

**EVALUATION ON SUPPORT TO
PREVENTION OF TORTURE AND
TORTURE REHABILITATION CENTRES
SUPPORTED BY EIDHR**

Letter of Contract N°2007/143385

FINAL REPORT

Prepared by:

**Nina Corsten
Marjorie Farquharson
Wa'il Kheir
Ricardo Perez de Arce Araya
Geetha Stephan
Marie-Rose Zalzal**


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1. Executive Summary

The objective of this evaluation is to help the European Commission improve the impact of EIDHR support for torture prevention and rehabilitation centres. The evaluation focuses on the projects' relevance, effectiveness, efficiency, impact, and sustainability and provides lessons and recommendations for their continued support. The evaluation covers rehabilitation centres worldwide including some within the EU. It puts particular focus on the financial sustainability of EU Centres (in Chapter 13), because of Council Directive 2003/9/EC on minimum standards for the reception of asylum seekers in EU member states, and in view of the possible phasing out of EU financial support from 2010.

The European Instrument for Democracy and Human Rights (EIDHR) is a financial and policy instrument of the European Union for *“the development and consolidation of democracy and the rule of law, and of respect of all human rights and fundamental freedoms in third countries worldwide”*¹. The EIDHR programme against torture embraces activities for the rehabilitation of torture victims and for the prevention of torture. It has funded centres for the rehabilitation of torture survivors since 1994, and a growing number of torture-prevention projects since 2001. EIDHR has a total portfolio of 142 anti-torture projects². Some 70 macro-projects against torture were implemented between 2001 and 2006: three quarters of them involved rehabilitation and one quarter - prevention. The rehabilitation projects often included a small preventive component also, worth up to 20% of total project costs, maximum. So far, EIDHR has committed a total of € 75.5 million to anti-torture projects³ (Chapter 4).

This evaluation covers around two thirds of the torture-rehabilitation projects⁴ implemented between 2002 and 2006. Four Calls for Proposals were launched over that period: in 2002, 2003, 2004, and - due to a pooling of budgets - in 2005/2006. The Calls for Proposals in 2002 and 2004 jointly covered the prevention of torture and the rehabilitation of torture survivors. The 2003 Call for Proposals dealt with the rehabilitation of torture victims specifically within the European Union, whilst the joint Call for Proposals for 2005 and 2006 covered one of four EIDHR campaigns: on *“Fostering a Culture of Human Rights”*. Two of the three campaign categories concentrated on the prevention of torture and on the rehabilitation of torture victims (Chapter 5).

The evaluation covers 36 macro-projects in 28 different countries. Roughly one third of the projects were finished and another third started only recently. The sample includes projects in Europe (EU and Non-EU); the Middle East; Africa; Asia, and Latin America. It also includes the whole variety of EIDHR projects - multi-country, global, and regional projects, and projects based in one country – which is an important feature of EIDHR programming. As many as seven partners may be involved in project implementation, but most projects are implemented by only one NGO, acting in the target country. The multi-country partner projects usually faced problems. Some partnerships stalled and others identified a new partner on the basis of a contract addendum. Project partnerships involving only two organisations and project partnerships within one country proved to be more stable (Chapter 7).

All the projects evaluated were financed by action grants that divided eligible costs into two categories: those that covered a specific project and those that gave core funds for the ongoing work of a beneficiary organisation. The evaluation was asked to analyse the advantages and disadvantages of each. In general, beneficiaries appreciated EU funding for its political prestige. In crisis regions in particular, some considered core funding gave them political weight that project funding did not provide, and at the same time the flexibility necessary to adapt to quickly changing circumstances. In stable situations, however, projects working on core funds could risk stagnation. Without precisely defined project goals and

¹ Presentation on the Implementation of the European Instrument for Democracy and Human Rights, September 2007, EIDHR webpage http://ec.europa.eu/europeaid/where/worldwide/eidhr/index_en.htm - eidhr

² See statistics on the EIDHR webpage http://ec.europa.eu/europeaid/where/worldwide/eidhr/index_en.htm - eidhr

³ Ibid.

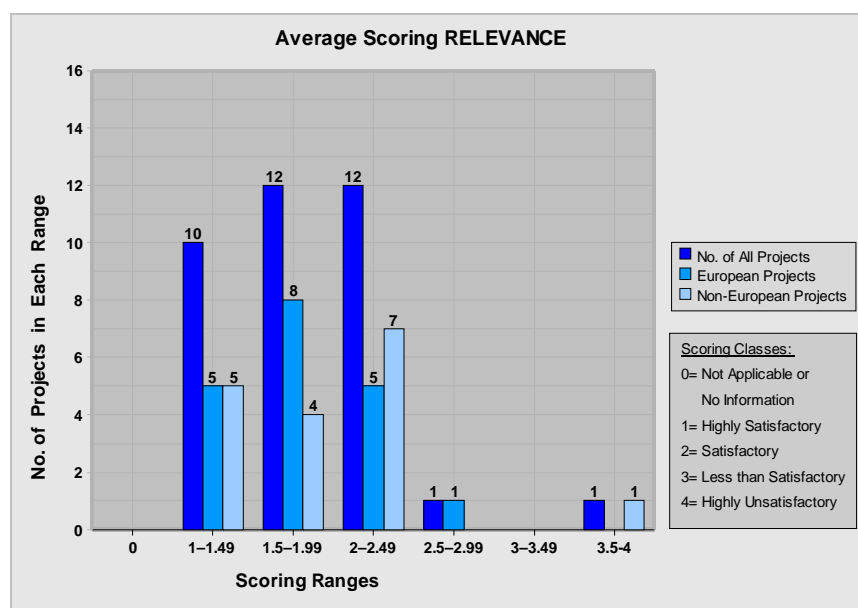
⁴ One exception was made, by including a global project classified as a prevention project, specialising in legal advice to VOT, as do two other projects in the sample.

obligatory time limits, their work could gradually drift. In crisis regions, where many EIDHR-funded centres operate, beneficiaries considered that project funding was sometimes inflexible and hindered quick adaptation to newly identified needs (Chapter 5). It seemed that a new, 'mixed' sort of funding could be useful.

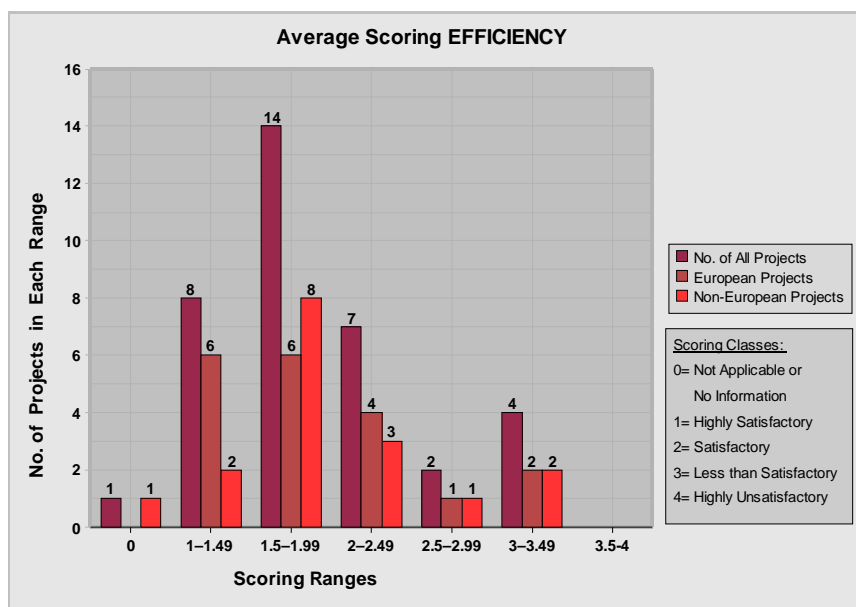
The evaluators scored the 36 projects on five main criteria by means of field interviews using the same questionnaire. In order to contextualise the findings on individual projects appropriately and to assess their impact, separate human rights assessments were made for each country visited. Each evaluator also met relevant persons outside the projects.

The overall scoring was positive. Only a few scored *unsatisfactory* and *highly unsatisfactory* ratings. These results show that there is a well-managed programme with a bottom-up commitment to achieving the targets of the EIDHR. However, the results also show a programme that could be more coherent and make better use of synergies between projects and their highly professional staffs. More exchange of know-how gained in rehabilitating torture survivors could improve practical work in future. It could also contribute to prevention activities and research (Chapter 8).

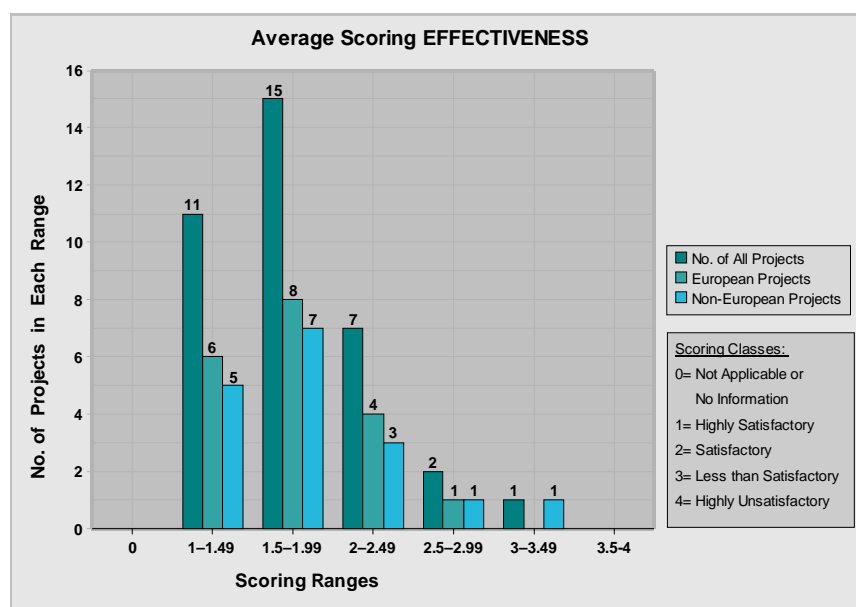
The following five graphs show the average scores over the five main criteria. Larger versions appear in the individual chapters on criteria (chapters 9 - 13). The evaluation made comparisons along two lines: *geographical* criteria and *content-related* criteria, which were identified as particularly relevant in the Terms of Reference.



Relevance is one of two criteria that produced the most *highly satisfactory* scores. It also produced a different scoring profile for European and non-European projects. Projects in European countries generally scored higher for design that addressed local needs and the needs of target groups (though not for implementation). In making this assessment, the evaluators attached special importance to the use of the logical framework approach, notably on the development of Objective Verifiable Indicators for the achievement of project results. They proved to be a weak point for most beneficiaries, and undermined their ability to monitor their project implementation themselves. The evaluators also studied the performance of partnerships; financial relations between partner organisations; the exchange of experience, information and practice between rehabilitation centres in third countries and Europe; and the relevance of gathering national projects into regional projects (Chapter 9).



