of a vision and a mission and the strategies to achieve the latter. It also includes the duties that ensure that the organisation will design and carry out its strategies in a socially responsible manner.

1 The law of the organisation

The legal framework is the IRCT Statute, complemented by six Guidelines, specified by institutional policies, and brought to action through the Strategic Plan.

a Statutes and Guidelines

The Council adopted its Statutes and Guidelines in December 2007 and amended them in 2008 and 2011. At all times, the Statutes and Guidelines must be in line with the value base of the organisation, facilitate transparent and participative processes and provide a clear framework to ensure all actors can fulfil their role in the delivery of the mission. To this end, an annual review process is in place and if necessary, the Secretariat presents the relevant background documents to the ExCom, Council or the General Assembly.

b Policy

The IRCT guides its decisions and bases its actions on policies, which are statements of the view of the organisation on a specific matter issued by the Council. The policies adopted thus far address the areas of right to rehabilitation, torture and forced migration, and torture and detention. Before consideration by Council, the Secretariat drafts them under the guidance of the ExCom, a specialised body, or an ad hoc commission of experts. The IRCT widely consults draft policy throughout the membership and with relevant external stakeholders. The IRCT expects to issue six policies during the strategic period: two in 2015 and subsequently one every year.

c Strategic Plan

The Strategic Plan is the vehicle to debate and consolidate the will of the movement and as a tool to promote transparent and efficient communication. Most importantly, the plan is the basis for political and managerial accountability towards the membership, the sources of finances, other stakeholders and most importantly, torture victims. Planning will follow an annual cycle.

2 Governance

Governance has been defined as, “the rules of the system to solve conflicts between actors and adopt decisions” and the “proper functioning of institutions and their acceptance by the public”.¹³ The IRCT’s governance structure is comprised of three bodies: the General Assembly, the Council, and the ExCom.

a General Assembly

The IRCT calls on each member to provide input on the policy statements of the organisation and to elect a Council every three years (2016 and 2019). The General Assembly also comprises an international symposium that mobilises knowledge and provides a platform to discuss the latest developments and current challenges in the delivery of health-based rehabilitation to torture victims.

b Council

The Council is the main policy-making body of the IRCT. It meets once a year.

c Executive Committee

The ExCom is a deliberative body made up of eight Council members. It oversees the implementation of Council decisions by the Secretary-General and provides direction, supervision and accountability of IRCT activities. It provides guidance and advises and participates in key de-

cisions on matters concerning the organisation, e.g. membership issues, financial accounts and fundraising. The Council elects the ExCom. The ExCom appoints the Secretary-General.

d Support to the Board

The Secretary-General holds periodic consultations with the President and Vice-President as part of the work of support.

3 IRCT Regions

There are seven regions: Asia, Europe, Latin America, Middle East and North Africa, North America, Pacific and Sub Saharan Africa. Regions are extremely important fora of dialogue, consensus-building, and political action. Furthermore, they have a series of specific functions: Council and ExCom seats and proxies conform to regional quotas and Council elections are regional. Furthermore, Council members are expected to report to members on a regional basis.

a Regional Meetings

Regional meetings are one of the main vehicles that enable the IRCT to enhance capacities at regional level. The IRCT holds them once a year in each of the IRCT regions. The meetings provide a forum for regional discussions, as well as for the discussion and creation of consensus on regional input to the Strategic Plan.

4 Management and staff meetings

The IRCT places great importance on effective communication and teamwork. To this effect, it dedicates resources to holding regular staff and management meetings.

a Staff meetings

The Secretariat holds weekly staff meetings, with an estimated duration of one hour. These meetings provide a platform for effective communication among staff.

b Management meetings

Management meets every week. Every quarter, the management holds an extended meeting with the objective of reviewing the annual work plan, the annual budget and the progress in the delivery of the Strategic Plan.

5 Social responsibility

The IRCT acknowledges its social responsibility to do no harm and ensure that its actions further human rights values. To this end, the organisation implements three plans of action: due diligence standards, protection and risk management.

a Due diligence standards

When the IRCT demands delivery of the right to rehabilitation it must be confident that its re-

search methods have integrity and are based on sound, ethical approaches. In the same vein, activities of the IRCT must abide by a minimum standard of due diligence, conducive to ensuring that its activities do not harm human rights and further their enjoyment.¹⁴ Through the activities of this project, a Board of Ethical Standards¹⁵ will issue a set of diligence standards on priority issues for consideration by the Council every year.

b Protection

Some IRCT members provide rehabilitation services for torture victims who have arrived from other countries. Generally, these members work under conditions of low risk. Conversely, many IRCT members provide treatment services in very hostile environments where state or non-state agents perpetrate torture. Under this project, the IRCT identifies general high-risk areas, and offers the membership the tools required to manage that risk.

c Risk management

The IRCT functions in an environment that is often unstable and in certain situations, hostile. Even under conditions of stability, external or internal circumstances may adversely affect the institutional reputation and its ability to fulfil its mission. All aspects of IRCT activities (persons, activities and assets) are potentially at risk and this project integrates such risk into the management philosophy of the organisation. The IRCT will carry out risk management in its operations, implementing its risk management manual.

B MEMBERSHIP SERVICES

The IRCT renders direct services to the members through all its activities. The sub-programme of membership services focuses on traditional membership processes, and on the management of IRCT funds.

1 Membership processes

Membership processes ensure that the movement is aware of the needs of member centres, the assets they offer in furthering the mission and is able to act swiftly to support a member centre when non-compliance endangers the IRCT's reputation or mission. To this end, the IRCT implements three plans of action: accession, mapping and review.

a Accession

During 2014 and 2015, the IRCT has not sought to increase its membership.¹⁶ During this period, the IRCT is prioritising the institutional strategy of "Knowing our Membership". The IRCT foresees that from 2016 onwards it will increase its membership to include all organisations and centres that provide health-based rehabilitation to tor-

ture victims based on a holistic understanding of the term.¹⁷

b Mapping

The IRCT's efforts in capacity development, knowledge gathering and dissemination and in advocacy depend on a clear understanding of the needs, possibilities, strengths and weaknesses of member centres. The ability of member centres to interact, support and build relationships with each other depends on their knowledge of each other's work and context. The Secretariat also needs to be able to identify funding opportunities for member centres to engage in joint ventures, and propose partnerships and future strategies. While it currently has a wealth of information on the work of individual centres, there is a need for an instrument that will help navigate within the organisation and access all relevant information.

c Review

Under its General Guideline 6.1.2, the IRCT has established a mechanism of review. The Guideline provides due process to deal with claims and indicia of non-compliance and ensures that the IRCT takes swift action should claims be proven.

2 IRCT Funds

The IRCT administers three funds on an annual basis: the Annual Sub-granting Fund, also known as the OAK Fund in honour of the historical patronage of the OAK Foundation, the La Luz Fund and the Commemoration Fund.

a Annual Sub-granting Fund (currently OAK Centre Grants)

Sub-granting allows the IRCT to have a direct impact in supporting member centres in improving their services, increasing the number of torture victims they work with and expanding their reach. The Annual Sub-granting Fund (currently OAK Centre Grants), created under the auspices of the OAK Foundation, allow centres to provide services by supporting their core activities and, in particular, the direct provision of rehabilitation.

b La Luz Fund

The La Luz Fund specifically caters for female victims of torture. Beneficiaries will be centres delivering holistic rehabilitation services to women and girls in post-conflict and post-genocide societies that use rape and sexual torture as weapons of war. Under the La Luz funding, the organisation will support the delivery of programmes of work with women torture victims, addressing the physical, psychological, social and economic legacy of torture and stigma.

c Commemoration Fund

An essential part of the IRCT mandate is to remain flexible when identifying new areas of interest or concern. The IRCT will create a Commemoration Fund, which will allow the ExCom and Secretary-General to react to emergencies facing centres or torture victims.

