

National Indicators on Torture Victims' Right to Rehabilitation in South Africa

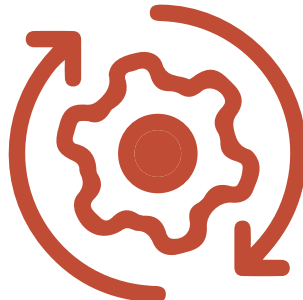
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COMMITMENT



Is there a political
commitment to
implement the right?

EFFORT



Is the state making
efforts toward
realising the right?

RESULTS



Do services available for
victims of torture meet
international standards?

Torture victims' right to rehabilitation

How can indicators on the right to rehabilitation help?

This document provides a framework of national indicators. These indicators are a tool to measure whether the right to rehabilitation is moving from words in international and national laws to concrete changes for victims/survivors. They can help to:

Objectively assess the state of implementation of the right to rehabilitation

Measure the progress and overall outcomes of State commitments and efforts to deliver the right to rehabilitation for victims/survivors.

Facilitate dialogue between State and non-State stakeholders on how to improve realisation of the right.

How were the indicators developed?

The national indicators are an adaptation of a global indicator framework on the right to rehabilitation developed by Professor Nimisha Patel of the International Centre for Health and Human Rights (ICHHR). The global indicator framework bases itself on standards developed by the UN Committee against Torture and has been developed through 5 years of research and consultation with torture survivors, rehabilitation experts, and experts in human rights indicator development, including from the Office of the High Commissioner for Human Rights.

The national indicators are developed through a national consultation process implemented jointly between ICHHR, the International Rehabilitation Council for Torture Victims (IRCT) and the Centre for the Study of Violence and Reconciliation (CSV). The process included a national stakeholders' workshop, online consultation and outreach to individual experts.

What are the indicators for the right to rehabilitation for torture victims?

The national framework of indicators offers an extensive list of *illustrative* indicators which are relevant to measuring States' implementation of the right to rehabilitation. The indicators can yield quantitative and qualitative information.

The indicators are organised in three categories of indicators (see below).

- 1. Structural indicators:** these measure State **commitment** to its human rights obligations by identifying gaps in laws and public policies.
- 2. Process indicators:** these measure State **efforts** made towards realising its human rights obligations by focusing on implementation of policies, budget allocation, and other avenues for state implementation.
- 3. Outcome indicators:** these measure the **outcomes (results)** of State efforts to implement human rights by identifying whether victims/survivors are in fact receiving rehabilitation according to international standards.

What can we do to apply the indicators?

As the National Indicator Framework is intended to relate to different stages of implementation, it is not necessary to apply all indicators at the same time. A process of selecting key indicators, those seen to be most relevant at any given time, is crucial when deciding how to use the National Indicator Framework.

ICHHR and IRCT recommends that national actors involved with monitoring the implementation of the right to rehabilitation for torture victims/survivors select which indicators are a priority currently, to monitor to facilitate implementation (see appendix for proposed methodology). These priorities will change to respond to the national situation as it changes over time.

National Framework of Indicators for the right to rehabilitation for torture victims/survivors

Structural indicators for the right to rehabilitation

Structural indicators measure state commitment to human rights obligations



Overall question: What legal and constitutional measures and safeguards has the South African State undertaken to implement the right to rehabilitation for victims of torture?

Indicators

Laws

- Number of human rights treaties relevant to the prohibition of torture and reparation, including the right to rehabilitation, which are ratified by the South African State
- Date of entry into force and scope of coverage of the
 - (a) prohibition of torture and
 - (b) the right to rehabilitation as reparation in the South African constitution
- Date of entry into force and scope of coverage of domestic laws for
 - (a) prohibition of torture and for implementing
 - (b) the right to rehabilitation as a form of reparation

Policies

- Date of entry into force and scope of coverage of a national policy framework across health, social

care, education and justice departments, with clear demarcation of responsibilities and duties to implement the right to rehabilitation, in keeping with contextually relevant norms for South Africa

- Date of entry into force and scope of coverage of provincial/local government policy frameworks across health, social care, education and justice departments, with clear demarcation of responsibilities and duties to implement the right to rehabilitation, in keeping with culturally sensitive norms for the country
- Date of establishment and scope of mandate of national and local/provincial institutional structures and effective mechanisms across health, social care, education and justice departments, with clear demarcation of responsibilities and duties to implement the right to rehabilitation

Implementation

- Number of provincial/local governments following the national policy framework to promote the right to rehabilitation
- Number of registered civil society institutions

Process indicators for the right to rehabilitation

Process indicators measure the State efforts made towards realising human rights obligations



Overall question: What efforts is the South African state making towards realising the right to rehabilitation for victims of torture?