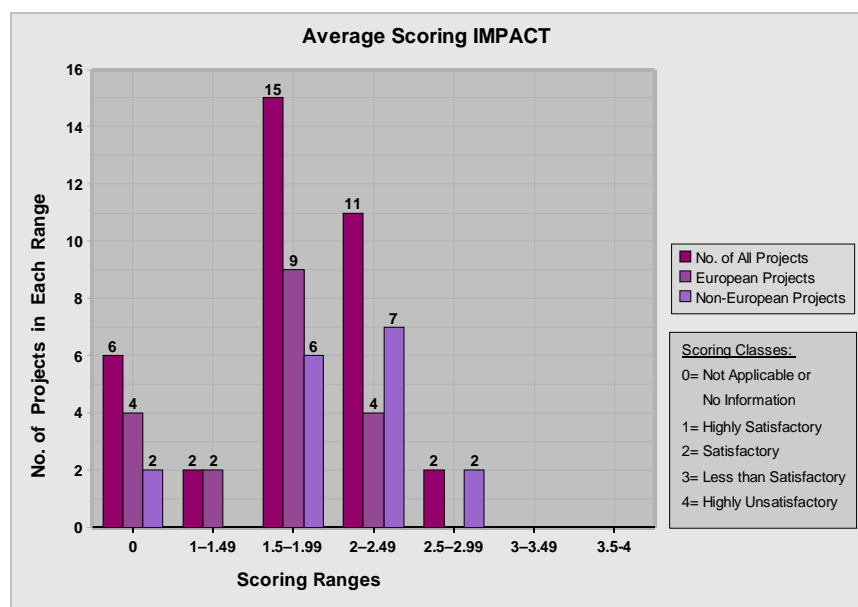
For efficiency, most projects received a *satisfactory* score. The evaluators considered that 80% had made good use of EIDHR and other resources, and to have managed them well. One third, however, had not established proper internal monitoring systems and so were unable to make a realistic assessment of their own results. This was true even in cases with highly sophisticated client registration systems. European and non-European projects achieved similar scores for efficiency. The highest number of projects with *unsatisfactory* scores was found within the efficiency criterion, though this applied to only six projects all told (Chapter 10).



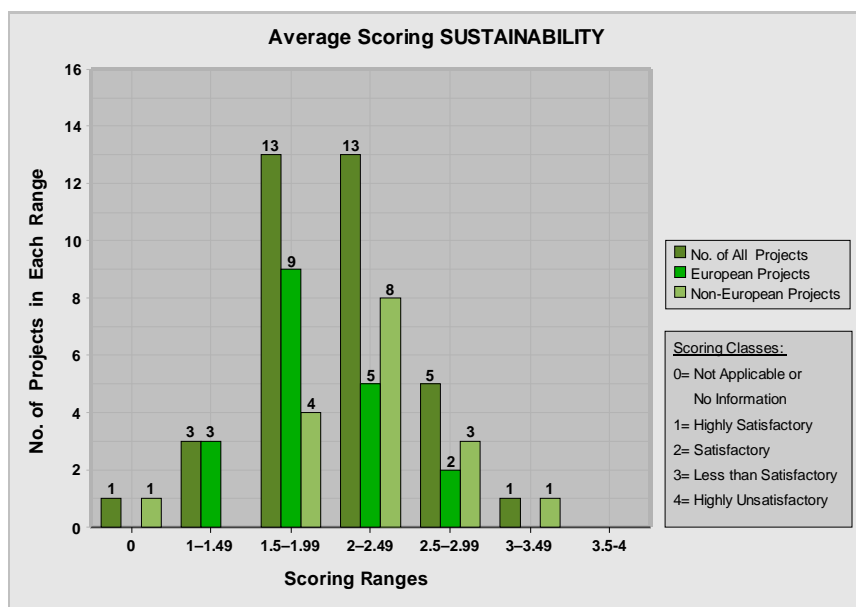
Along with 'relevance', the effectiveness criterion shared the highest number of *highly satisfactory* scores. The evaluators found that the objectives of the projects and the EIDHR programme on torture had usually been achieved, and the overall scoring profile of European and non-European projects was identical. Eighty six percent of the projects were considered to be operating very effectively – particularly *vis-à-vis* their target group, and their access to services despite unexpected changes. The Terms of Reference attached particular importance to the number of torture survivors being served by the projects, but the evaluation was unable to come up with a definitive statistic: different centres applied different definitions, and quantified their services differently. However, an approximate calculation indicates that

over 12,000 torture survivors benefited from the assistance of EU-based centres included in the evaluation. Approximately 9,000 more benefited from other project services, such as training, awareness-raising events and monitoring of closed institutions. In its assessment of effectiveness, the evaluation also looked at the complementarity of services offered to torture survivors by EIDHR-funded rehabilitation centres and by public health care systems, and considered how effectively the centres interacted with asylum procedures in EU countries.

By and large, the training material and publications presented to the evaluators were of good quality. With few exceptions, the entire staffs of the centres were highly motivated, committed to their work, deeply appreciative of their clients, and able to help them rebuild their lives (Chapter 11).



The objectives of the EIDHR anti-torture programme are: "*support to the rehabilitation of victims or their families who have suffered torture*", and "*support to the implementation of the EU guidelines on policy towards third countries on torture and other cruel, inhuman or degrading treatment or punishment.*" A set of impact-assessment criteria was formulated for this evaluation, partly based on the Terms of Reference. They included questions like: Did projects help develop wider strategies against torture? Did they influence the adoption and implementation of legislation on human rights and the treatment of individuals in closed institutions? Did the projects impact on mass media reports concerning torture and on the prosecution of torture? In many cases, the answers were positive. Scoring for the impact criterion gives a positive picture of the overall impact of the EIDHR-funded rehabilitation projects for torture survivors. Under this criterion, European and non-European projects score quite differently, which points to the exceptionally difficult working conditions of many non-European projects (Chapter 12). A non-exhaustive list includes: ongoing violence; fear of closure; lack of funds, transportation and local infrastructure; difficulties in recruiting qualified staff; difficulties in identifying and accessing the target group; fear of reprisals against patients, including their forced 'disappearance'.



The overall picture for the sustainability of torture rehabilitation projects is positive with 80 % scoring an overall *satisfactory* and *highly satisfactory* rating. This criterion shows that EIDHR-funded rehabilitation projects engender a high degree of long-lasting benefits. The sub-criteria used here included the participation of the implementing organisations in policy dialogues on human rights violations and torture; their contribution towards sustainable legal and institutional changes; and a set of criteria for financial sustainability. As a result, the positive overall scoring turned out simultaneously to mask problems in financial sustainability.

The evaluation examined sub-criteria to financial sustainability such as fundraising capacity, and centres' access to alternative sources of funding. Despite the relative softness of these standards, the overall scores pointed up a weakness here. Between 25 % and 80 % of the centres in the different geographical groups were assessed as less than *satisfactory* or *highly unsatisfactory*. Financial sustainability was found to be particularly weak in projects in Africa and Non-EU Europe. Financial sustainability scores were best for projects in Latin America, and for EU-based projects in established EU member states and others (Chapter 13).

The evaluation analysed the crosscutting issues of gender; prevention and rehabilitation; and visibility (Chapter 14). The gender awareness of the centres and their rehabilitation work was generally assessed as *high*.

Usually, the projects complied with EU guidelines on visibility. The evaluation found that projects may even lay undue emphasis on their EU-contribution in public fora, because they consider it to be prestigious; a proof of their own political neutrality; and sometimes a form of protection in hostile settings.

A set of observations and recommendations is submitted in this report.

- It includes a list of suggestions for the themes of future Calls for Proposals and EIDHR projects, and proposals on how to improve the organisation of the application form and related procedures.
- It also suggests ways of improving project design, the formulation of results and indicators for measuring them.
- The internal and external monitoring of projects should be improved.
- The choice between core funding and project funding is a positive feature of the EIDHR programme, which should be maintained. In general, project funding is advantageous in stable environments, while core funding has advantages in less stable situations. For increased flexibility, EIDHR might consider introducing a third sort of funding, which combines a mixture of the two.
- The evaluation makes recommendations about the profile of potential projects: community-based versus specialised services. Specialised services in medicine and psychology seemed

more appropriate to conditions of political tension. Broader services based on a wider concept of rehabilitation were more suited to stable situations.

- The structure of projects - and in particular the size and constellation of project partnerships- sometimes had bearing on the overall success of a project. Large international partnerships in some regions appeared to be less stable than partnerships within one country, or partnerships between two organisations working in neighbouring countries, or projects involving one organisation in one country.

- More partnerships involving EU/Non-EU cooperation were recommended. Young centres in crisis areas could benefit from cooperation with stable experienced EU-based centres. They in turn could benefit from cooperating with centres in the countries where most torture survivors in their care originated.

- Recommendations were made for addressing the low financial sustainability of projects in EU countries, for instance by supporting projects that help mainstream services for torture survivors into the public health system.

- It was recommended that greater emphasis be given to projects that help identify torture survivors among asylum seekers, so that they can obtain the rights of recognised refugees, and gain access to statutory services and entrance to the job market.

- The evaluation found that old distinctions between rehabilitation and prevention work no longer apply and recommended a new rights-based approach in Calls for Proposals. Redress and employment are essential parts of torture-rehabilitation, while medical and psychological help can prevent survivors suffering the full effects of torture.

- The recommendations also include ways of improving programme coherence – in particular through more thematic cooperation and exchange at programme level (Chapter 15).

2. Abbreviations, Acronyms, and Glossary

AI	Amnesty International
BiH	Bosnia and Herzegovina
CAT	UN-Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
CfP	Call for Proposals
CSO	Civil Society Organisation
CEDAW	UN-Convention on the Elimination of all Forms of Discrimination against Women
EC	European Commission
ECD	European Commission Delegation
EEA	European Economic Area, member states are the 27 EU member states plus Iceland, Liechtenstein and Norway
EIDHR	European Instrument for Democracy and Human Rights, formerly European Initiative for Democracy and Human Rights
EU	European Union
HR	Human Rights
IGO	International Governmental Organisation
Logframe	Logical Framework
NGO	Non-Governmental Organisation
OPCAT	Optional Protocol to the UN-Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
OVI	Objectively Verifiable Indicator
PTSD	Post Traumatic Stress Disorder
TOR	Terms of Reference
UN	United Nations
VOT	Victim of Torture

Glossary

In the context of the EIDHR Programme some key terms are understood in the following way:

Applicant: The lead organisation within a project partnership submitting a proposal and signing a contract. This organisation is the “beneficiary” of the contract.⁵

Associate: “Organisations/institutions, which play a real role in the action, but may not receive funding from the grant.”⁶

Beneficiary: See Applicant

Partner: The organisation(s), other than the applicant/beneficiary, which are members of the partnership, or group of organisations implementing a project.⁷

Rehabilitation of Torture Victims may include “psychotherapy, medical care, social rehabilitation and institutional strengthening of rehabilitation centres (...) both in Europe and abroad”.⁸

Torture Prevention may result in “reduced prevalence of torture, increased reporting of torture, better conditions for proving incidence of torture; clearer guidelines for security forces, increased investigations or cases of perpetrators brought to court and sentenced; more effective monitoring of torture, ratification and implementation of the CAT and the Optional Protocol to the CAT”.⁹

Training for Prevention may “focus on key personnel such as police, prison and legal officials and will, inter alia, instil comprehensive knowledge of the relevant international and national provisions and ensure that procedures and practices relating to detainees comply fully with human rights norms.”¹⁰

⁵ EIDHR-Implementation 2007/2008 – working document on flexibility, p. 1.

⁶ Ibid., p. 1.

⁷ Ibid., p. 1.

⁸ EIDHR Programming, 2005 – 2006, p. 16.

⁹ EIDHR Strategy Paper, 2007 – 2010, p.17.

¹⁰ EIDHR Programming, 2005 – 2006, p. 16

3. Introduction

3.1. Background

This report of an evaluation of EIDHR support to torture rehabilitation centres worldwide has been prepared by a team from IBF under framework contract 2007, Campaign Category 4, request for offer 2007/143385. The evaluation was carried out from November 2007 to February 2008.

It began with an Inception Report submitted on 12 October 2007, which further elaborated on the TOR and listed the projects to be evaluated; the overall focus of the evaluation; and the methodology and tools to be used.

This report starts with a brief chapter on EIDHR and the Calls for Proposals (CfP). Later chapters concentrate on the structure of projects and the composition of the sample. The core chapters are devoted to the findings of the field evaluation. The text first addresses the five main evaluation criteria, then elaborates on several issues that are common to all the projects, some of which emerged at the planning stage in the Inception Report, and some that appeared relevant only during the field visits. Major evaluation tools were a Project Assessment Sheet and a Country-related Human Rights Assessment Sheet, which helped to assess the wider impact of projects.

3.2. Objectives of the evaluation

According to the TOR, the main objective of the evaluation was, *“to assist the European Commission in improving the impact of the EIDHR support to torture rehabilitation centres, by strengthening the EC’s ability to draw on lessons learnt from past interventions for future planning, programming and implementation of projects and programmes”*.