II . CAPACITY BUILDING

The United Nations Development Programme defines capacity development as “the process through which individuals, organisations and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time”. At the IRCT, this entails sharpening the requisite skills, broadening the knowledge base and acquiring attitudes, abilities and resources that member centres need to survive, adapt and thrive in their domains of practice. To support member centres in increasing their capacity and the scope of services they offer, the IRCT will collect comprehensive and updated information on the range of competencies that exist throughout the membership. As a result, the organisation will have a clear understanding of the areas in which member centres are strong and those they need to develop. The IRCT can then link member centres based on need and expertise available. The IRCT will implement these activities through two programmes: knowledge and skills development and addressing unmet needs.

A KNOWLEDGE AND SKILLS DEVELOPMENT

To utilise the knowledge and competencies within the IRCT membership, the organisation will identify centres and affiliated individuals possessing capacities to share with other member centres. By mobilising these capacities, the membership will benefit and learn from the many centres that comprise it. This programme has four sub-programmes: exchanges, trainings, action learning and curriculum and methodology development.

1 Exchanges

The IRCT will actively support the exchange of knowledge. Those identified as holders and potential purveyors of the knowledge, depending on the circumstances of the exchange, may be designated as “peer supervisors”, “peer intervention facilitators” or “peer trainers”. When participating in this project, the purveyors will commit to ensuring what they know is effectively transferred. In parallel, the peers at the receiving end will be responsible for creating and maintaining an environment that is conducive to learning. The related processes will be facilitated by the IRCT.

a Peer supervision and intervention

To maximise the capacities that experienced staff and centres have developed in terms of care delivery, therapeutic approaches, forensic examinations and organisational models, the IRCT will run a peer supervision (e.g. mentoring and coaching) and intervention programme. It implies a dynamic interaction between qualified and experienced individuals or centres, and others who express a need to acquire specific expertise, in order to better attain their goals.

b Member-to-member exchanges

Through the ongoing institutional mapping process, the IRCT will identify specific capacities of each member centre, including strengths and particular gaps in expertise. A matching process to match centres possessing certain strengths in some areas with others that show relative deficiencies will follow the capacity identification phase. Furthermore, pairs can also comprise centres demonstrating similar levels of expertise and a desire to link up with other centres that have an interest in particular thematic areas or approaches. Centres may also seek synergies in relation to concept development, research and practices.

2 Training

To close any skill or knowledge-based gaps in the capacities of member centres to deliver holistic rehabilitation to torture victims, the IRCT will organise trainings. It will primarily focus on three topic-related groups: health, service organisation and complementary capacities.

a Health-based training

The IRCT will organise trainings focusing on the basics of clinical care (for example, methods of treatment), attitudes and practices for holistic rehabilitation, forensic documentation according to the Istanbul Protocol and ethical standards, including appropriate clinical records keeping. The IRCT will define the content of the trainings through a combination of membership surveys, analysis of findings yielded by the mapping activities and the development of a global standard of care in relation to the rehabilitation of torture victims. The health-based trainings will preferably address a global audience and national stakeholders.

b Organisational capacities training

Another area identified by the IRCT is the range of competencies and capacities that are not directly related to rehabilitation, but are essential for member centres to carry out their work effectively. These include financial management, fundraising, communications, human resource management and technology. The IRCT aims to develop and implement programmes and projects for state-of-the-art trainings.

c Complementary capacities training

Member centres may decide that developing other capacities and competencies not directly linked to health care delivery is fundamental for them to implement a holistic approach. This may be the case in areas where no organisations offer the necessary legal, occupational or educational rehabilitation measures to which the torture victim can be referred. The IRCT will provide basic training on quantitative and qualitative research methods for clinical, human rights and systems research, advocacy methods and techniques, use of regional and international instruments, strategic litigation, communications and campaigning.

3 Action-learning

The IRCT will use action-learning by supporting a member centre or group of centres in carrying out activities that will develop their capacity to analyse problems, develop conceptual resolution models and carry out action, based on empirical decisions for the purpose of implementing effective holistic rehabilitation in their respective contexts.

a Action-learning annual project

The actions that centres choose to undertake will be determined by a needs assessment conducted through a participatory approach. The IRCT can also achieve this through the formulation of regional or sub-regional projects in which two to five member centres collaborate as teams. The content of these projects will rest upon the identification of common challenges which member centres face.

4 Curriculum and methodology development

The IRCT will further develop a range of training programmes and accompanying material that can be easily adapted and updated to function in a variety of contexts.

a Manuals, guidelines, protocols, toolkits and tutorials

The IRCT will facilitate the development of manuals, guidelines, protocols, toolkits and tutorials for training programmes. This material will create and strengthen an organisational capacity building framework that will enable the organisation to deliver trainings more effectively and ensure the knowledge and skills gained are maintained

and shared. Every year the IRCT will issue one key instrument for the delivery of trainings, produced by individual members or broad partnerships.

b Online training centre

The IRCT seeks to create e-learning programmes to build the capacity of member centres in a cost-effective way. These programmes will be available through an online portal, where those registered can login. In addition to e-learning programmes, the Secretariat will manage and upload a compendium of online courses related to thematic areas of interest to members.

c Communities of practice and strategic partnerships

The IRCT seeks to initiate communities of practice to allow staff from different member centres to share approaches, experiences and expertise more easily through a variety of platforms, including virtual ones. The approach to communities of practice is similar to that of peer support but benefits from a more structured system. Members of an online community can suggest discussion topics, ask for advice and create material such as newsletters. Each community will have a moderator or facilitator. The IRCT will continue to pursue strategic partnerships and alliances through all of its programmes.

B ADDRESSING UNMET NEEDS

The IRCT may address unmet needs by creating a centre and ensuring it is sustainable, but also in other ways, such as introducing programmes or initiatives, or building the capacities of existing centres. The IRCT can introduce these types of initiatives after mapping or analysing trends, when it becomes clear that certain areas are under pressure because of an international emergency, or where the number of refugees or asylum seekers requiring services increases suddenly. For budget and administration purposes, each initiative implemented under the auspices of the IRCT to address unmet needs will be either a plan, an action or a project under these sub-programmes, depending on the region to which it belongs.

- 1 Asia
- 2 Europe
- 3 LA
- 4 MENA
- 5 North America
- 6 Pacific
- 7 SSA

III . RESEARCH DEVELOPMENT

The IRCT has adopted the strategic decision to foster research. This research will inform a broad range of the IRCT's work including best practices in rehabilitation services, clinical and non-clinical policy, capacity building, advocacy, communications and campaigning work. The range of research approaches taken will depend on the outputs needed, but the IRCT will use human rights, clinical, and action research approaches to capture knowledge held by practitioners and the victim voices unique to the sector. To that end, it will determine research priorities in service of the needs of torture victims and articulate the right to rehabilitation based on clear indicators. Therefore, the IRCT needs to build confidence and capacity in both clinical and non-clinical staff in member centres to design and conduct formal research using the data that is within their practices to further evidence-informed practice in the movement overall. The IRCT will accomplish these goals through three programmes: research, resources and communications.

A RESEARCH

Developing research at the IRCT is vital to allow the movement to inform its practice with evidence. The IRCT seeks to support and enable member centres to prioritise research and to align this with analysis of data, sharing knowledge, contributing to a sustainable and effective rehabilitation sector informed by and working in partnerships with researchers and related institutions. The voices and experience of those who have been tortured is captured in the clinical records held by member centres and is a crucial source of information to build a global, sustainable and evidence-informed rehabilitation sector, which can secure needed funds and successfully demand that states meet their responsibilities.