Indicators

Programmes and budget allocations

- Share of government budgets spent on rehabilitation (across public health, social care, education and other relevant departments with responsibilities under the right to rehabilitation for victims of torture)
- Reparation programme established with rehabilitation component for victims of torture in transitional justice processes

Awareness-raising

- National mechanisms and a national awareness-raising programme specific to each government institution and department at the national and local/provincial levels, for increasing awareness and understanding of their obligations under the right to rehabilitation as reparation
- National programme for public awareness-raising on the
 - prohibition of torture;
 - right to rehabilitation for victims of torture;
 - availability of rehabilitation services, types of services and location of services

Mechanisms

- Effective mechanisms established with adequate mandates to monitor and assess the national implementation of the right to rehabilitation
 - National Human Rights Institution with a

mandate to a) monitor implementation of torture victims' right to rehabilitation and/or b) monitor outcomes of individual torture complaints including whether decisions specify specific remedies including rehabilitation.

- National Prevention Mechanisms' provision of information on and monitoring of implementation of the right to rehabilitation for torture victims in places of deprivation of liberty.

- National protocol(s) and mechanisms for the coordination, functions and responsibilities of every state or non-state institution which has contact with victims of torture

- Mechanisms and national guidance established for state and non-state institutions to ensure the identification, rehabilitation and follow-up of victims of torture, including those with special needs, in all settings (including safety sites, detention centres, health institutions, schools, community etc.)

Ensuring availability of relevant skills

- Number of specialist health and social care professionals (doctors, psychologists, psychiatrists, social workers) per capita
- Numbers of staff (disaggregated by profession) specialising in the rehabilitation of torture survivors in all rehabilitation services (state and non-state) nationally
- Numbers of government staff and relevant government officials (disaggregated by role/position and department) trained in their obligations under the right to rehabilitation for all victims of torture

- Numbers of staff (disaggregated by profession) (in state and non-state institutions) trained to increase their awareness and skills in providing rehabilitation to torture victims
- Number of established and operational rehabilitation services available nationally for victims of torture (including those who are also perpetrators), by
 - Type of institution (state and non-state)
 - Geographical location within the country

Monitoring and evaluation systems

- State system established for effective monitoring and reporting of state and non-state rehabilitation services, on:
 - Absence of particular types of rehabilitation services (e.g. physical health and psychological health rehabilitation, social care rehabilitation, educational rehabilitation for minors, vocational and legal rehabilitation)
 - The national implementation of recommendations on improving rehabilitation service availability, quality and gaps in rehabilitation services (including, health, social care, education, vocational and legal rehabilitation);

- Structural barriers to the implementation of the right to rehabilitation as reparation;
- The time frame of judicial and/or reparation programmes and reparation processes
- The related structural and procedural barriers in reparation processes which may adversely impact on the rehabilitation of victims of torture or cause harm to victims
- Steps taken by the state to address the structural and procedural barriers

Jurisprudence

- Number of judicial decisions in cases of torture which specify rehabilitation as reparation
- Proportion of judicial decisions specifying rehabilitation as reparation which are implemented
- Number of formal complaints (from state and non-state institutions) on the right to rehabilitation investigated and adjudicated by the national human rights institution, human rights ombudsman or other mechanisms and the proportion of these responded to effectively by the Government.
- Proportion of recommendations from national reparation programmes or processes, specifying rehabilitation, which are implemented

Outcome Indicators For The Right To Rehabilitation

Outcome indicators measure the outcomes (quality of services) of the state's efforts to implement the right to rehabilitation



Overall question: Do the services available for victims/survivors of torture (nationals and non-nationals) meet the standards for rehabilitation established in international law?