The evaluation was intended to cover *“all EIDHR projects supporting torture rehabilitation centres, including the work developed by the Centres to also cover prevention of torture. ... The focus of the evaluation will be on the torture rehabilitation centres worldwide, including EU-based ones”*. The evaluation covered projects in the period from 2002 to 2006, and concentrated on torture rehabilitation projects, some of which also had elements of torture prevention. Three projects in the sample focussed entirely on prevention, however, with a strong component of legal advice for torture survivors. In practice they involved legal rehabilitation of torture survivors and redress.

According to the TOR, the evaluation’s *specific objective* was the study of two key issues: (1) the impact of EIDHR support on Centres, both for their work on rehabilitation and on prevention, and (2) the sustainability of the Centres.

Particular issues to be studied under *relevance* were:

- § *“Assess if the design of the projects was adequate in order to achieve the overall goals of the projects, of the EIDHR guidelines for Calls for Proposals relevant to torture and of the EU guidelines on torture.*
- § *Assess to what extent the objectives addressed expressed needs.*
- § *Assess the relevance of the exchange of experiences, information and practices between rehabilitation centres, in third countries and in Europe.*
- § *Assess the relevance of gathering some national projects in regional projects.”*

Under the *efficiency* criterion, the evaluation was to assess how efficiently EIDHR resources allocated to projects on torture had been used, including:

- § The quality and adequacy of technical, financial, and personnel management
- § Indicators or other reporting tools of efficiency, and their suitability
- § Management-flexibility and its ability to adapt to changing circumstances.

The assessment was to be made at overall EIDHR level and at project level.

Issues to be assessed under *effectiveness* were how far purposes and objectives of projects and the EIDHR programme on torture had been achieved, and the difference EIDHR projects had made in practice. The analysis was to include:

- § *Number of direct and indirect victims benefiting from the EIDHR funding (in terms of "%" or any other indicator, as the study is not exhaustive).*
- § *Number of persons benefiting from the centres' prevention activities through trainings, awareness campaigns, sensitization, and whom they represented (in terms of "%" or any other indicator, as the study is not exhaustive). Also, the relation of approaches and methodologies to results achieved.*
- § *Effectiveness of exchange of experience, information and practices between rehabilitation centres in third countries, and between the centres based in third countries, and those based in Europe.*
- § *Effectiveness of gathering some national projects in regional projects.*

Under *impact*, the evaluation was to analyse “if and how the projects have contributed to their overall objectives and that of EIDHR support in this field, namely: ‘support to the rehabilitation of victims or their families who have suffered torture’, and ‘support to the implementation of the EU guidelines on policy towards third countries on torture and other cruel, inhuman or degrading treatment or punishment’.”

Among other issues the evaluators were to assess:

- § *“The impact of the work of the centres, in rehabilitation work in itself and in prevention, for instance on the introduction of new laws, or increased visibility of the theme of torture in public debates, governmental action against torture, signing or ratification of International Conventions and Protocols, increased attention paid to victims.*
- § *Impact of rehabilitation work on prevention of torture. What are the actions undertaken, directly or indirectly, by the centres to achieve impact on torture prevention?*
- § *Whether there were indicators or other reporting tools enabling impact assessment and if they were suitable.*
- § *Whether there are visible signs of a shift in mentality, awareness and/or interpretation of what torture is in the more difficult countries where EIDHR projects on torture have been implemented (impact on officials, on services or organisations, on civil society actors, or on the general public). If so, has the use of funds changed accordingly? What could be the reasons for such change or lack of change? Might EIDHR projects have contributed to a change?”*

Under the *sustainability* criterion, both financial sustainability and sustainability of outcomes were to be assessed. The evaluators were to study in particular the following questions:

- § *“Has EIDHR support been used to improve the sustainability of the Centres (nationally or internationally)?*
- § *Are there any visible signs of action or measures being taken by governments (both in third countries and in EU Member States) to increase their actions on torture prevention and sustain rehabilitation of torture victims? Are there, for example, any specific new regulations concerning torture? Are there any improvements concerning torture issues in the different countries? Is sustainability expected to improve or worsen in the short / medium term (per country, both outside and within the EU)?”*

The TOR envisaged an evaluation result that is “forward-looking, providing lessons and recommendations for the continued support to torture rehabilitation centres including their work on torture prevention. The report should give an overview of relevance, effectiveness, efficiency, impact and sustainability of the torture rehabilitation centres. A specific analysis on the added value of core funding or action grants versus operating grants should be developed.”

The evaluation was supposed to “present findings on all the issues rose above, conclusions, and a set of recommendations, which should be expressed clearly enough to addressing the operational services of the Commission, as well as all involved stakeholders. In the recommendations, financial sustainability is of importance for all the countries, and particularly for the EU-based centres, due to the possible phasing out of the EC financial support, as from 2010”¹¹.

¹¹ TOR, p. 4.

3.3. The Evaluation Team and its Working Procedure

The six-expert multinational team has visited 39 beneficiary and partner organisations (involved in 36 projects) in 28 different countries in the Middle East/Asia, Africa, Eastern and Western Europe, and in Latin America. All experts travelled alone, each covering between 4 and 7 projects.

The team tried as far as possible to deploy the range of languages and cultural knowledge of individual experts, in defining their portfolios. One obstacle was the difficulty in obtaining visas, which also led to a delay in the team's fieldwork. The variety of countries on the one hand, and the shortness of the evaluation period on the other - from December to mid-January - posed logistical challenges. As a result, visits to some countries and projects had to be undertaken right up to the second half of February.

The evaluation is a quantitative analysis of selected indicators for the relevance, efficiency, effectiveness, impact and sustainability of EIDHR-supported projects for the rehabilitation of torture victims. The resulting data were analysed from the perspective of the questions the evaluation was specifically to answer. Qualitative analysis could be undertaken only to a limited degree, because of the long list of questions to be answered; the large number of projects and countries to be visited; and the limited time frame available.

The experts travelled alone, kept in contact with the respective ECDs during the project visits and spent between two and four days in project locations depending on the size of the project. Wherever possible, the experts also visited the remoter places of project implementation, beyond the capital cities. The experts usually used the attached project assessment sheets for interviews with relevant contributors to the project.

At the EC's request, the experts did not conduct interviews with victims of torture. Several times, however, patients at rehabilitation centres wanted to talk to the evaluators and in such cases there were talks between the experts and torture survivors.

In order to get an impression of the projects' context, the experts also met HR activists, lawyers, doctors and other well-informed persons at project locations. With these sources of information, they completed the attached human rights assessment sheets, in addition to the project assessment sheets. Overall, projects were scored according to average scores achieved over a set of sub-criteria. Scoring ranged from *highly satisfactory* (1), to *highly unsatisfactory* (4). If a project had several components, each of which scored differently, the average score was used.

The evaluation was asked to focus on the way that beneficiary organisations operate with the funds supplied by EIDHR and the effects they achieve in rehabilitation and rehabilitation/prevention projects. As far as time and budget allowed, the evaluation team tried to visit not only the beneficiary organisation, but at least one of the partners involved in the project. It was agreed with the EC that visits to partners would take place only with the agreement of beneficiary organisations. This was willingly given everywhere, but in two cases the visit did not take place, because working relations between the partners had ended at an early stage before joint implementation of the project was finalised.

To reduce travel costs, interviews about the same project were sometimes divided between two experts of the evaluation team. When projects were implemented in different locations, one expert interviewed the beneficiary, and another visited the partner in a second country, while he was visiting other projects.

3.4. Acknowledgements

The evaluation team would like to thank the EIDHR team and the people working in the EIDHR funded projects as well as the ECDs in charge, for their kind reception, their support, and for the open and informative discussions.

3.5. Disclaimer

The report reflects the independent views of the Consultants and therefore in no way represents the opinion of the European Commission. The evaluation team is fully responsible for any mistakes.

4. The EIDHR Programme Against Torture

The “European Instrument for Democracy and Human Rights” (EIDHR) is an EU financial and policy instrument for “the development and consolidation of democracy and the rule of law, and of respect of all human rights and fundamental freedoms in third countries worldwide”¹². One of its main priorities anticipated for 2007 – 2010 is “supporting actions on human rights and democracy issues on which EU Guidelines have been adopted”¹³. Guidelines have been adopted on torture; the death penalty; human rights dialogues; children and armed conflict; and human rights defenders. The “Guidelines on torture and other cruel, inhuman or degrading treatment or punishment” provide the European Union “with an operational tool to be used in contacts with third countries at all levels as well as in multilateral human rights fora in order to support and strengthen ongoing efforts to prevent and eradicate torture and ill-treatment in all parts of the world”¹⁴.

The specific programme against torture encompasses the rehabilitation of torture victims and the prevention of torture worldwide. It was set up in 1994, under Chapter B7-7 in the EC budget for a “European Initiative for Democracy and the Protection of Human Rights” (EIDHR)¹⁵, fusing all budget lines that previously dealt with democratisation and human rights issues separately. The legal basis for the EIDHR Programme was Council Regulation (EC) No 975/1999 and Regulation No 976/1999, and when these expired on 31 December 2004, the Commission extended them until the end of 2006. In December 2006, the EU Parliament and the Council adopted Regulation (EC) No 1889/2006 as the basis for a successor programme to the European Initiative for Democracy and Human Rights. It came into force on 1 January 2007, and created a new financing instrument for the promotion of democracy and human rights worldwide.¹⁶

An EC communication of 2001 defined the role of the EU in human rights and democratisation in third countries and identified areas where the Commission could “act more effectively to implement the European Union’s policy in the fields of human rights and democratisation:

- Through promoting coherent and consistent policies in support of human rights and democratisation;
- Through placing higher priority on human rights and democratisation in the EU’s relations with third countries and by taking a more pro-active approach, in particular by using the opportunities offered by political dialogue, trade and external assistance;
- By adopting a more strategic approach to the European Initiative for Democracy and Human Rights, matching programmes and projects in the field with EU commitments on human rights and democratisation.”¹⁷

This placed EIDHR in a wider EU policy context – “not merely (as) a financing instrument, but also (as) a policy instrument which underpins and complements the EU’s Common Foreign and Security Policy in the fields of human rights, democratisation and conflict prevention”¹⁸. EIDHR provides funding directly to civil society organisations without the prior consent of their respective government. It is a flexible financial instrument. EIDHR typically receives a budget of around €100 million¹⁹ per year.

¹² Presentation on the Implementation of the European Instrument for Democracy and Human Rights, September 2007, EIDHR webpage http://ec.europa.eu/europeaid/where/worldwide/eidhr/index_en.htm - eidhr

¹³ Ibid, p. 6.

¹⁴ EU Guidelines on Human Rights, May 2005, p. 13.

¹⁵ EIDHR Programming 2005-2006, p. 4.

¹⁶ According to the 2007 Annual Action Programme based on the European Instrument for Democracy and Human Rights (EIDHR) Strategy Paper 2007-2010 and Pilot Project on European emergency judicial assistance, p. 2.

¹⁷ EIDHR Programming 2005-2006, p. 4.

¹⁸ Ibid, p. 5.

¹⁹ EIDHR programming 2005 – 2006, p. 4. (According to “Implementation of the EIDHR” 2007, EIDHR webpage, the estimated resources for 2007 worldwide are €140 million.)

4.1. Funding of Rehabilitation for Torture Survivors and Torture Prevention

EIDHR funded centres for the rehabilitation of torture victims from early 1994. The EC Communication of 2001 encouraged it to take a more active role as ‘an agent of change’²⁰, and proposed focussing more attention on torture prevention, for example through human rights education of potential agents of torture, like the police. Since then, it has funded more and more projects in the field of torture prevention.