1 Global programmes

a Research on standards of the right to rehabilitation

Articulating standards that have universal application requires an international, inter-disciplinary and inter-institutional approach. Such an approach will adequately inform a standard that reflects all contexts where torture victims need rehabilitation, and take into account the interdisciplinary nature of rehabilitation responses so that diverse actors can inform and influence the articulation of a global standard of care. These actors include universities, research bodies; service providers including IRCT member centres, community healthcare providers; other NGOs and public and private sector entities. The IRCT will achieve this by bringing member centres, experts and external actors together to drive the research required to specify the standards identified under CAT General Comment 3 with a clear set of short, medium and long-term research streams that will contribute to the overall goal.

2 Data in the fight against impunity

One of the IRCT's strategic choices is to strengthen and harmonise the capacity of rehabilitation centres to collect clinical data of torture victims. This will allow the movement to integrate the documentation of torture at all stages of the rehabilitation process and disseminate information and evidence informed outputs to support torture prevention and anti-impunity work.

a Data in the Fight Against Impunity EIDHR project

This project started in April 2014 and will last 36 months. The project involves partner centres in a broad range of contexts in which torture persists including Chad, Kenya, Cameroon, Occupied Palestinian Territories, Serbia, Bosnia and Herzegovina, Philippines, Nepal, Mexico, Argentina and an associate in Croatia.

3 State of the right to rehabilitation

The IRCT will compile, systematise and analyse all relevant components of the architecture for the implementation of the right to rehabilitation through the instruments of state delivery (public policy, law, jurisprudence). To that end, the IRCT will develop a set of indicators at local, regional and global level that will be central to communicating the current state of play and necessary to inform advocacy approaches. These maps will broaden the basis for action and ensure it is coherent and informed.

a Local map on the state of the right to rehabilitation

The local map will focus on all aspects relevant to the implementation of the right to rehabilitation in domestic jurisdictions. It will examine the

state of law, public health policy and jurisprudence and analyse the structures through which the state provides for the right to rehabilitation.

b Regional map on the state of the right to rehabilitation

The regional map will focus on all aspects relevant to the implementation of the right to rehabilitation in regional jurisdictions: European institutions, the Inter-American institutions and the African System for the Protection of Human and Peoples' Rights. For Asia, MENA, North America and Pacific, it will analyse emerging regional instruments, sub-regional structures, or any other relevant regional structure.

c Global map on the state of the right to rehabilitation

The global map will focus on the UN as an organisation and key actor in the global implementation of the right to rehabilitation. It will create an exhaustive analysis of the state of international law, doctrine and jurisprudence in relation to this right.

4 Fellowships

To deliver part of its global research agenda and to gain an understanding from the broader field of public health, the IRCT will use the resources of academia. This will include supervision of directed research by PhD students, fellowships and exploiting university fundraising capacities. Within this understanding, the IRCT will engage individual researchers to deliver on immediate needs through a targeted call for proposals from researchers linked to universities. This will occur when an academic advisor is available to supervise this work if needed (preferably at the doctorate and post doctorate level).

a Resident fellowship programme

The organisation will embed research programmes in university curricula that meet the standard of scientific research methods and ethics to ensure its evidence meets the standards needed to inform health policy, practice and guidelines.

b Local fellowship programme

There is great capacity among clinical professionals working at member centres. However, in many clinical settings these professionals are overwhelmed with clients and do not have the time for research and reporting. The lack of research outcomes from centres is directly related to the lack of dedicated resources. Thematic fellowships aligned with research priorities identified by the IRCT will provide opportunities for professionals from member centres to focus on research. The fellows will continue their work at the centre, but will receive sponsorship, to allow them to devote part of their time to conducting research.

c Clinical support programme

A third facility will be a collective exercise in which a member centre qualifies for the development of institutional research, ideally working with other partners in their contexts. The IRCT may identify a number of member centres as potential models of best practice for the contexts they operate in and hold sufficient data and resources to engage in research individually or in connection with other member centres or related organisations. This programme will document service delivery in the wide range of social, economic and political contexts in which torture victims exist. Furthermore, the IRCT needs to document distinct institutional contexts in order to make meaningful demands of states based on human rights standards.

5 Events

The IRCT will convene meetings and symposia across disciplines to allow the movement to align its research priorities and mobilise research and knowledge on rehabilitation approaches, methods and protocols. It will also ensure its global research and priorities are strategic.

a Annual Conferences

Conferences will typically focus on one discrete aspect of the implementation of rehabilitation, and aim to generate outputs that will have an impact on a particular practice, international standard, guideline or protocol. The IRCT aims to convene one conference every year, with the exception of 2016 and 2019, when it will hold global scientific symposia.

b Expert meetings

The IRCT will call expert meetings to assess a situation or problem, obtain advice in the development of a programme or plan of action, or to gather input during the preparation of a report. Expert meetings will focus on health-based rehabilitation.

B RESOURCES

To develop research and disseminate it widely it will be important to exploit existing resources of expertise and build member centres' awareness of it. As this is a specialist area of work, there are very few resources globally. Therefore, the IRCT seeks to further promote and engage with DOCU, the only torture documentation centre in the world, based at a member centre in Denmark. DOCU brings together information in a number of forms ranging from periodicals to videos from across a number of disciplines and sectors relevant to torture prevention and rehabilitation of torture victims. It also offers tailored support for research projects.

1 Documentation centre and library

The IRCT Documentation Centre DOCU, which resides at member centre Dignity, will be a main actor in the knowledge-based strategy of the IRCT.

a Support to the membership

There will be a renewed emphasis on engaging the existing facilities held at DOCU. This will build on the interaction with member centre partners in the Data in the Fight Against Impunity (DFI) project who received an induction session in 2014 and through Council presentations.

b Connectivity to the membership

The IRCT seeks to link member centres and existing documentation centres and libraries directly to the services of DOCU. In 2015, through a questionnaire/mapping, the organisation will identify the needs of member centres and prioritise information to be sent by DOCU to member centres on a regular basis.

C COMMUNICATIONS

A major component of raising awareness, building knowledge and developing the sector is to disseminate the results of the IRCT's research, evidence and the knowledge gained through the mapping and action learning carried out as part of capacity building.

1 Publications

It is equally important to disseminate the movement-wide policies, platforms and ways of working to lend greater internal and external coherence to the organisation's actions and to build solidarity with the global movement.

a Torture Journal

Torture Journal holds the position of the pre-eminent journal publication in its field, with subscribers in 116 countries. Its publication provides a multi-disciplinary forum for the exchange of original research and systematic reviews among professionals concerned with the biomedical, psychological and social interface of torture.

b Reports, storylines and occasional papers

To share, promote and highlight strategic messages, initiatives and results, the IRCT will continue to publish a range of publications tailored to meet target audiences. This will include reports from major research projects, policy-making processes, thematic work and events. The IRCT will disseminate reports planned under the DFI project and the research development programme outlined in Part A in the interest of forming a basis for wider action in policy, campaigning and advocacy linked to the publication of reports. Part of the series of publications will be personal stories from torture victims and service providers as they are at the core of the IRCT's work.

c Historical archives

In marking its 30th anniversary in 2015, there is an opportunity to take stock of the work of the

torture rehabilitation movement and the role of the IRCT. The IRCT will produce and disseminate a range of materials, seek a custody agreement of the historical archives, digitise the historical archives and improve the history section of irct.org, with open access to the historical archives.

d Image library

The IRCT will set up an advanced library that allows for better management of the existing photos and will issue guidelines to encourage staff and member centres to contribute to the library with appropriate images.