Standard	Attributes of the standard	Sample indicators
1. Safety and personal integrity of clients and staff in services	Survivors do not suffer from threats, harm, intimidation or other reprisals whilst or as a result of attending/using rehabilitation services or giving feedback/complaints on rehabilitation services accessed	<ul style="list-style-type: none"> • Service has established mechanisms to monitor threats, harm, intimidation or other reprisals against survivors and their family members as a result of attending the service • Absence/ no. of incidents of threats, harm, intimidation or other reprisals towards survivors or their family members whilst or as a result of attending services • Absence/no. of incidents of threats, harm, intimidation or other reprisals from the service provider towards survivors or their family members • No. of complaints/ negative feedback from survivors on rehabilitation services accessed • No. of complaints from survivors who have suffered intimidation, threats, reprisals or other sanctions for choosing to <i>not</i> attend state rehabilitation services
	Services have effective mechanisms to protect survivors from harm	<ul style="list-style-type: none"> • Service policies on safety and safeguarding survivors using the service, including vulnerable adults and children exist • No. of incidents of attempted/actual suicide (rates) • No. of incidents of self-harm (self-harm rates) • No. of survivors (as % of overall client population of the service) reporting exploitation, threats, reprisals or violence from others • No. of incidents of reported harm to others (domestic violence, child abuse – sexual/physical abuse) • No. of incidents of reported harm from others (domestic violence, child abuse – sexual/physical)
	Services have effective mechanisms to protect confidentiality and security of personal rehabilitation records (written and electronic); and to address breaches	<ul style="list-style-type: none"> • Service policies on ensuring confidentiality and data protection of client data of survivors exist • Service mechanisms established to monitor, record and address breaches of confidentiality are in place • No. of breaches of confidentiality (not related to breaches in keeping with ethical obligation to protect survivors or others from harm)
	Staff can work safely without intimidation, harassment, threats, violence or abuse from State/non-state or private actors	<ul style="list-style-type: none"> • Services have established mechanisms in place to protect staff from harm, intimidation, threats and other abuse • No. of staff-reported incidents of safety breaches
	Staff health and well-being is ensured	<ul style="list-style-type: none"> • Services have established mechanisms to <ul style="list-style-type: none"> – ensure the well-being of staff – monitor the well-being of staff • Proportion of staff group on staff sick leave, frequency of sick leave and period of sick leave

2. Appropriate

Routine, multidisciplinary and specialist assessment of survivors

- Services have established mechanisms to ensure multidisciplinary, specialist assessments for all survivors
- No. of multidisciplinary, specialist assessments

Services tailored to meet the range of immediate and long-term needs of each survivor

- Services have protocols and established mechanisms to develop tailored plans to meet the range of immediate and long term needs of survivors and their family members
- No. of survivors (individuals and family members) provided immediate assistance
- No. of survivors (individuals and family members) provided long-term support

Services offered are specialist and offered by qualified specialists in addressing needs of torture survivors

- Services are specialised in meeting needs of torture survivors
- No. of specialist staff in service (breakdown by discipline, level of qualifications, no. of years' experience working with torture survivors)

Services are appropriate in that they are designed to meet the specific needs of torture survivors within the client population, addressing their experiences of torture, strengths, resources and range of needs (medical, psychological, social, welfare, legal etc.)

- Services have established mechanisms to ensure they can meet specific and a range of needs of survivors
- No., range, nature and focus of specialist services provided
- No. and range of survivors' needs addressed by service (disaggregated by age, gender, ethnicity, country, nature/types of torture, psychological, medical, social, welfare and legal needs)
- Overall profile and types of services available fit (match) with the overall profile of identified needs of survivors in the country context

Services are appropriate in being consistent with survivors' gender, age and cultural, linguistic, religious, ethnic backgrounds

- Services mechanisms to monitor the fit (match) of services offered in relation to overall needs of survivors attending services
- Proportion of survivors in rehabilitation who are provided services which are appropriate and consistent with the overall profile of survivors' gender, age, cultural, linguistic and ethnic backgrounds
- Proportion of survivors requiring interpreters who are provided with professional, qualified interpreters

Services are culturally-appropriate and culturally-competent

- All rehabilitation services and service components are culturally-appropriate
- Services use models and methods which are culturally-appropriate and culturally-valid
- Services meet cultural competencies established in health and social care fields
- No. survivors (disaggregated by age, gender, cultural/ethnic background) and their feedback on
- (a) the cultural appropriateness of services (models and methods) they received and
- (b) cultural competency of staff involved in their rehabilitation

Services offered are interdisciplinary, providing holistic care

- Range of interdisciplinary services provided (broken down by nature of service, staff working within the service)
- Services have established mechanisms to ensure interdisciplinary practice and holistic care for survivors