Under “Guidelines and Priorities” of EIDHR, EC communication 2006 formulates a general aim, which is: *“To enhance respect for human rights and fundamental freedoms where they are most at risk”*²¹. It adds that *“a separate aim...under this general strategic objective, relates to solidarity for victims of repression, in particular support for the rehabilitation of the victims of torture and ill treatment. The programme would continue with the same kind of support as provided over the years, for rehabilitation centres, both inside and outside the EU. This ... complements general advocacy and political demarches against torture at national and international level.”*²²

Council Directive 2003/9/EC formulated minimum standards for the reception of asylum seekers in EU member states, and required that assistance and medical care be provided to those with special needs. A plan followed to phase out EIDHR support to EU-based centres for the rehabilitation of torture survivors.

Total EIDHR funds so far committed to anti-torture projects are € 75.5 million: its second largest thematic budget. The first is devoted to the ‘Promotion and Protection of Human Rights and Fundamental Freedoms’ (€ 156.8 million), and the third is devoted to ‘Governance’ (€73 million)²³.

The largest group of thematic projects under the EIDHR programme again concerns the ‘Promotion and Protection of Human Rights and Fundamental Freedoms’. Anti-torture projects comprise its fifth largest group, with 142 projects. A look through the Project Fiches confirms that anti-torture macro-projects²⁴ have some of the largest individuals’ budgets among EIDHR projects. According to internal statistics provided for the evaluation, the smallest grant is for €150.000 and the largest - for €1.5 million.

According to information provided by EC Headquarters, the EIDHR portfolio of anti-torture projects from 2001 to 2006 contained 68 macro-projects – both for rehabilitation of victims of torture and torture prevention. Of these, 39 were implemented in Europe (29 EU, 10 [EU and] Non-EU²⁵); 14 in the Middle East/Asia; 8 in Africa and 7 in Latin America. According to the information available, the geographical distribution by percentage was 57 % in Europe (43 % EU, 15 % [EU and] Non-EU); 21 % in the Middle East/Asia; 12 % in Africa; and 10 % in Latin America. (See the graph in chapter 7.1.) The sample for this evaluation was selected only from these macro-projects.

²⁰ COM (2001), 252.

²¹ Communication from the Commission to the Council and the European Parliament – Thematic Programme for the promotion of democracy and human rights worldwide under the future Financial Perspectives (2007 – 2013), p. 8. http://ec.europa.eu/external_relations/human_rights/doc/2006com_23_en.pdf

²² Ibid., p. 8.

²³ See EIDHR statistics on the EIDHR webpage http://ec.europa.eu/europeaid/where/worldwide/eidhr/index_en.htm - eidhr

²⁴ “EIDHR macro projects are defined as projects under a given campaign with a minimum support volume of € 300, 000 for EU-based applicants to implement the project, and € 150, 000 for civil society-based applicant organisations in the eligible region or country of project destination. Global or regional projects will be macro projects by nature. (...) EIDHR micro projects are defined as projects under a given campaign with a support volume between €10,000 and €100, 000, exclusively for local civil society-based applicants within a country eligible under the campaign; these may, however, work in association with EU-based NGOs. (...) Micro projects will be managed by the country-based EC Delegations.” EIDHR 2005/2006 Programming, p. 29.

²⁵ Some projects were implemented in EU countries and European NON-EU countries simultaneously.

5. Programme Performance

5.1. The Calls for Proposals

Between 2002-2006, the period covered by the evaluation, EC Headquarters launched four Calls for Proposals (CfP): in 2002, 2003, 2004, and due to a pooling of budgets, one for 2005/2006. Until 2004 the definition of torture used in the Calls was:

“Acts of violence causing severe pain or suffering, or other forms of aggravated and deliberate cruel, inhuman or degrading treatment or punishment, where the person involved, or acquiescing, in such acts is a public official, or someone acting in an official capacity, or such acts are committed by a group for political purposes.”

The CfP 2005/06 limited the definition of torture to:

“Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.”

The four Calls for Proposals differed in other respects too. While in 2002, 2004 and 2005/06 they asked for proposals worldwide (with beneficiaries to be based either in EU or in the country of implementation), the Call in 2003 asked for proposals on torture rehabilitation within the EU, where the action was also to take place.

The 2002 Call asked for proposals in both fields: rehabilitation of torture survivors and prevention of torture; the one in 2003 asked for rehabilitation projects; while the Call in 2004 widened the focus again to include both rehabilitation and prevention. It also *“highly encouraged”* the forming of partnerships, namely between local organisations. A Call for Proposals was launched in 2005/06 within an overall campaign of *“Fostering a Culture of Human Rights”*; with one Campaign Category on prevention and another on rehabilitation.

The size of grants varied. The minimum grant was lower for non-EU countries than EU ones, while the absolute maximum remained at € 1.5 million. In the 2005/06 Call, the minimum amount was € 300.000 for *“nationals”* applying from EEA states (with exceptions allowed) and € 150.000 for applicants from a developing country.

The Call for Proposals in 2004 introduced the Concept Note system, which was a major change. According to beneficiaries, it considerably eased the project application process for NGOs from EU and Non-EU countries, but obviously extended the waiting period from submission of the note, to communication of the final outcome of the application for the award. The closure date of that particular Call was October 2004, and the provisional date for the awards announcement was July 2005, i.e. eight months later. The Call in 2003 had closed in November 2003 with a provisional announcement date in January 2004. Managers of beneficiary organisations, especially outside the EU, said they would appreciate a more precise concept note format to be sure they include the kind of information needed.

All Calls for Proposals asked applicants to present their request for funding *“in the form of a specific project and/or [...] apply to cover their ordinary operational costs (‘operating grant’)”*. An analysis of the advantages and disadvantages of these forms of funding is to be found in the next chapter: 5.2.

Over the period under review, Calls for Proposals attempted to define eligibility criteria for applicants more clearly. The one in 2005/06 gave a precise legal definition of *‘national’* in relation to applicants. This required the respective organisation to have its statutes established in an eligible country and not merely its registration. This Call also introduced a

more precise definition of the term 'NGO', which excluded "public, national or international organisations or a body effectively controlled by such an organisation. Whether a potential applicant is likely to be considered as effectively controlled by such an organisation will depend on the extent to which such an applicant can demonstrate, that it is independent of the state as regards decision making, budgetary control and the appointment of staff (...)".

5.2. Financial Instruments: Project Funds and Core Funding

Action grants financed most of the 36 projects under review in this evaluation.

Action Grants²⁶ divide eligible costs into two types: those necessary for the achievement of a particular project – called a 'project grant'- and core costs to support the beneficiary's normal work against torture.

Action Grants awarded in 2005-2006 were typically for 36 months and provided between 50 and 80% funding, with sums of between €150 thousand and €1,349.36. The evaluators were asked to analyse the added value of Action Grants to fund core costs, versus Action Grant funding for projects.²⁷

Beneficiaries appreciate both types of Action Grant for their political impact. Across the spectrum, projects regarded EU funding as prestigious and 'neutral' on human rights issues, such as torture. Latin American groups welcomed it, because it had 'no strings attached' unlike, they thought, funds from US sources. Groups in the former Soviet bloc welcomed it, precisely because of those 'strings': they thought EU prestige increased their impact in their local context and gave them protection. EU funding also reinforced the values they were trying to promote. African projects welcomed the size and prestige of EU grants available. This political impact was not necessarily sustainable over time, however. No 'aura' attended the grant to a project in a Balkan state, which had been under joint EU-UN administration since the war. This project was concerned with its technical aspects.

For projects operating in hostile political contexts, EU core funding gave political ballast that mere project funding would not have provided. A project in the former Soviet Union was an obvious case in point. It could otherwise face physical reprisals, or be closed down, by law enforcement agencies named in two cases it had helped win at the European Court of Human Rights.

For projects struggling to their feet, EU core funding played a similar role, for instance in Sub-Saharan Africa and also within the EU. Core funding to one EU project, for instance, gave it an assured base for three years from which it could recruit staff, develop a regional network, and also secure integrated services with the authorities. It is difficult to imagine that a privately-funded initiative would secure integrated state cooperation within the lifespan of one project.

In stable political contexts that face no immediate threats, however, projects working on core funds can suffer from drift, and lose impact. Without a specific time-based aim, and the logical progression of a logframe, current work can easily stagnate and angles for future development be overlooked. Two projects in the sample under review did very similar work, rehabilitating heavy caseloads of torture victims, providing psycho-social care, and lobbying the authorities. One viewed the work as a needs assessment, for which it had project funding, then planned a follow-up project to meet those needs. The other had core funding and seemingly sank beneath the burden of daily services it struggled to provide.²⁸ It had no plans for how to develop its work.

²⁶ In the 2005/2006 Call for Proposals, the minimum grant for torture prevention projects in Lot 2 was €300 thousand for EU-based projects (€150 thousand for projects outside the EU) and the maximum - €1 million. For torture rehabilitation projects in Lot 3 the minimum grant was €300 thousand for projects based in the European Economic Area (EEA) and €150 thousand for those outside it, with a maximum of €1m 500 thousand.

²⁷ Terms of Reference, p. 4. The Contractor clarified that this is what had been meant by "analyse the added value of core funds or action grants versus operating grants".

²⁸ On project in a Balkan state took its rehabilitation work to torture survivors of different ethnic backgrounds in the regions, then wrote a proposal on healing inter-generational trauma. A project based within the EU worked with an infrastructure devised in a previous refugee era, but did not re-think and adapt it.

In situations struck by delay or political uncertainty however - a common problem for projects in societies undergoing transition - project funding was not sufficiently adaptable. Delays in implementation could break reporting schedules and ultimately jeopardise the receipt of grant instalments and the next stage of work. The gap between instalments in the first and second year was problematic, and forced beneficiaries to hunt for donors, the first year instalment being only 80% of the second.²⁹ New donors typically then made their own requirements of beneficiaries, that sometimes distracted from the objective of the Action Grant. Beneficiaries told evaluators that project funding gave them limited scope to transfer money between budget headings without prior written agreement from the Contractor and they could not amend their contingency funds. Beneficiaries in all regions reported significant delays in receiving due instalments of project funds from the EC. From the perspective of project managers, these factors threatened the political impact, and in some cases survival, of their work.

From a technical perspective, finance officers expressed a preference for Project Funding, because it required clear cost centres, an emphasis on goals planned, and the prospect of financial control over the activities³⁰ although some had been forced to introduce a new management tier to cope. Project funding also allowed beneficiaries to claim up to 7% of budget costs in administrative overheads, something not allowed to projects working on core funding. Beneficiaries of Action Grants were required to ensure their expenditure 'can be easily identified and traced to, and within, the Beneficiary's accounting and bookkeeping systems'³¹. Project funding helped them to do this, by minimising cross-subsidy and simplifying accounting.

From the projects under review it was clear that identical activity could be financed under either strand of an Action Grant, depending on the needs and context of the beneficiary. This flexibility is worth preserving. EIDHR is rare among donors in that it still supplies core funding – including to European projects – and can award core funds to the same beneficiary more than once. Given the global scope of EIDHR's target area, this feature is also worth keeping. Project funding has several design strengths, and can be evaluated and monitored relatively easily, but its instalment system needs attention – both as it is described in beneficiaries' contracts, and as it is implemented.

Action Grants use a system of 'presumed approval', whereby beneficiaries who receive no reply from the EC within 45 days of contacting them, are to assume that their project documentation has been approved.³² Conceptually, this is like proving a negative. Practically it leaves much to be desired, because many beneficiaries live where communications are unreliable anyway. One beneficiary reliant on EIDHR for 100% of its core funding told evaluators it had presumed approval for three months, until it discovered that the Team Manager had actually vanished. Each evaluator met beneficiaries who had been forced to take out a personal loan to bridge a gap in EU grant payments, and most beneficiaries in the sample had received payments late. This suggests the system is in need of review.

Contracts for grants between 2002 and 2006 put greater emphasis on beneficiaries' accountability, with pointers to financial and narrative accounting. They also clarified the terms of EC payment installments. Contracts also usefully tell beneficiaries at the earliest stage, how to claim compulsory interest due to them on late payments³³ and how to obtain written confirmation from the EC, once 45 days of 'presumed approval' is over.