2 Web and social media

The IRCT will invest in technology and systems to support knowledge mobilisation including through web and social media.

a News updates and statements

The IRCT monitors the global media on torture and rehabilitation and follows up with member centres to research and publish stories of relevance to its audiences. The IRCT will upload weekly news updates and statements. These stories will be a mix of policy updates, news from member centres, statements from the organisation, torture victim stories and press releases.

b Blogs

The IRCT created the World Without Torture blog in September 2001. Its purpose is to reach a wider audience beyond professionals, and to fight the silence that surrounds torture by focusing on discussions that have a wider audience. Currently, the blog receives more than 3,000 visits a month and provides a forum for discussion on cases and instances of torture around the world. It also explains the work of global torture fighters and tells the stories of torture victims in a visual and engaging manner. The IRCT will encourage its staff, member centres, partners and friends to contribute with blogs and to join the discussion online.

c Podcasts

The IRCT will broaden its reach through podcasts and identify the most compelling torture victim stories, told as first person accounts to make the true legacy of torture more accessible.

d Newsletter

The IRCT disseminates its monthly newsletter to more than 1,500 subscribers, featuring the content published at irct.org and other relevant updates to a wider audience.

e Media monitoring, web monitoring, member sites and press clippings

The IRCT uses a media monitoring service, which collects and compiles any stories related to

torture and the IRCT in the media on a daily basis. The service covers news in English, French, Spanish and Portuguese.

f Social media routines

Through the World Without Torture brand, the IRCT has a strong presence on social media. The Facebook page, with over 17,000 followers, is a key outlet for relevant news and updates. The Twitter profile has more than 2,400 followers. The IRCT also has a YouTube account with videos on the background of the organisation and interviews with forensic experts, among others.

3 Campaigning

A powerful way of achieving change is by mobilising people who commit to a campaign and coordinate action based on convincing information and evidence. The IRCT will develop a torture victim based and inclusive approach to conveying its message and incorporate their voices and participation in the organisation's work. The IRCT also seeks to create strategic partnerships to achieve impact through relationships with the broader health, human rights and development sectors. Raising awareness about torture and the rehabilitation of torture victims is a significant aspect of the work of the IRCT.

a 26 June Campaign

26 June is the United Nations International Day in Support of Victims of Torture. The IRCT runs an annual campaign and encourages both member and non-member centres to mark the day by organising events or activities. Each year the membership chooses a theme and the Secretariat sends any centre that wishes to participate a campaign kit, which includes campaign goals, information on the campaign and supporting materials and guidance on actions. The campaign materials are available in various languages.

b 10 December – UN International Human Rights Day

The United Nations hold Human Rights Day on 10 December every year, the date that the General Assembly adopted the Universal Declaration of Human Rights (UDHR), as the “common standard of achievement for all peoples and all nations.” It is celebrated globally and is an important date in the global human rights calendar. While there is a great deal of activity on this day, there is a need for greater focus on the prohibition against torture in the UDHR and the related right to rehabilitation of torture victims of torture. The IRCT will heighten awareness of the rights of torture victims through its membership and by working in partnerships with other broadly based human rights organisations.

c Social mobilisation campaigning

The approach of social mobilisation is rooted in the public health sector and used to bring improvements in delivery of services in health systems that are complex and influenced by a wide range of actors. It is a necessary approach to develop the torture rehabilitation movement. In the IRCT's context, social mobilisation is the process of bringing together all feasible and practical allies, both within the IRCT membership and those linked to it in either the NGO or public health sector, to increase people's knowledge of and demand for rehabilitation. It also includes mobilising those who can help to deliver resources and services and strengthen community participation. Actors at the national level and international actors such as the World Health Organisation (WHO) and other regional bodies allocating resources for public health are targets for this work. This area of work will be further developed by the IRCT in 2015.

IV . ADVOCACY

The organisation's work is guided by the IRCT Council's policies and anchored in the knowledge that resides at member centres, as well as that derived from research, documentation and data collection. Based on this, the IRCT carries out a multitude of advocacy interventions that aim to create change in legislation, policy and jurisprudence at national, regional and global level, building robust legal frameworks and health support systems to put the necessary measures in place to allow for as full rehabilitation as possible. Using the knowledge and research outcomes, the IRCT will develop tools to strengthen its advocacy work. This includes advocacy guides for member centres, factsheets, briefing notes, thematic reports, regular updates on advocacy achievements, etc.

IRCT member centres are in the best position to identify priorities for change and influence the legislation and policies in their specific national context. The IRCT will work with and through member centres to identify and define the most effective way to generate change. The IRCT supplements these efforts by standard setting at international and regional human rights fora and key organisations. Furthermore, the IRCT promotes strong judicial systems and jurisprudence that strengthens the right to rehabilitation, providing forensic expert support in legal cases and promoting the implementation of the Istanbul Protocol. A key source of support for the IRCT's Istanbul Protocol programme is the IFEG, which serves as an advisory body and resource for medico-legal reporting, advocacy and capacity building. The IRCT is also lobbying for judicial processes beneficial to the rehabilitation of torture victims and the proper implementation of judgments and legal decisions. The IRCT will accomplish these objectives through two programmes: policy and legislation and jurisprudence.

A POLICY AND LEGISLATION

The IRCT supports member centres in implementing their domestic advocacy efforts, building external pressure to facilitate state compliance and creating a policy and funding environment favourable to the work of rehabilitation centres. The IRCT also lobbies and advocates on key legislative and policy processes at the UN, the EU and other regional mechanisms and develops jurisprudence at courts. The IRCT has a close working relationship with relevant NGOs in the human rights field and reaches out to health professional organisations and other key stakeholders to create global synergies for the organisation's efforts, thus ensuring that torture victims receive the holistic rehabilitation support they have a right to access.

1 National level interventions

Only sustained and strategic advocacy efforts at the national level can effectively make governments accountable to the prohibition of torture and rehabilitation of victims. IRCT member centres are in a position to identify priorities for change and influence the legislation and policies in their specific national context. The IRCT will support member centres in their efforts, pro-

viding strategic guidance, technical advice and practical support in a number of initiatives.

a Strengthening national advocacy

The IRCT supports the national advocacy efforts of member centres on an ad-hoc or project basis. This includes providing an international perspective, providing support on the design of national action plans, offering commentary to legislation and policy national initiatives and engaging with national stakeholders, including the National Human Rights Institutions and the National Preventive Mechanisms.

b Leveraging UN and regional recommendations for national-level change

One of the ways to strengthen domestic advocacy efforts is to integrate the implementation of recommendations issued by the UN and regional human rights bodies. Governments are accountable for the implementation of such recommendations. They can be a powerful tool for member centres to create additional pressure and enact change in their local context. The IRCT will continue to support member centres in developing strategies for leveraging recommendations from

UN and regional mechanisms to promote national/country-level change.

c Promoting early identification of torture victims

The IRCT has been promoting the importance of early identification of torture victims in countries where a large number of these victims are asylum-seekers or refugees. Member centres have expressed an interest in continuing to focus on early identification as a critical first screening measure necessary to ensure that victims of torture can access specialised rehabilitation services as early as possible. Through early identification, health and legal services are able to initiate and provide ongoing specialised assistance to victims of torture.

The immediacy of such support is particularly important where torture victims may need to rely on medical or psychological evidence to support their participation in a judicial process, whether it is criminal, civil or administrative. CAT General Comment 3 specifically stresses the obligation of states to provide rehabilitation to all torture victims that reside in their country. The IRCT will continue to support member centres in their national/country-level advocacy work to promote early identification of torture victims and their access to rehabilitation.

d Istanbul Protocol Plan of Action

The IRCT works towards the global endorsement of a roadmap, the so-called “Istanbul Protocol Plan of Action” on how states should establish effective and independent torture investigations. The roadmap is the joint outcome of a process of leading NGOs, including Physicians for Human Rights, Redress, Human Rights Foundation of Turkey and the IRCT, synthesising their experience of implementing the Istanbul Protocol globally for over a decade.