Services appropriate in meeting needs according to priority, based on health social and legal protection needs

- Services have mechanisms to ensure prioritisation according to need
- No. of survivors identified as high priority (disaggregated by age, gender, ethnicity, country/demographic background and identified priority needs)

	Services are acceptable to survivors	<ul style="list-style-type: none"> No. and outcome of consultations with prospective clients (survivors) and communities on what services are needed and deemed acceptable to them No. of survivors providing positive feedback (satisfaction) or negative feedback (dissatisfaction) on services received
	Services are offered in the relevant languages of survivors	<ul style="list-style-type: none"> First/fluent spoken languages of survivors compared to <ol style="list-style-type: none"> No. of rehabilitation staff who are native speakers of first language of survivors attending the service No. of rehabilitation staff who are bilingual in languages spoken by survivors attending the service Provision of professional interpreters in relevant languages of survivors attending the service
	Services have effective mechanisms to involve survivors in decision-making about the care and services they receive	<ul style="list-style-type: none"> Service policy statement and procedures on survivor-involvement exist No.s of survivors involved in developing a joint rehabilitation care-plan (as % of overall client population)
3. Effective	Services are offered in the relevant languages of survivors	<ul style="list-style-type: none"> Mechanisms established to monitor effectiveness: Nature and extent to which specific service goals are met % of survivors (disaggregated by age, gender, nationality, ethnicity) reporting positive changes as a result of rehabilitation interventions in <ol style="list-style-type: none"> each key domain of health and social well-being the identified areas of need No. of survivors and family members with adequate levels of functioning (educational, vocational, social) following rehabilitation
4. Impact	Services have effective mechanisms to involve survivors in decision-making about the care and services they receive	<ul style="list-style-type: none"> Nature and extent of positive and negative impacts (intended and unintended; short, medium and long-term) of services or service activities/projects on <ol style="list-style-type: none"> Survivors Families Communities Other
	Services have short/medium and long-term impact	
	Services have national/ regional/ international impact	<ul style="list-style-type: none"> Nature and extent of positive impact of services or service activities/projects, nationally/regionally/internationally on <ol style="list-style-type: none"> Practice Policy Knowledge contribution to the field
5. Coherence	Services are coherent and coordinated to deliver optimal, holistic care to survivors	<ul style="list-style-type: none"> Service mechanisms established to ensure coordinated, integrated and coherent care to survivors No. and nature of other agencies offering complementary rehabilitation services Clearly defined, coordinated and effective referral pathways to other agencies offering relevant rehabilitation services or complementary services to survivors
	Services have links with and effective referral pathways to other complementary, appropriate services/agencies, to enable holistic service provision	

<p>6. Accessible</p>	<p>Services accessible to all survivors in country context</p> <p>Services accessible according to needs of survivors and family members (not dependent on criminal prosecution or legal status)</p>	<ul style="list-style-type: none"> • No. of survivors accessing services (disaggregated by age, gender, ethnicity, country background, language, geographical location, ability/disability, type of torture, whether in detention/not, identified needs) at each stage of contact with the service from <ul style="list-style-type: none"> – Identification and initial assessment – full holistic assessment – rehabilitation interventions/activities/care • No. and % of survivors rejected/denied rehabilitation service on the basis of individual characteristics or background (disaggregated by age, gender, ethnicity, country background, language, transport costs, ability/disability, type of torture, whether in detention/not etc.) • Location of services is accessible to rehabilitation staff <ul style="list-style-type: none"> – within reach – physically accessible – in a safe location – transportation is affordable • Location of services is accessible to survivors <ul style="list-style-type: none"> – within reach – physically accessible – culturally-appropriate and minimising stigma (e.g. community-based) – in a safe location – transportation is affordable – transportation is available • No. of survivors who do not attend services and reasons why • No. and % of survivors unable to access the service on the basis of affordability • No. and % of survivors unable to access the service on basis of physical disability
<p>7. Fair</p>	<p>Services are equally available to all survivors regardless of age, gender, ethnicity, language or other background</p> <p>Services provided are non-discriminatory</p> <p>Services are not subject to ability to pay by survivors</p>	<ul style="list-style-type: none"> • As above • Survivor groups least represented (%) within services provided (disaggregated by age, gender, country background, ethnicity, language, geographical location, ability/disability, sexuality, type of torture, whether in detention/not, identified needs) • No. and % of survivors able to receive rehabilitation services on basis of ability to pay
<p>8. Time-sensitive</p>	<p>Services which conduct early identification of survivors</p> <p>Services which offer prompt initial and full, interdisciplinary assessment of survivors</p> <p>Services which offer timely and early intervention to those survivors meeting the service inclusion criteria</p> <p>Services which offer timely referral to other appropriate/relevant services (intra-agency referrals and external-agency referrals) where necessary</p> <p>Services which promptly attend to the needs (including protection needs) of survivors deemed most vulnerable</p>	<ul style="list-style-type: none"> • Early identification service provided, by: <ul style="list-style-type: none"> – type of service/institution (state/non-state) – location of service/institution – which frontline professionals (e.g. in primary health care, in hospitals etc.) • Average time (days and % of survivors, disaggregated by gender and age) between <ol style="list-style-type: none"> a) identification and initial assessment b) initial assessment and full interdisciplinary, holistic assessment c) identification and start of rehabilitative care d) full assessment and referral to other relevant services (intra-agency and external agencies) e) assessment finding of survivors deemed most vulnerable and at risk of harm and the commencement of protection service/intervention