Most projects under review made efficient use of resources and had working systems of internal control. Important everywhere, this was particularly necessary in projects that bought and distributed medical items - often in short supply locally and so with a high potential resale value. One of the projects with the best internal controls, split responsibility for

²⁹ This problem was reported by a project in an EU member state.

³⁰ A view shared by several projects in Latin America.

³¹ Article 16.1 of the General Conditions applying to EC grants for external aid, set down in Appendix 2.

³² Ibid, Point 15.1.

³³ Under Article 83 of the Implementation Rules of the EU consolidated Financial Regulations of 2002.

'authorisation' of treatment from 'accounting'³⁴ for it, and thereby produced a chronological document trail that could be cross-checked either by patient treated, or medicine dispensed³⁵. This was one of several instances of 'good practice' that evaluators thought EIDHR could usefully share with other beneficiaries, either through an electronic forum or a de-briefing.

The EU gives grants so that it can further "an objective forming part of an EU policy".³⁶ Grants for core funds, however, must annually decrease³⁷ and finish within four years, whether or not the objective has been achieved. Since projects in search of core funds are often breaking new ground, or in the process of finding their feet, this restriction can counter the EU's own broader human rights interests. It seems there may be a need to develop a third type of award within Action Grants: one that combines the suppleness of core funding, with the precision of project funds.

In a mixed grant of this type, EIDHR could vary the proportion of core to project funding, depending on the beneficiary. The assumption would be that core funds will diminish over time and beneficiaries move towards developing fully coherent projects. A mixture of this sort could have been useful in some of the projects under review for this evaluation, particularly where one line of expenditure was central to the project's activity, but its size could not easily be determined in advance.

³⁴ In keeping with Article 56 of the EU consolidated Financial Regulations of 2002.

³⁵ The project in a Balkan state kept all medicines under lock and key, and used one doctor to prescribe, and one to dispense medical supplies.

³⁶ According to Article 108 of the Implementation Rules of the EU consolidated Financial Regulations of 2002.

³⁷ Article 113.2 of the EU consolidated Financial Regulations of 2002.

6. Accountability and Quality Control

Project accountability to the EC is extremely important, in particular if target groups – in this case often survivors of torture -- are too weak to lobby for their own interest, and fully dependent on the work ethics of the organisations receiving funding. During the identification of project applications all projects are technically assessed, but later, technical accountability seems low during project implementation. While the reporting by many projects was very good, it was quite uninformative in other cases.

External experts periodically monitor anti-torture projects and the Commission's operational staff carries out follow-up visits. However, no information on the number and scope of monitoring missions was available to the evaluators. Some of the projects visited reported recent monitoring missions and were confused that there was now 'another one'. The evaluators could not make systematic use of this information because the monitoring reports were awaiting approval and so not handed to the team. External monitoring, to identify problems during project implementation and help project managers solve them, is apparently not in regular use.

Beneficiaries with lengthy experience of working with EIDHR said that the de-concentration of project management to the ECDs was very useful, because it allowed them to work in closer contact with project management. In some cases, however, projects noted that they still had insufficient contact with the ECD project management, even after de-concentration. In several cases, the high turnover of ECD staff in charge was a problem.

Two evaluations of EIDHR support for anti-torture projects have been carried out so far. In January 2005, experts from the Human European Consultancy, the Netherlands Humanist Committee on Human Rights and the Danish Institute for Human Rights visited four EIDHR-supported European rehabilitation centres in Europe: in France, UK, Belgium, and Greece. In November 2003, experts from MEDE European Consultancy, the Netherlands Humanist Committee on Human Rights and the Danish Institute for Human Rights studied the impact and effectiveness of rehabilitation centres in Nepal and in Peru.

7. The Sample

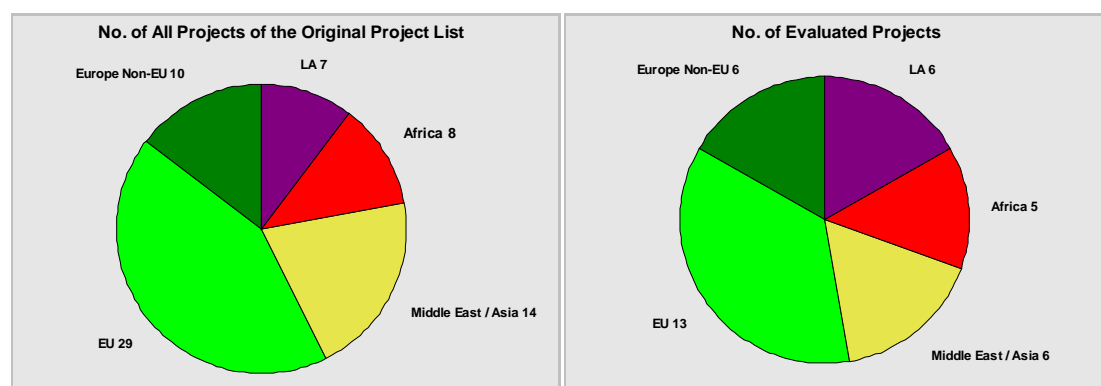
EIDHR gave support to 68 anti-torture macro-projects between contracting years 2001 to 2007, according to two EIDHR project lists provided at the beginning of the evaluation. Of these, 36 were selected for evaluation and 8 as a reserve. At the EC's request, the evaluation included projects under the four Calls for Proposals from 2002 to 2006 and – with one exception -- only for the rehabilitation of torture victims.

The EIDHR project-lists detailed 52 rehabilitation projects (including two with a strong preventive emphasis that also gave legal advice to torture survivors), and 16 prevention projects. Taking into account the 36 projects selected, and the reserve list of 8, the evaluation embraced 43 of the rehabilitation projects (and one prevention project with a focus on legal advice to torture survivors). Only 9 rehabilitation projects were not encompassed. During their assessment, the evaluators visited 67 % of the rehabilitation projects in the original EIDHR project lists.

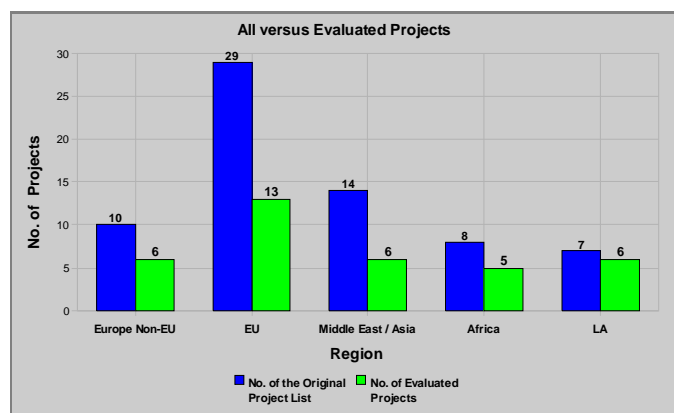
During the time allocated to field visits, contractual issues led to a minor change of the evaluation sample. Two African projects selected could not be visited: in one case, no contract had yet been signed, while the other project had closed four years earlier and information about it was not readily accessible. They were replaced by two projects on the reserve list, one EU-based and the other one in North Africa. The sample of projects in Africa was relatively small, but a second one could not be added, because all the others in the original EIDHR project list involved prevention work – and so were outside the scope of the evaluation.

7.1. Geographical Composition of the Sample

Among the projects evaluated, 19 were in Europe, 6 in the Middle East/Asia, 5 in Africa and 6 in Latin America. The composition of the sample by continent resembles the composition of the overall EIDHR portfolio, but the proportion of EU-based projects was reduced, in order to include more in Africa and Latin America. It was agreed to evaluate projects in as many countries as possible. The following pie charts allow a comparison of the geographical composition of the sample (by continent) with the overall anti-torture (macro-) project portfolio.



(European Non-EU also include projects implemented in EU and Non-EU countries, simultaneously)



7.2. Status of the Projects in the Sample

At the end of 2007, 11 of the 36 macro-projects selected were closed (30 %), as compared with 25 of the 68 macro-projects on the overall project list (36 %). 15 of the projects selected were contracted only recently (2006 - 2007).

7.3. Profile of the Selected Projects

The projects visited during the evaluation were almost exclusively projects for the rehabilitation of torture victims, usually with a small prevention component. Some projects argued that they do prevention by rehabilitating torture survivors anyway, and that the line between rehabilitation and prevention cannot easily be drawn. Three projects were not rehabilitation projects in the medico-psycho-social sense, but projects with a legal and monitoring focus. They were included in the sample because they covered advice for the legal rehabilitation of torture survivors³⁸.

Most of the rehabilitation projects selected put considerable effort into gender specific and child-related rehabilitation activities. At the EC's request, two centres visited during previous evaluations were again included in this evaluation sample.

7.4. Structure and Location of Selected Projects and Contract Management

The torture rehabilitation macro-projects visited have different structures and are implemented by varied constellations of beneficiary organisations, partners and sometimes associates. There are one-country, multi-country, and global projects, in all countries/regions where EIDHR operates. As a rule, EC Headquarters manages the multi-country/regional (with some exceptions) and global projects. The one-country projects are managed by the ECD in the respective countries or by EC Headquarters if there is no ECD.

Generally, one project was evaluated in each country visited. Exceptions were made for instance in Germany, where two projects had different numbers of partners, and in France, where the same beneficiary implemented two out of the three projects.

7.4.1. EU-Beneficiaries Implementing Projects in their Own Country

One reason for this evaluation was the possible phasing out of support for the EU-based anti-torture rehabilitation centres as of 2010. Direct target groups in EU-based centres usually include victims of torture seeking asylum or taking refuge. CAT, Article 14.1, states that a victim of torture is entitled to "as complete a rehabilitation as possible". Council Directive 2003/9/EC defines the minimum standards for the reception of asylum seekers, including the necessity of providing medical and other assistance to refugees with special needs, among them certainly survivors of torture. Many EU governments, such as France and Spain for example, have shown that they are ready and able to take responsibility for financing the medical and other support measures required. However, not all EU countries have accepted their obligations so far and they continue providing little more than emergency relief to the

³⁸ In the original project lists, only one of them was classified as a *prevention* project, the other one was listed as a *rehabilitation* project, and the third one was not classified under this criterion.

neediest refugees they are hosting. EIDHR is concerned about the sustainability of these centres once EU funds are phased out.

The consultant and the EC therefore agreed to select a relatively large number of EU-based centres. The EIDHR in Brussels manages all the project contracts covered by the evaluation. Most EU-based beneficiaries visited during the evaluation had one-country projects, which they were implementing in their own country, sometimes in cooperation with local partners. The evaluators visited rehabilitation projects of this type in seven older member states and three new member states in Central, Eastern and South-Eastern Europe.

7.4.2. Joint Projects of EU- and European Non-EU Partners: Beneficiaries and Partners in Several Countries

Among the projects selected, three Europe-based ones were implemented by two or more partners in several EU and Non-EU European countries, but always including the country of the beneficiary. These projects are under the management of the EIDHR task management in Brussels.

7.4.3. African, Middle Eastern/Asian, Latin American and Non-EU European Beneficiaries Implementing Projects in their own Country

Twelve projects operated without the involvement of EU-based organisations. They were one-country projects implemented by a beneficiary based in the target country (possibly with partners). This was the largest group in the sample. Where there is an EC-Delegation in the respective country, it manages the project. Where there is none, EIDHR in Brussels is in charge.

Three of these are implemented by beneficiary organisations based in European countries. The other one-country projects outside the EU are implemented in the Middle East and Asia, in Africa and Latin America. All these projects are under the management of the respective ECD.

7.4.4. EU-Beneficiaries Implementing Projects in other Countries

Some EU-based beneficiaries implemented projects in another country with or without a local partner. After the devolution of project management from Brussels to the ECDs, these projects are managed by the ECD in the country of implementation. In its statistics, the evaluation report counts these as Latin American, African or Middle Eastern/Asian projects, because they were exclusively implemented there.