2 Initiatives with strategic partners

In order to strengthen the global effort to promote the right to rehabilitation and the fight against torture, the IRCT is engaging with strategic partners to implement specific interventions at country or thematic level.

a Caucasian anti-torture network project

Torture remains a challenge in the Caucasus region. However, with increasing reform efforts, the legislative and policy framework to document torture and provide rehabilitation to the victims can be strengthened.

b Fighting impunity with a holistic approach in Turkey, Israel and the occupied Palestinian territories project

There is a clear need to strengthen the documentation of torture and increase the reha-

bilitation services for torture victims in Turkey and Israel. PCATI and the Human Rights Foundation are collaborating to fill this need and to enhance capacities and processes for the use of forensic evidence of torture by medical and legal professionals.

3 Regional and sub-regional human rights systems

Human Rights mechanisms at regional and sub-regional level are key in setting human rights standards, ensuring compliance and monitoring the implementation of state obligations. Some regions have a long tradition of human rights mechanisms, while others are in the building phase or currently have none. The IRCT will give priority to advocacy interventions under the guidance of member centres in the region, and will engage strategically with selected mechanisms at regional or sub-regional level. The IRCT will carry out targeted interventions to facilitate that legislation and policy at regional or sub-regional level include and further the right to rehabilitation within the wider frame of the absolute prohibition of torture.

a Asia

The Asian region does not have a regional human rights mechanism. Therefore, the IRCT's focus will initially be at the sub-regional level with the ASEAN inter-governmental organisation, which has been increasingly active in promoting human rights work in the region and explore possibilities to lobby other sub-regional bodies.

b1 European Union Internal Procedures

Torture victims in the EU amount to potentially 945,000 asylum-seekers and 200,000 European citizens, with many suffering from posttraumatic stress disorder and other associated physical and mental health problems. To date, the IRCT's advocacy actions with the EU have focused on interventions relating to the EU's central mandate to harmonise the standards of protection afforded to vulnerable asylum-seekers to align the EU States' asylum legislation. The changes to the EU directives relevant to the Common European Asylum System introduce new obligations on states to identify, through an individual assessment, whether an asylum applicant is a vulnerable person who has special reception and/or procedural needs, such as a torture victim.

The IRCT will continue to work closely with the European Commission Directorate-General on Home Affairs and Justice as well as the European Parliament Committee on Civil Liberties, Justice and Home Affairs and relevant MEPs to monitor the transposition of asylum directives. Furthermore, it will act when political pressure on EU States is required to give full effect to the new provisions in the directives.

b2 Council of Europe

In addition to the EU, the IRCT will engage strategically with the bodies of the Council of Europe (CoE), including the European Committee for the Prevention of Torture (CPT) and the Commissioner for Human Rights.

b3 Organization for Security and Co-operation in Europe

Another important organisation in Europe for protection and furtherance of human rights is the Organization for Security and Co-operation in Europe (OSCE). The IRCT will strategically engage with the OSCE to promote the right to rehabilitation.

c Latin America and North America

The Americas have a well-established human rights protection mechanism that has created a strong legislative, policy and judicial framework for human rights protection and providing precedent globally. The IRCT seeks to influence the anti-torture policy of the region at the highest political level of the Organisation of American States (OAS) and intensify its engagement with the bodies of the Inter-American Commission and the Inter-American Court on Human Rights.

d Middle East and North Africa

The League of Arab States has included the absolute prohibition of torture in its regional human rights canon. Furthermore, for the SSA member centres, the African Commission on Human and Peoples' Rights (ACHPR) provides a venue for member centres in North Africa to engage in holding states accountable to their obligations in fighting torture and providing redress to torture victims. The IRCT aims to intensify its efforts to strengthen human rights advocacy at the regional level in order to promote the right to rehabilitation in the MENA region.

e Pacific

The Pacific region does not have a regional mechanism for the protection and promotion of human rights. However, other regional structures may have the potential to cover human-rights related matters.

f Sub Saharan Africa

Africa has strong regional and sub-regional systems of political collaboration and human rights protection. The IRCT's focus in Africa will be on the work of the ACHPR.

4 United Nations organisations

The United Nations is the central global forum for the protection of human rights and the rule of law. The IRCT engages with the various organs of the UN to ensure commitment at the highest political level and strengthen the conceptual

framework of the absolute prohibition of torture and to ensure that states ratify and implement the human rights instruments that ensure rehabilitation for torture victims.

a UN General Assembly

The UN General Assembly's Third Committee is the leading political decision-making body in relation to human rights and the only place where all UN Member States are represented on an equal basis. By engaging in the processes at the General Assembly, the IRCT addresses the global community to initiate and influence policy discussions and development.

b UN Human Rights Council

The UN Human Rights Council is the key human rights forum where the state community gathers and engages with UN experts and civil society. A key function is the process of peer review and self-commitment of all UN Member States regarding their human rights performance, the Universal Periodic Review (UPR). At the normative level, the IRCT lobbies for strong resolutions and provides commentary for UN expert reports on strategically important issues. With regard to the UPR, the IRCT lifts the national advocacy concerns of member centres to the global level.

c UN Treaty Body System

The UN treaty bodies perform an essential function in the UN human rights protection system as they conduct expert reviews of states' implementation of UN treaties, such as the UNCAT and the two covenants on civil, political, economic, social and cultural rights. The CAT and the SPT are particularly important to the mission of the IRCT in that they both conduct in-depth reviews of the situation of torture in individual states. The IRCT will continue to work to ensure the individual country reviews and visits by CAT and the SPT adequately reflect the concerns of member centres in the area of rehabilitation and investigation of torture, as well as the broader fight against torture. The IRCT further seeks to ensure that the treaty bodies conduct reviews on the best possible evidentiary basis.

d UN Special Procedures

The UN Special Procedures perform a dual function of developing the normative understanding of their thematic area and investigating country situations. The work of the Special Rapporteur on Torture is central to the mandate of the IRCT, but the organisation also engages with Special Procedures focusing on related fields such as health, human rights defenders or specific countries. The IRCT will continue to engage with the Special Rapporteurs by promoting the elaboration of thematic reports addressing IRCT priority areas and encouraging visits to countries where such visits are deemed to have potential impact.

This will also include ensuring that visits to these countries are adequately informed by reliable evidence-based information from the rehabilitation sector and by engaging the Rapporteurs as resource persons. Each year, the IRCT will contribute to all thematic reports by the Special Rapporteur on Torture and one or two thematic reports by other Special Procedures. Furthermore, the IRCT will advocate for the Special Rapporteur on Torture to visit countries identified as relevant targets by the IRCT membership and contribute with background information for such visits.

e Other UN bodies

The IRCT will reach out and strengthen ties with a multitude of other UN agencies whose work is relevant to the mandate of the IRCT. Key institutions to address include the WHO and the UN High Commissioner for Refugees.

5 European Union external relations

As a supranational body with global relations, the EU has a key function in securing and promoting human rights not only within its member states as elaborated under the regional work above, but also in third countries around the world. Through its foreign policy processes, the EU provides a frame for protecting and monitoring human rights externally and offers funding for the fight against torture globally. The EU is a key target of the IRCT's global advocacy efforts. The IRCT has advocacy staff in Brussels to facilitate engagement.

a European Union external procedures

The IRCT will promote greater inclusion of the fight against torture within EU foreign policy and development priorities. This objective is pursued through the promotion of a greater focus on combating torture in the context of the implementation of the EU Strategic Framework and Action Plan on Human Rights; ensuring that the EU and its Member States adhere to the principles laid out in the Guidelines to EU Policy towards third countries on torture and other cruel, inhuman or degrading treatment or punishment; and providing input towards the development of EU policy towards individual third countries where combating torture should be a priority.