9. Resourced and cost-efficient

Services adequately resourced with available budgets

Resources available adequately utilised to achieve service goals

Services cost-efficient

- Budget allocated for all rehabilitation service components (e.g. psychological and physical care, social care, vocational support, legal support), (overall and % per each service component and other activities/programmes, staff costs, overheads)
- Cost per service/rehabilitation activity or component (annual and average per day)
- Proportion of budget spent on direct rehabilitation service provision for survivors, their families and communities

10. Sustainable

Services are sustainable (financially viable, secure; free from threat)

Service-related positive impact/benefits sustainable for survivors, referrers, policy, practice

- Service funding for quality rehabilitation is secure
- Services are free from internal/ external threats
- Impact of services can be sustained (e.g. beyond 1 year), on survivors
- Percentage of survivors who were still in rehabilitation when a service/ project-based service is terminated, who are then able to access other rehabilitation services

APPENDIX:

Methodology for selecting key indicators

ICHHR and IRCT recommends that national actors involved with monitoring the implementation of the right to rehabilitation for torture victims/survivors follow the steps outlined below:

STEP 1: SELECTION: Select which indicators are a priority currently, to monitor to facilitate implementation. These priorities will change to respond to the national situation as it changes over time.

The selection of priority indicators should be based on the following essential criteria:

- A reasonable balance of indicators across the three categories: structural, process, outcome indicators
- The selected group of indicators together shine a spotlight on the current situation with respect to the right to rehabilitation for torture victims/survivors
- Measurable over time (the issue the indicator covers should not be only of short-term relevance but will be relevant to immediate and medium-term implementation priorities)
- Feasibility of collecting accurate, reliable and valid data on the selected indicators

STEP 2: IDENTIFYING SOURCES OF DATA: Identify sources of data to be collected. For example, where can this data be found (existing administrative data, organisational data etc.)? Which methods or systems have to be developed to ensure the necessary data can be captured?

STEP 3: BENCHMARKING: Agree benchmarks for the selected indicators. For example,

- What is the specific nature and level of change expected?
- What is a realistic and appropriate time-frame for change?
- Where should the change happen?

STEP 4: MONITORING, EVALUATION & ANALYSIS: Plan who and how will data on the indicators be collated and analysed. Specifically, monitoring can help identify

- What is the current situation?
- Which efforts are being made for change?
- What are the results of those efforts and what is the nature of change, and for which groups?
- Have benchmarks for each selected indicator been met?
- What still needs to change?

STEP 5: REVIEW: Discuss what lessons have been learnt. What needs to be improved in the selection of indicators, benchmarking, monitoring, evaluation and analysis?

STEP 6: REPORTING: Agree how, where and when to report on the monitoring of information on the selected indicators.

Template for selection of priority indicators for the right to rehabilitation for torture victims/survivors

Selection of priority indicators for period x-y

1. STRUCTURAL INDICATORS

No.	Indicator	Sources of data	Benchmark	Analysis of data collected

2. PROCESS INDICATORS

No.	Indicator	Sources of data	Benchmark	Analysis of data collected

3. OUTCOME INDICATORS

No.	Indicator	Sources of data	Benchmark	Analysis of data collected