7.4.5. Non-European Multi-Country Partner-Projects

There are four large multi-country projects in the sample, in Africa, Asia and Latin America. Several partners from recipient countries are implementing them across neighbouring states. Three of the contracts are managed by EC Delegations in the countries where beneficiaries are based, one of them is managed by EC Headquarters.

7.4.6. Global Projects

'Global projects' cover countries on several continents, and are implemented by a constellation of partners. The evaluation sample contains two. EC Headquarters usually manages them.

7.5. Summary of Project Types in the Sample

The variety of projects in the EIDHR's torture rehabilitation portfolio appears quite large, but six basic types can be identified:

- § EU-beneficiaries implementing projects in their own country (11);
- § Joint projects of EU- and European Non-EU Partners: Beneficiaries and projects in several partner- and beneficiary-countries (3);
- § African, Asian, Latin American and Non-EU European beneficiaries implementing projects in their own country (12);
- § EU-beneficiaries implementing projects in other countries (4);
- § Non-European regional partner-projects (4);
- § Global projects (2).

The typical EIDHR torture rehabilitation project has a beneficiary implementing a project in its own country. All EU-projects in the sample are one-country projects, with the exception of the two global projects and the three projects with a non-EU component. Around 50% of the projects in Non-EU Europe, the Middle East/Asia, Africa and Latin America, are also carried out by a beneficiary based in the country of implementation. The others are either multi-country projects with a local beneficiary, or projects implemented by a foreign beneficiary.

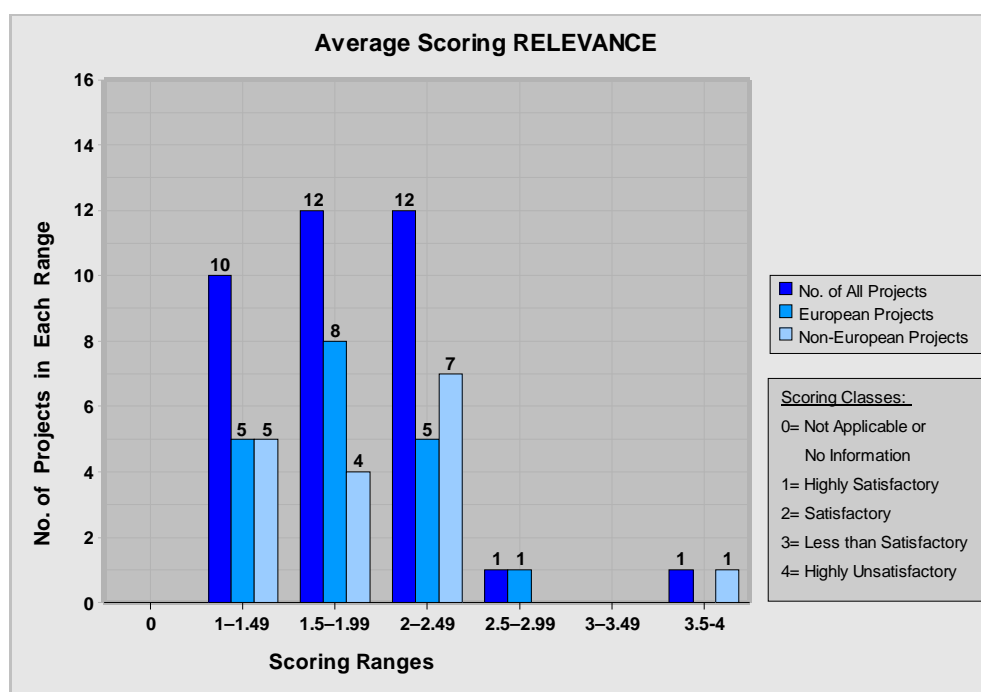
The multi-partner projects with more than two partners working in several countries simultaneously often faced problems. Partnerships collapsed and sometimes a new partner was identified on the basis of a contract addendum. Small partnerships of only two organisations working in neighbouring countries were apparently more stable, as were multi-partner projects working in only one country.

8. Evaluation of the Five Criteria

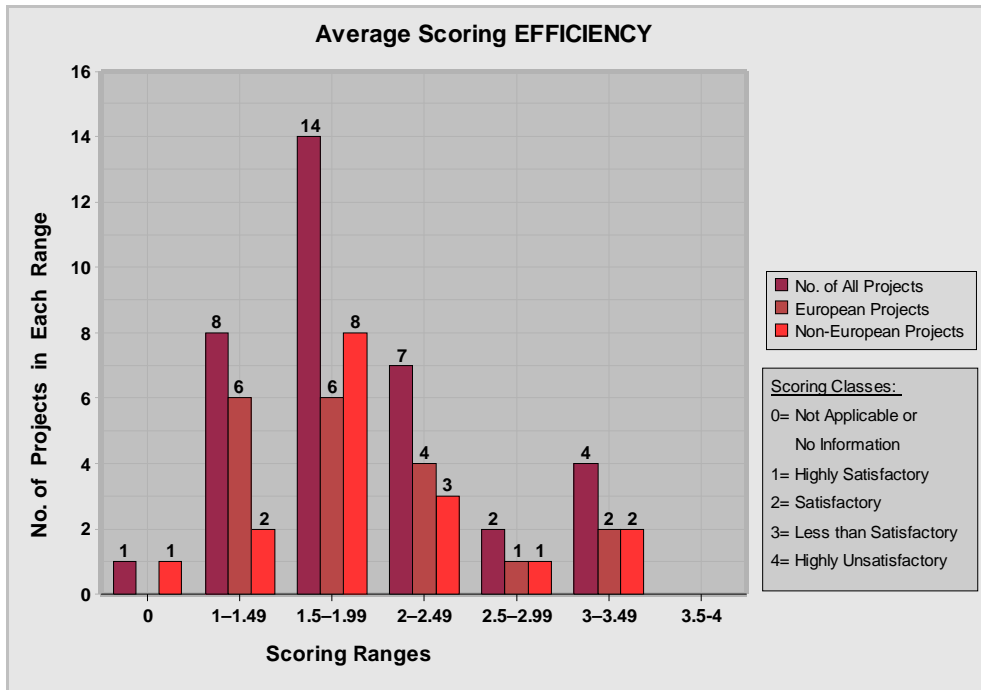
The overall scoring of the projects on the five main criteria of the evaluation – relevance, efficiency, effectiveness, impact and sustainability - showed very positive results, with only a few *unsatisfactory* and *highly unsatisfactory* scores. In general, it shows a well-managed programme with a credible bottom-up commitment to achieving the targets of the EIDHR. It also shows a programme that could be more coherent and create useful synergy between projects/centres and their highly professional staffs. More exchange of knowledge and know-how collected in the rehabilitation of torture victims could be useful for the improvement of practical rehabilitation work in future, and also play a much more important role in torture-prevention and research.

The five coloured graphs below show the overall scores for the five main evaluation criteria across the entire sample of projects, and separately for Europe- and non-Europe based ones.

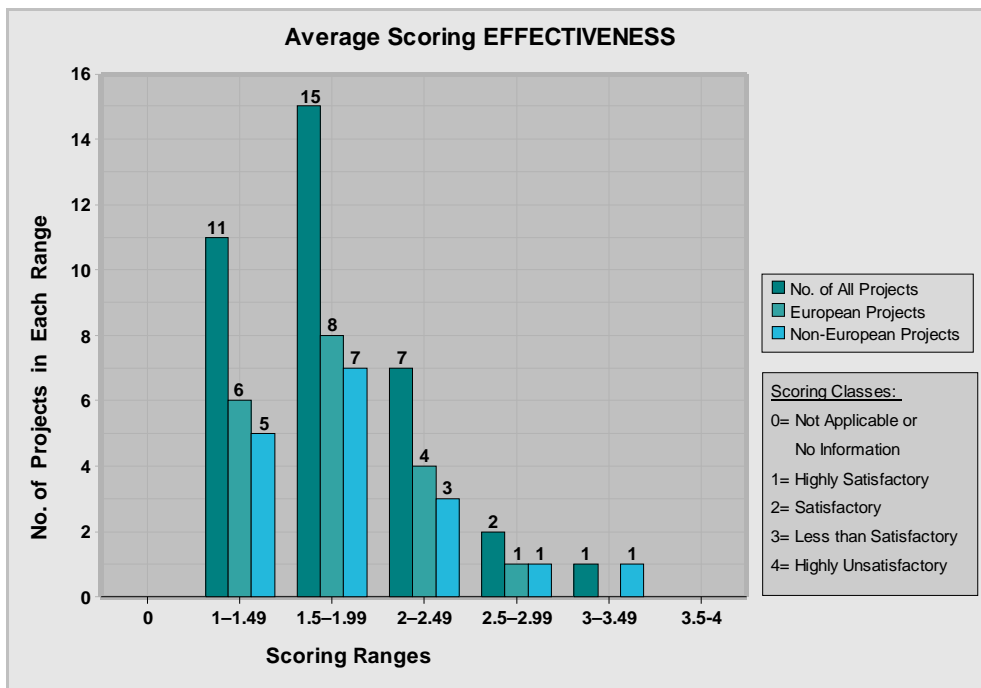
At the beginning of each individual chapter on criteria, a larger coloured graph shows in detail the scoring of individual projects and geographical groups of projects. The graphs give a high level of detail, since average scores used one digit after the decimal point per project, not rounded figures. They therefore reflect the differences between projects, and the differences between Europe and Non-Europe based ones. Taken sequentially, the five graphs show how sample scoring changes from relatively high for relevance/project design – which at the beginning of projects is what counts – to slightly lower scoring for efficiency. Scoring gradually decreases for effectiveness through to impact and sustainability, which count at the end of a project. Scores between 1 and 2 diminish, while the number of projects scoring between 2 and 3.5 increases.



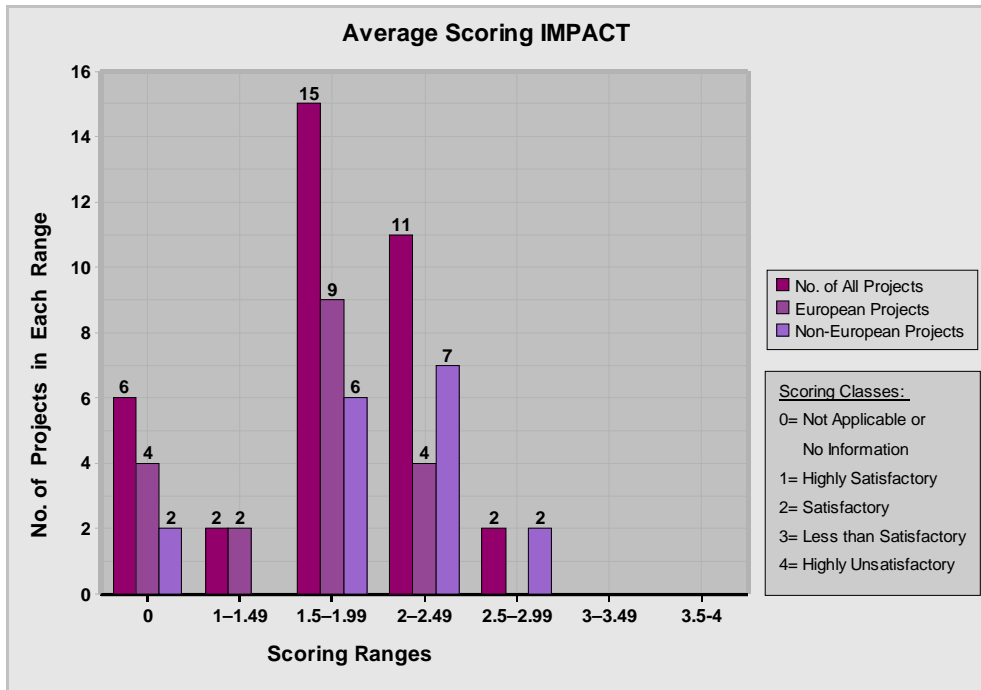
Among the projects evaluated, **relevance** is one of the two criteria that produce the highest number of 1.0 - 1.49 scores. On the other hand, the projects are quite evenly distributed over the upper three scoring classes. The graph shows the different scoring profile for European and non-European projects. Projects in European countries scored higher for their project design and for addressing the local needs and the needs of target groups - in project design, but not in implementation.