6 Donors

For effective rehabilitation of torture victims it is essential that services be provided on a holistic, multi-disciplinary and continuous long-term basis. This requires securing sustainable funding. By setting their priorities and strategies, donors play a key role in defining priority areas of work. Therefore, it is essential that donors are aware of and understand the specific nature of rehabilitation work. The IRCT engages with key donors to ensure their strategies adequately reflect the

need for development in the rehabilitation sector and cover support to all areas of the global network of rehabilitation centres.

a United Nations Voluntary Fund for Victims of Torture

The United Nations Voluntary Fund for Victims of Torture (UNVFVT) is a key institution to secure and provide funding for torture rehabilitation services globally. The IRCT will lobby the UNVFVT and its donors, for increased funding to health-based rehabilitation activities globally.

b European Union funding

The EU provides key funding for anti-torture work within Europe, as well as in third countries through numerous funding programmes at the central level in Brussels and the delegations on the ground.

c Governments

Governments play a central role not only in ensuring funding for rehabilitation services in their own countries but often also in supporting services in third countries through their foreign policy and development budgets. The IRCT will lobby them for sustainable funding for its members.

d Wider donor community

Many other donors influence funding policies that contribute to the development of the rehabilitation sector, including private foundations or the public at large. The IRCT will lobby these donors for sustainable funding for its members.

7 Civil society and other organisations

In addition to states and inter-state institutions, the IRCT will lobby any non-governmental stakeholder that has an influence on creating legislative and policy frameworks to ensure the delivery of holistic rehabilitation services to torture victims at global, regional or national level. This includes streamlining the key aspects of the right to rehabilitation by engaging in the policy processes of key organisations, creating effective partnerships and ensuring visibility and impact in main fora that discuss the rights of torture victims.

a Legal and health professional agencies

Legal and health professional organisations play a significant role in shaping the ethical and normative framework under which key professions involved in the rehabilitation of torture victims function.

b Non-governmental organisations

Strategic partnerships with relevant NGOs in the human rights and health fields are essential to the impact and sustainability of the IRCT's advocacy work.

B JURISPRUDENCE

For many torture victims seeking justice and having their legal status secured is a crucial step in their rehabilitation process. Courts and tribunals at national, regional and international level provide a wealth of jurisprudence in relation to torture cases. They provide torture victims with reparation and recognition, but they also strengthen the rule of law in the country. Furthermore, they are an essential source of legal interpretation, affirming and shaping the right to rehabilitation and the wider prohibition of torture and ensuring. Worldwide advocacy draws on precedent decisions in torture cases.

1 Case support

The IRCT supports torture cases at all levels – domestic, regional and international - lobbying in particular for the recognition of the right of torture victims to rehabilitation and the expertise health professionals can bring to strengthen the investigation of torture and conduct of cases. This is not only relevant in criminal and civil lawsuits but also in administrative procedures, such as asylum cases.

a Medico-legal Reports, expert opinions, Amicus Curiae

Medical forensic expertise is key to strengthening the evidentiary basis of torture cases. The physical and mental health documentation of the consequences and the correlation with the claims can be a powerful tool in providing guidance to the investigation and the court in their decision-making, particularly in light of the fact that the evidence in many torture cases is sparse. According to the Istanbul Protocol MLRs can be a powerful evidentiary tool in cases where little or no other evidence exists. Furthermore, there is a need to elaborate and explain medical and psychological aspects of torture in the context of the legal process.

b Secretariat to the Independent Forensic Expert Group

The IFEG, originally created by the IRCT, is the leading resource group of experts from around the world for documentation of torture. As the Secretariat of the IFEG, the IRCT advocates for the group, supports standard setting in the field of forensic documentation and draws on the group to produce MLRs and expert opinions for legal cases. It also engages in advocacy and capacity building activities on the promotion of the Istanbul Protocol.

c Psychosocial support to victims in legal proceedings

While some torture victims underline the positive impact that seeking justice can have on their rehabilitation process, the experience of taking a complaint forward, having to give testimony

and engaging with legal authorities can also be re-traumatising for torture victims.

d Promotion of judicial decisions

Torture cases are decided at national, regional and international level. In particular, decisions made by the European and Inter American Courts for human rights often become landmark cases, creating precedent for jurisprudence at national level worldwide. However, often court decisions are not followed and put in practice by the governments, and victims do not receive the support to which they have an entitlement.

2 Long-term sustainability

The IRCT seeks to explore strategic litigation approaches to increase the compensation paid by perpetrators to finance rehabilitation measures to victims of torture around the world.

a Compensation fund

Holding perpetrating individuals and states accountable for their actions, courts can oblige them to pay compensation to the torture victims as part of reparations. The IRCT will increase its efforts to ensure compensation is provided to torture victims by engaging with member centres and prioritising interventions in relevant cases.

V. OPERATIONS AND CHANGE MANAGEMENT

People skills, appropriate cash flows, creativity, rational analysis and knowledge of technology are all required for success. Operations management at the Secretariat is the area concerned with managing and directing the physical and technical functions of the organisation. The IRCT aims to ensure operations are efficient (rendered with as few resources as needed) and effective (effectively contribute to the rehabilitation of torture victims).

Operations at the IRCT come under four programmes: quality assurance, income generation, asset management and human resources.

QUALITY ASSURANCE

To maximise the efficiency of the IRCT, the organisation has internal policies consisting of the IRCT Manual of Operations, the Project Management Facility and Alignment Procedures. The IRCT also has a monitoring and evaluation (M&E) system with indicators that can help track whether it is achieving the objectives set out. It assists the IRCT in gaining an insight into its work to help the organisation make mid-term corrections if necessary.

INCOME GENERATION

The IRCT will increase the impact of funding received, increase links between the IRCT and its member centres and State Actors on key policies and objectives in the collective fight against torture; and streamline processes and efforts vis-à-vis reporting, impact evaluation and administrative requirements. The IRCT will also enter into conversations with all of its donors to explore the possibilities of having their contributions evolve into framework agreements.

ASSET MANAGEMENT

The IRCT will efficiently manage and develop its finance and accounting systems to maintain compliant and effective processes and efficient related systems. The IRCT will have updated financial and accounting documentation in the form of policies, processes (in the framework of the manual), governance structures (legislation, donor requirements and policy decisions) etc. The IRCT will run effective processes related to office administration in order to maintain total cost effective and efficient processes and related systems. To ensure these processes are effective the IRCT has developed policies on procurement, sourcing, travel, the administration of headquarters and local offices and housing

for international hires. The IRCT also has a policy on information technology and will provide staff with guidance and tools in the use of the chosen technology, whether working remotely or in the main office.

HUMAN RESOURCES

The IRCT has two overarching human resources policies: diversity and pluralism, and health and safety at work. Human resources operations also sets out and implements policies and guidelines for people and organisation related areas. For example, talent management (assessment and development), performance management, compensation and benefits, recruitment and international transfers etc.

PART III

MONITORING AND EVALUATION

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Annex 1 includes examples of tools, protocols, procedures, quality and verification processes to ensure that information can be gathered and analysed effectively in accordance with the principles of OECD-DAC.

PRINCIPLES

To ensure the strategic objectives outlined in Part I are effectively implemented, a Monitoring and Evaluation (M&E) system will be used to measure, qualify and report on results achieved in this period.

The system rests on four principles adopted by the IRCT as part of its management philosophy, which are consistent with the principles of the Paris Declaration of Aid Effectiveness:¹⁸

- 1 Ownership** – The IRCT will take ownership of the direction of the Strategic Plan. This applies to the strategic objectives, in addition to ensuring the organisation takes a leadership role in training and managing for results using the new M&E system.
- 2 Alignment** – The IRCT will align its strategic objectives with the needs of all stakeholders, particularly member centres and victims. This will ensure that the only initiatives implemented are those in line with the strategic objectives, thus preventing the loss of much needed financial and personnel resources through the implementation of unsuitable projects.
- 3 Harmonisation** – Through the M&E system, the IRCT's work will be harmonised with the strategic plans of stakeholders. For this reason, the M&E system will use reporting templates consistent with those designed by the OECD-DAC.
- 4 Managing for results** – By developing an M&E system, the IRCT has committed to developing a culture that is identified with managing for results, and working with its partners to make the results accessible, measurable and transparent.

IMPLEMENTING STRUCTURE

GOVERNING BODIES

General Assembly

All IRCT member centres belong to the General Assembly. At the General Assembly, which is the basis of the IRCT democratic governance, members provide input into the policies and strategies of the IRCT in order to advance the global mission of the organisation. The General Assembly elects the members of the International Council.

Council

The Council is a policy-making body made up of 26 members representing the membership and three independent experts. The Council holds annual meetings to consider and decide on policies and key organisational issues and to monitor the progress of the IRCT's work at the global level and in the regions. It also monitors the implementation of the IRCT's strategy and policies by the Secretariat. The Council elects the members of the ExCom.

Executive Committee

The ExCom is a deliberative body made up of eight members: one from each of the regions plus one independent expert, including the President and Vice President. The ExCom oversees the implementation of Council decisions by the Secretary-General.

IRCT Regions

There are seven regions: Asia, Europe, Latin America, Middle East and North Africa, North America, Pacific and Sub-Saharan Africa. Regions are extremely important fora of dialogue, consensus-building, and political action. They also have a series of specific functions: Council and ExCom seats and proxies conform to regional quotas and Council elections are regional. Furthermore, Council members are expected to report to members on a regional basis.

SECRETARIAT

Primarily based in Copenhagen, Denmark, and headed by the Secretary-General, the Secretariat is multi-sited with offices in Brussels and Geneva, and staff members present in Asia, Latin America, the Middle East and Northern Africa and Sub-Saharan Africa. The Secretariat delivers all IRCT programmes and activities.

SPECIALISED BODIES

Health Advisory Committee

The Health Advisory Committee is a specialised body composed of seven to nine highly skilled health professionals. It provides expert knowledge and advice in relation to the development of programmes and implementation of activities. Members of the Health Advisory Committee may also participate in scientific and specialised health-related fora on behalf of the IRCT.

Torture Journal Editorial Board

Torture Journal holds the position of the pre-eminent journal publication in its field, with subscribers in 116 countries. Its publication is intended to provide a multi-disciplinary forum for the exchange of original research and systematic reviews among professionals concerned with the biomedical, psychological and social interface of torture.

Independent Forensic Expert Group

Drawing on expertise from across the globe, in partnership with the Copenhagen University Department of Forensic Medicine, in 2009 the IRCT sponsored the establishment of an expert group of independent forensic specialists. The group serves as a hub of expertise to provide impartial MLRs according to the Istanbul Protocol and as a reference point. It also provides technical advice on specific issues, formulates expert opinions, examines alleged torture victims, advocates for proper investigations of torture and builds a body of knowledge.

Board of Ethical Standards

Every year, the Board will issue a set of diligence standards on priority issues for consideration by the Council.

ASSUMPTIONS AND SCENARIOS

The results of the Strategic Plan, as outlined regarding indicators, are possible following the implementation of these assumptions:

1. All elements outlined in the Strategic Plan are possible (at the highest level) if and only if the conditions with respect to funding are met.
2. The IRCT acknowledges that, to work at its optimal level, its M&E system needs to be compatible with that of its members and based on an agreed set of criteria and standardised measurement points.
3. The new system was phased-in during 2014. Therefore the IRCT will work to a group of indicators that can be tracked within the first phase in 2015, the second phase in 2016 and so on until the entire system of indicators is being tracked. It is further understood that the new baseline for future results will be the year 2015.
4. The IRCT will maintain its commitment to being a learning organisation, therefore dedicating distinct funding to evaluation, lessons learned and optimisation of processes.
5. Ideally, a basket fund needs to be set up to assist the IRCT with funding for the programmes outlined in the Strategic Plan, as well as for M&E. This will reduce the reporting burden for the IRCT, and is in line with the Paris Declaration on Aid Effectiveness to which all DAC donors are signatories.

IRCT concepts and terminology for results based management

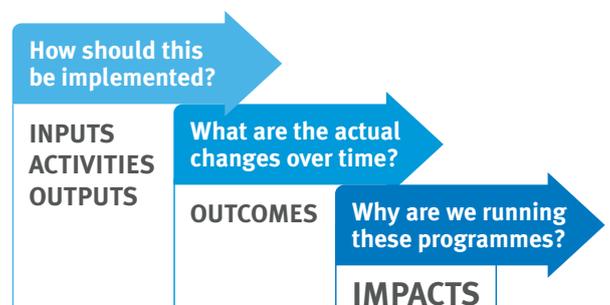
A result can be defined as a “describable or measurable change in state that is derived from a cause-and-effect relationship”. What this means in international development, and specifically in human rights, is that the results show a contribution to a change in state. Upon a basic principle or responsibility and accountability, the IRCT needs to be able to understand whether or not its work contributes to change for people, institutions, and laws through its work in the three chapters – building capacity, developing research and advocating for change.

The theory of change is in principle applicable to the state of any societal construction. As the Inter-American Court of Human Rights stated:

“Every human act produces diverse consequences, some proximate and others remote. An old adage puts it as follows: *causa causæ est causa causati*.

Imagine the effect of a stone cast into a lake; it will cause concentric circles to ripple over the water, moving further and further away and becoming ever more imperceptible. Thus it is that all human actions cause effects that may be close or remote.”¹⁹

Development work usually takes point of departure in the assumption of predictability of certain effects, and in a particular theory of change that relies on a linear understanding of cause and effect, in a succession of elements described as the results chain:



- Inputs are financial, human, material and information resources used to produce the outputs through activities which accomplish results i.e. the time of the staff and members.
- Activities are actions taken or work performed through which inputs are mobilised to produce outputs i.e. Member centre staff carrying out therapy, members carrying out MLRs, or advocacy activities within the UN UPR.
- Outputs are the direct products or services that stem from the organisation’s activities, policies, programmes or initiatives i.e. clinical diagnostics and treatments, MLRs, policy papers, manuals, methodologies.
- Outcomes are changes that occur primarily as a result of outputs i.e. the reduction of symptoms in patients, expert testimony within legal proceedings; recommendations to states that lead them to issue or reform public policy.
- Impacts are substantive changes that are sustainable and achieve the overarching purpose of the organisation i.e. a reduction in the number of torture survivors with a certain diagnosis.

Results based management principles

The results based management (RBM) framework is used by OECD-DAC and by many international organ-

isations. By implementing it the IRCT will contribute to creating an M&E system, which can generate one unified report for different donors and agencies, as well as other stakeholders.

Furthermore, a key component of the IRCT's approach will be performance monitoring. When results-based performance monitoring is used continuously during implementation, it provides managers and stakeholders with 'real time' information about use of resources, extent of reach and achievement of change for the target groups. The performance demonstrates progress along the results chain and identifies strengths and weaknesses, which can help determine corrective actions that can be taken to improve results.