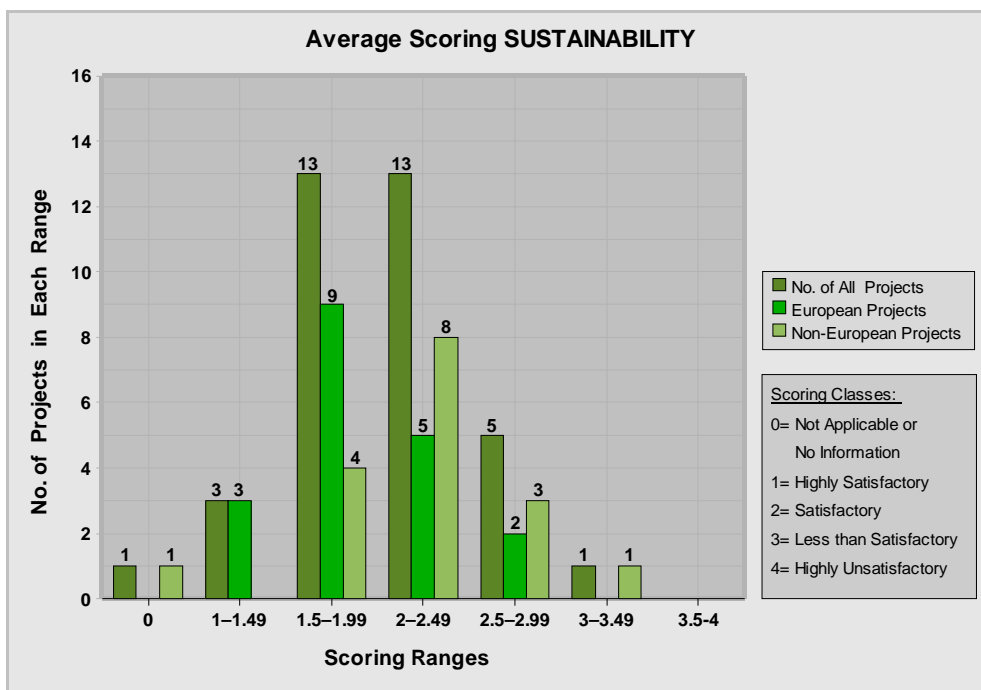
Scoring for **efficiency** is less evenly distributed, and projects mostly lie in the range of 1.5 – 2.0. The scoring profile on efficiency for European and non-European projects is similar. Under efficiency, we have the highest number of *unsatisfactory* scores, although this applies to only six projects, all told.



Along with 'relevance', **effectiveness** is the criterion with the most *highly satisfactory* scores. The overall scoring profile of European and non-European projects is identical. The low scoring group is again becoming smaller and numbers only 3 projects.



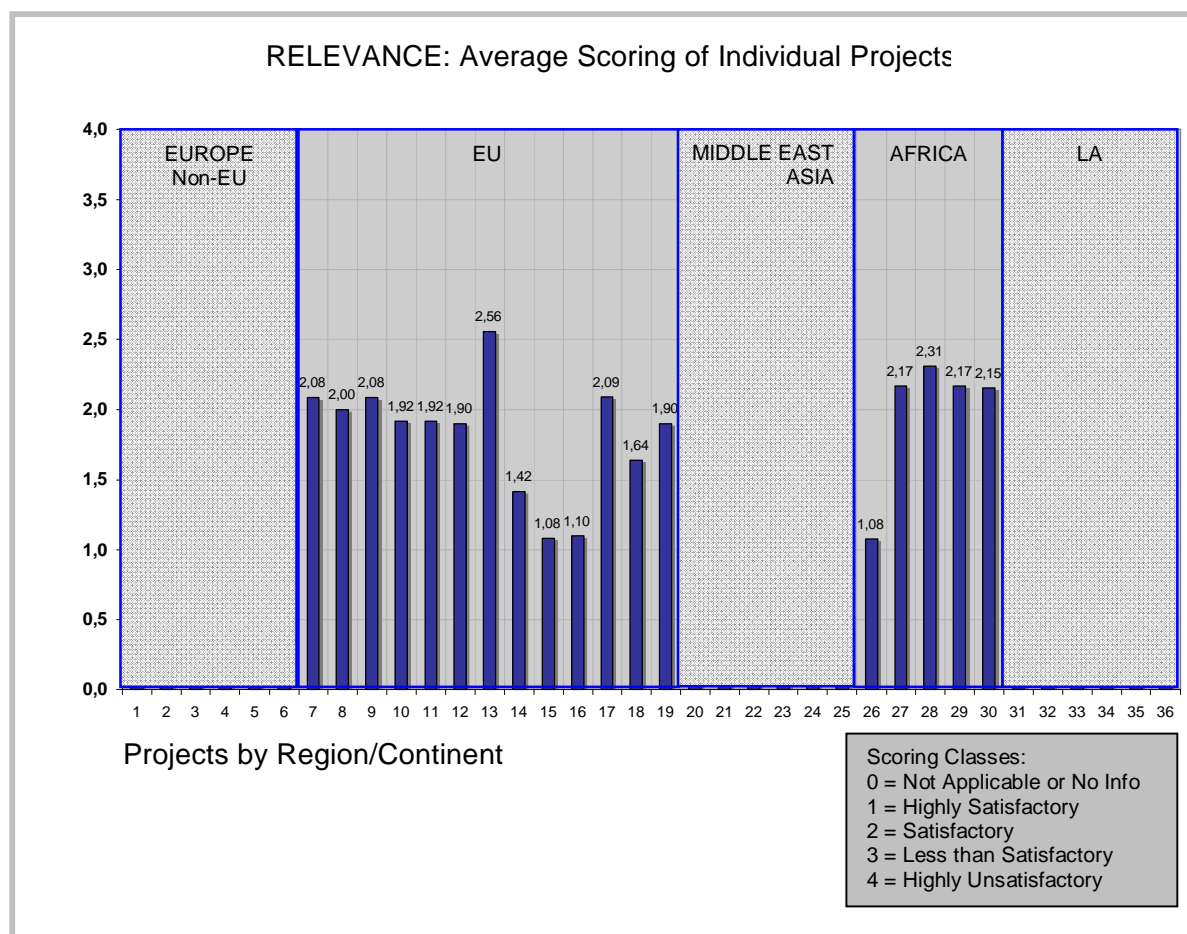
Scoring under the **impact** criterion shows a positive picture of the overall impact of the EIDHR funded rehabilitation projects for torture survivors. The gap between European and non-European projects returns here, pointing up the exceptionally difficult contexts of many non-European projects. The variety of difficulties, projects outside Europe may face, is large. It includes: ongoing violence; fear of closure of the centres; lack of funds, transportation and local infrastructure, difficulties in recruiting qualified staff, difficulties in identifying and accessing the target group; fear of reprisals against patients, including their forced 'disappearance', to mention some of the more frequent ones.



Scoring for **sustainability** indicates that the EIDHR-funded rehabilitation projects have numerous long lasting effects. Financial sustainability, however, is not assured for many of them, as a more differentiated look at the sub-criteria in the respective chapter will show.

Here again, the difference between European and non-European projects increases, indicating that many non-European projects work in a much more difficult environment than most European ones.

9. Relevance



9.1. Design of the Projects

Evaluators were asked to study whether the design of the projects was adequate to support the overall goals of the EIDHR Calls for proposals relevant to torture, and the EU Guidelines on Torture. The overall scores visited were usually *satisfactory*, or *highly satisfactory*. Only two projects scored *less than satisfactory*. The overall scoring on relevance did not show any significant differences between project types, but a look at the sub-criteria reveals a more differentiated picture between project locations.

The questionnaire assessed separately the relation between project objectives and EU guidelines on torture / EIDHR Calls for Proposals - and the degree to which projects addressed local needs, and the specific needs of the target group.

The table below shows that almost all projects scored very high on relevance to EU Guidelines on Torture and the Calls for Proposals – with 95 % being either *satisfactory* or *highly satisfactory*. The same applies to the other three criteria. Eighty six per cent of the projects addressed local needs and the needs of the target group (very) well, and 89% complemented other donor activities in a (very) *satisfactory* way. The six projects that scored lower on one of the criteria are evenly distributed over the Calls for Proposals.

Table: Scoring on elements of relevance of the projects

	Relevance to EIDHR Guidelines ³⁹ and EU-Guidelines on Torture ⁴⁰	Local needs	Needs of target group	Complementarity & coherence with other donor activities
Highly satisfactory	19 (53%)	21 (58%)	22 (61%)	15 (42%)
Satisfactory	15 (42%)	10 (28%)	12 (33%)	17 (47%)
Less than satisfactory	2 (5%)	1 (3%)	2 (6%)	2 (5.5%)
Highly unsatisfactory		1 (3%)		
No info or Not applicable		3 (8%)		2 (5.5%)
Total	36 (100%)	36 (100%)	36 (100%)	36 (100%)

The relevance of project design to the EIDHR guidelines for the Call for Proposals was considered inadequate in two cases.

One Latin American project was problematic, because it had been planned at the early stages of a political transition. It would probably have been adequate, had the situation not improved so much anyway. To begin with, the project's focus was too narrow and clinical. In the new circumstances, a community-based approach would have been more relevant. During implementation of the project, design improved and the project moved towards supporting national reconciliation with a broader focus that included psychosocial rehabilitation and the accompaniment of families during exhumations. Despite the inadequacy of the early project design, it could later adjust to meet changing circumstances.

Though this case was exceptional, it points to a key problem in the planning of projects for the rehabilitation of torture victims. If they are located in crisis and post-crisis environments, their design needs to anticipate many variables and potential changes. The potential for adjusting or re-orientating projects is important, (and possible during the Inception Phase of most EuropeAid projects). The length of time between submission of a concept note and the start of project activities, also needs to be reduced to a minimum. The general goal is to implement recently designed projects.

The design of a project in Asia was also found to be inadequate because it was unrealistic, with targets that were way too ambitious and not related to an appropriate assessment of the size and needs of the target groups.

Another project in Latin America scored highly for relevance, partly because it had been planned two years later than the one previously mentioned. It had developed an entire community-based approach from the outset, and successfully met the needs of traumatised indigenous communities, including the problem of torture by rape during the civil war. The project provides comprehensive psychosocial care for victims of torture, including their re-integration into economic life, and a wide range of training measures for judges, policemen, NGOs, health care officials and health workers.

The design of one EU-based project was also very appropriate, from the perspective of the EU Guidelines, the Call for Proposals and the EC Minimum Standards Directive 2003/9/EC. Under the 2003 Call for Proposals, the project undertook to establish services for torture survivors in functioning rural and urban public health care institutions. This was against the background of a rising number of asylum-seekers arriving from Chechnya and Afghanistan at the planning stage. The project was highly relevant, because it tried to mainstream health and psychological care for refugees in the public health care system, and placed its emphasis on work with female victims and the introduction of child-oriented psychological care.

³⁹ EIDHR Guidelines for Applicants to Torture related Calls for Proposal.

⁴⁰ EU Guidelines on Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment.

An African four-partner project also turned out to be timely and relevant in context, given the political background and nature of the decades-long rebellion. The project provides not only rehabilitation services for the victims of torture, but training for the staff of health services supplied by other NGOs there.

In all but two cases, project design corresponded to the needs of the respective community and the intended beneficiaries, in a *satisfactory* – or *highly satisfactory* way. EIDHR-supported activities for torture survivors were coherent and complemented those of other donors in a *satisfactory* or *highly satisfactory* way. It was almost a rule that the centres provided unique services in their respective community or region. The need for their services very often exceeded their capacity to provide them.