Other concepts are also important for RBM such as the development of a working partnership among all stakeholders. The RBM system helps the organisation to improve its accountability and transparency in financial administration and its ability to be realistic and flexible in planning and implementation.

With RBM, simplicity is important. This needs to be reflected in the use of indicators to measure the change that is being created by the organisation. According to OECD DAC, an indicator is:

“A quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect changes connected to an intervention, or to help assess the performance of a development actor”.²⁰

Indicators also need to be SMART: Specific, Measurable, Achievable, Relevant and Timely.

IRCT LOGIC MODEL

The principal function of the IRCT is to build capacity, gather and disseminate knowledge and advocate for the right to rehabilitation.

Strategic and programme level (examples only)

PROGRAMMES →	OUTPUTS →	OUTCOMES →	IMPACT
Capacity Building	Methodologies	Implementation of minimum standards	Reduction of x % in population presenting symptoms (under y criteria)
Knowledge gathering and dissemination	Journal	Setting best practice standards	Global review
Advocacy	Expert opinion	Structural change (law, judgement, public policy)	Systemic change (prevalence, impunity)

Performance measurement table (examples only)

INDICATOR (OUTPUT LEVEL)	IDEAL TARGET	DATA SOURCE	DATA COLLECTION METHOD	COLLECTION FREQUENCY	REPORTING FREQUENCY	COLLECTION BY	REPORTING TO
Number of IRCT centres offering holistic rehabilitation	144 (100%)	IRCT Member Database	Visit	Yearly	Yearly	Secretariat	Council
Number of IRCT-sponsored peer reviewed articles	36	Torture journal	Direct gathering	Quarterly	Quarterly	Secretariat	Council
Number of IRCT-sponsored MLRs	12	Court proceedings	Direct collection	Quarterly	Quarterly	Secretariat	Council

Monitoring and evaluation

The Strategic Plan seeks to make it clearer as to how the IRCT provides its services and accomplishes its mandates. The plan does so by operationalising the IRCT's duties and responsibilities in measureable terms. The value of producing a new M&E system is as follows:

- 1) To evaluate the IRCT's activities and communicate its results in a format that stakeholders require in order to secure increased resources.
- 2) To increase transparency and accountability to all IRCT stakeholders.
- 3) To change organisational behaviour to increase efficiency by aligning the IRCT mission, objectives and performance indicators.

The M&E system includes indicators that can help track whether the objectives set out are being achieved. It assists the IRCT in gaining an insight into its work to help the organisation make mid-term corrections if necessary. Simply put, the indicators are designed to track data and progress being made in achieving the strategic objectives.

The indicators created can only provide the necessary data on results if the Secretariat staff are able to regularly and reliably track and interpret what the indicators are designed to measure. Only then can this information be used to inform regular reporting i.e. monitoring reports, annual reports and reports to other stakeholders. To ensure that the indicators are tracked properly, training of IRCT staff will be prioritised.

Financial management of the Strategic Plan

IRCT guides financial management by international best practice and its Manual of Operations. Auditing is performed by an external auditing firm, the operation is financed by the general fund. The audited financial statements and annual reports are published yearly. If a donor requires a specific external audit (partial or final) of a specific fund project they have funded, the cost will be borne by the contribution as a direct cost of that project.

BUDGET

			2015	2016	2017	2018	2019
I		GOVERNANCE AND POLICY					
I	A	Mandate Management	€ 641.600	€ 1.819.070	€ 851.485	€ 860.151	€ 1.845.078
I	B	Membership services	€ 1.549.000	€ 2.120.470	€ 2.653.885	€ 3.187.551	€ 3.721.478
II		CAPACITY BUILDING					
II	A	Knowledge and skills development	€ 834.000	€ 865.470	€ 873.885	€ 882.551	€ 891.478
II	B	Addressing unmet needs	€ 517.588	€ 291.470	€ 299.885	€ 308.551	€ 317.478
II		RESEARCH DEVELOPMENT					
III	A	Research	€ 1.290.628	€ 1.322.098	€ 777.285	€ 785.951	€ 794.878
III	B	Resources	€ 50.000	€ 50.000	€ 50.000	€ 50.000	€ 50.000
III	C	Communications	€ 466.750	€ 498.220	€ 506.635	€ 515.301	€ 524.228
IV		ADVOCACY					
IV	A	Legislation and policy	€ 448.500	€ 479.970	€ 488.385	€ 497.051	€ 505.978
IV	B	Jurisprudence	€ 413.000	€ 444.470	€ 452.885	€ 461.551	€ 470.478
V		OPERATIONS AND CHANGE MANAGEMENT					
V	A	Quality assurance	€ 124.500	€ 140.235	€ 144.442	€ 148.776	€ 153.239
V	B	Income generation	€ 124.500	€ 140.235	€ 144.442	€ 148.776	€ 153.239
V	C	Asset Management	€ 743.300	€ 759.035	€ 763.242	€ 767.576	€ 772.039
V	D	Human Resources	€ 186.996	€ 202.731	€ 206.938	€ 211.272	€ 215.735
			€ 7.390.362	€ 9.133.474	€ 8.213.392	€ 8.825.058	€ 10.415.326

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- 2 af Petersens F. The Struggle that must be Won, 20 Years with the IRCT. Copenhagen: Salogruppen; 2005.
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- 4 According to a survey carried out by the Ministry of Foreign Affairs of Denmark in 2013, 41.5% of members cite exchange of experiences with other members as the main benefit of being a member of IRCT (internal document).
- 5 IRCT members such as the Berlin Centre for the Treatment of Torture Victims (BZFO), among others, have supported the creation of centres in the same locations or areas nearby.
- 6 A third centre supported by the IRCT, the Bahjat Al Fuad Centre for Psychological & Medical Rehabilitation for Torture Victims (BFRCT) officially opened in Basra, Iraq in November 2005. In Afghanistan, the IRCT supported the Centre de soins Nouveau Parcours/Enfants d'Afghanistan et d'ailleurs through the OAK Centre Grants.
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- 12 B Sørensen. 1998. Torture and asylum in Torture, Vol 8. No. 2
- 13 United National Development Programme. [Internet]. 2013 [cited 2014 Dec 1]. Available from: http://www.theseusproject.eu/wiki/Policy_instruments_for_integrated_coastal_zone_management
- 14 This methodology will be under study at the IRCT. Member centres may consider themselves bound by a human rights standard, which is designed under theories of state responsibility.
- 15 For 2015, the mandate of the Board of Ethical Standards will be carried out by the Scientific Committee.
- 16 The IRCT ExCom took this decision in November 2013. "The IRCT will entertain new applications but will not actively seek new members until further notice".
- 17 This is based on the census of the centres and organisations affiliated to networks of which the IRCT is also a member.
- 18 OECD. Paris Declaration and Accra Agenda for Action. Paris: 2005
- 19 Aloeboetoe et al. Case, Reparations (Art. 63(1) American Convention on Human Rights) Judgment of September 10, 1993, Inter-Am. Ct.H.R. (Ser. C) No. 15 (1994).
- 20 OECD Glossary of Key Terms in Evaluation and Results Based Management. OECD Publications; 2002. Report No.:31678 2002

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Vesterbrogade 149, building 4, 3rd floor
1620 Copenhagen V, Denmark

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Holmens Kanal Branch
Holmens Kanal 2
1090 Copenhagen K
Denmark
SWIFT code: DABADKKK

Danish Kroner (DKK) Account

Registration No. 4183
Account No. 4310-821152
IBAN DK90 3000 4310 8211 52

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