9.2. The Logical Framework Approach

Good project design is usually well supported by a consistent logical framework (logframe) and the use of the logframe approach during the design process. This requires a realistic and logical relation between the activities, results, specific objectives, and overall objectives of projects (vertical logic). It also requires a clear-cut relation between those levels of the logframe with Objectively Verifiable Indicators (OVIs), and an assessment of risks and assumptions. In assessing the relevance of the project design, the evaluators usually took into consideration the project application form, the description of the action, and, where available, the logframe attached.

Unfortunately many EIDHR-supported projects did not score highly here, consequently had weak systems for monitoring their own work; a question that is dealt with under efficiency.

Table: Scoring on elements of design and logical framework in the 36 projects evaluated

	Coherence of logframe	Vertical logic/OO-PP-Results	Horizontal logic/Risks & Assumptions	Definition of OVIs	Realism of results to resources
Highly satisfactory	9 (25%)	9 (25%)	11 (31%)	7 (19.4%)	11 (31%)
Satisfactory	18 (50%)	17 (47%)	11 (31%)	12 (33.3%)	17 (46%)
Less than satisfactory	8 (22%)	7 (19%)	9 (25%)	13 (36%)	5 (14%)
Highly unsatisfactory		2 (6%)	4 (10%)	3 (8.3%)	1 (3%)
No info or Not applicable	1 (3%)	1 (3%)	1 (3%)	1 (3%)	2 (6%)
Total	36 (100%)	36 (100%)	36 (100%)	36 (100%)	36 (100%)

The overall assessment of the design of the torture rehabilitation projects is quite positive. It ranges from 52 % to 77 % in the project scores, and from *satisfactory* to *highly satisfactory* within the five core criteria for project design. One striking finding, however, is the high percentage of *less than satisfactory* and *highly unsatisfactory* scores on the definition of Objectively Verifiable Indicators. Around 45 % of the projects failed to define them appropriately.

9.2.1. Development of Indicators

Indicator definition is a highly complicated task that appears to be particularly difficult in rehabilitative support for torture survivors. All the projects attempted to formulate indicators, but very often confused indicators with sources of verification. In the complex field of the psycho-social rehabilitation of torture survivors, impact measurement should to a significant degree relate to the final condition of the clients of a certain centre: the degree to which a torture survivor can stabilise and normalise his or her life and most relevant social relations – i.e. to his/her spouse, children, friends, and family; whether s/he can undergo training and education, get back into their former profession or a new one, and also on their income level and social status⁴¹.

⁴¹ Generating Impact indicators, EIDHR, March 2005.

Very often formulation of verifiable indicators was just based on data that was realistically accessible at a certain stage of project implementation. The number of clients at a centre was a favoured indicator, though it says nothing about the condition of those clients and their progress according to the rehabilitation criteria previously outlined. The number of client sessions was another favoured indicator, as was the number of trainees. These figures may indeed indicate how smoothly an operation is proceeding and how well a centre's capacities are being used, but therapy sessions are held to improve the situation of a torture victim. Trainings are held to change the professional attitudes of doctors, or policemen, and intended to teach them a different approach to their everyday professional activities. The important information should be whether this has been achieved during the training and later applied in their work. It is here that the problems of providing relevant objective verifiable indicators start, and usually they are not solved by the project designs.

One difficulty in measuring the achievement of project results - and the impact of any project in this field - is follow-up with the clients of rehabilitation centres. This has sensitive implications for them at a psychological level, and from the perspective of their own security. Sometimes it is simply not possible.

To illustrate the difficulty: EU-based rehabilitation centres reported that clients usually do not contact them again once their condition has stabilised. There are exceptions where clients develop long-term friendships with staff members of rehabilitation centres, but relations usually end with the end of treatment – unless the client has a relapse or crisis caused, for instance, by the threat of deportation. Over the long term, centres usually know the lives of their problematic patients far better than the happier ones. Centres understandably do not take the initiative in contacting former clients, to avoid giving the impression that they are trying to control them.

In some Latin American projects, a comprehensive description of the target group in a transparent monitoring system poses a security risk for clients and centre alike. In the case of one Latin American centre, for instance, there is a client-tracking system, but only for reasons of their own security. If a client misses an appointment, the beneficiary and the referring NGO take action to search for them and analyse the situation, because failure to turn up for an appointment can mean the client is facing serious difficulties, or has had to escape them.

Other complications beset the measuring of results and devising of verifiable indicators. Psychologists at several torture rehabilitation centres reported on their own research into determining progress in the treatment of torture survivors, and more generally in the treatment of persons suffering from PTSD. They described the inadequacy of conventional psychological instruments to measure progress, which are usually based on the gradual disappearance of symptoms. Torture survivors often have no prospect of losing their symptoms – but their therapy nevertheless helps them to feel better. Their subjective improvement is based on a learning process: of how to cope with the symptoms, how to integrate and accept them, and how to live with them. There are, therefore, various initiatives to develop questionnaires that would measure therapeutic progress by the degree to which patients develop so-called 'coping strategies'.

These are the typical difficulties for centres developing verifiable indicators even in (more) stable environments. Centres working in states of open conflict or high political tension face even greater complications in developing indicators for the progress of a rehabilitation process. Where they operate in a highly violent environment they may, as one psychologist put it, "*see many of our clients again and again*". They deal with the ongoing and repeated trauma of already traumatised persons, and typically restore their clients to normal life only for short periods until the next disruption. Their efforts to measure their results are even more ambitious than most other torture rehabilitation centres.

On the other hand, numerous projects have made efforts to improve their monitoring systems: A large Asian partner project, for instance, works on a software programme to standardise the documentation of the situation of torture survivors throughout the region, with the aim of better assessing the results and effectiveness of their joint strategies.

One of the Latin American projects allows for a retrospective analysis of the general difficulties and weaknesses in defining risks and assumptions. Although the project management had a clear view of the factors that could affect project implementation, the logical framework tended to describe only obvious institutional and political factors. The project did not sufficiently consider less visible risks, like the difficulty of finding professionals with the required profile; potential problems linked to the participation of government officials in the projected training; the bad working conditions of police officers; frequent turnover of the authorities and the loss of the previous good working relations with the Ministry of Health, the police, the penitentiary system, the prosecutors and other judicial officials; and the influence of community groups over individuals – with the attendant risk of stigmatisation of victims tortured by rape. Neither did the project take into account communal divisions as a result of the displacement process in the country.

9.3. Performance of Partnerships

§ The constellation of partnerships involved in implementing EIDHR supported projects worldwide is very varied. There are joint projects of EU- and Non-EU European Partners with beneficiaries and projects in several partner- and beneficiary-countries. Among them, there are EU-beneficiaries implementing projects in non-European countries together with local partners. There are regional partner-projects in Asia, Africa and Latin America, global projects, and there are intra-national partnerships inside and outside Europe.

§ In the assessment sheet, one question in the efficiency chapter specifically addressed the performance of the partners in a project. The following table shows the results of the assessment:

Table: Scoring on partnership performance

Number of projects based on partnerships					
Performance of Partnership					
	Partnerships overall	1. EU-Non-EU Partnerships	2. International / Regional Partnerships	3. Global Partnership	4. Intra-National Partnerships
Highly satisfactory	5 (29%)	1	1		3
Satisfactory	6 (35%)	2	2	1	1
Less than satisfactory	2	1	1		
Highly unsatisfactory	1	1			
No information, not applicable	4	1		1	2
Total	18	6	4	2	6

The overall performance of project partnerships turned out to be *satisfactory* or *highly satisfactory* in 64 % of the projects visited. The sample is too small to interpret differences between subgroups.

A slight difference between groups of partnerships emerges when the number of partners is considered. Projects with three and more international partners faced problems relatively often, in particular when partners changed during project implementation. Even one of the projects with high scores had these difficulties.

Six international partnerships in the sample had more than two partners and had to solve numerous problems. In one project, a partner did not join in the rehabilitation activity but only in the training and a second partner has so far failed to sign a partnership agreement with the beneficiary at all. Another project had to change one partner, while a second partner had problems in obtaining a medical license that delayed project implementation. In another instance, the majority of the partners decided to cut one organisation out of their regional project.

Partnerships sometimes became problematic, because the different skills and interests of partners took the project off course. In one instance, for example, the overall focus was to be closed institutions *per se* in four countries. Two partners proved to be inexperienced human rights monitors and unequal to their tasks, however, and so project activities risked shrinking to three countries with an emphasis on psychiatric hospitals. By project's end, the beneficiary had mostly succeeded in redeeming its original focus, but only with immense difficulty.

One of the global projects illustrates good cooperation between 5 partners who know each other and had cooperated before. Each partner appears to be adequate to handle the substance of the project. The partners have all met, decided collectively on the theme of their first report, and devised work plans together. Only the beneficiary, however, seems to be 100% familiar with the project design, or responsible for the proposal -- otherwise the Non-EU partners would presumably have proposed cases for strategic litigation that better reflect EU concern for women and other marginalised groups. The beneficiary has played a 'policing' role over their choices.

There are partnerships between similar organisations and between highly professional partners, but also between organisations with large differences in status, size, levels of professionalism, experience, and financial & managerial strength. Equal partnerships were usually quite unproblematic.

§ One EU-based project, for instance, works on the basis of a network of three centres in the same country that have worked together before. It is a mature partnership, where the strengthening of all partner organisations through transfer of know-how plays an important role, for instance in solving management problems.

Partnerships between organisations with different specialisations in the same country were also quite successful.

§ In a Middle Eastern project, partners with different professional profiles successfully cooperate, with a rehabilitation centre as beneficiary, and one specialised partner in charge of child-related rehabilitation work only.

§ In an EU-based project, the beneficiary centre formed a partnership with a psychiatric hospital and a number of socio-psychiatric centres active in the provision of public health care in rural areas, while having no experience whatsoever in the field of torture rehabilitation. They did a very good job on this project. The goal was to mainstream elements of VOT rehabilitation into the public health care system.

Partnerships between organisations with different degrees of experience sometimes became problematic when know-how transfer was not on the project agenda, and one partner's lack of experience affected the project's ability to deliver:

§ In an African project, the discrepancy of experience and outputs between the partners was obvious, because the local partner was basically a body of volunteers, lacking the professionalism of the other partner.

There were partnerships that had difficulties in getting formally established, but which still achieved some of the project's planned results.

§ A Latin American project, for instance, had bureaucratic problems obstructing the establishment of a formal partnership with a university, but the intended research programme on perpetrators' profiles started nevertheless.

9.4. Financial Relations between Partner Organisations

In partnership projects, the partner is usually more dependent on the beneficiary than vice versa. Equally, partner organisations are usually more financially vulnerable than the beneficiaries, and have no direct contractual relation to EIDHR.

Complications in financial relations can pose enormous difficulties for the weaker partners.

§ In an Eastern European project, the partners lost motivation when the beneficiary could not pay their costs halfway through the project after losing all contact with any EIDHR interlocutors. The beneficiary finally had to resort to tracking down their manager through the EC website. The departing EC Programme Manager had archived all narrative and financial reports and receipts before abruptly leaving her post, and the partners were unwilling to provide repeat copies of their documentation, as required by the beneficiary.

§ In a Latin American project, the EU-based beneficiary's difficulties in implementing the action had an impact on the budget of the local partner. The latter had a strong

commitment to the torture victims in the field and could not just abandon their psychosocial accompaniment, even though they did not receive their part of the project budget. Delayed payments from the beneficiary to the local partner meant that the local team members had to finalise the action using their own work and money. The EU-based beneficiary then asked for a lower final payment than provided in the contract, and the local partner never recovered some of their money and time.

§ An African project seemed better suited to the country of the beneficiary, than to those of the partner organisations. One partner ran into difficulties, after it failed to raise enough money to pay salaries for qualified personnel. Communication with the other partner remains extremely difficult as the country has the worst infrastructure in the region.

But partnerships can also help to solve financial problems of the weaker partner:

§ A positive example is a partner project between an EU-based beneficiary and a non-EU based partner organisation. The partner centre was temporarily pre-financed by the beneficiary, as the EC's first year pre-payment of 80% instead of 100 % created financial problems for the smaller centre.

§ Where partners have less experience or proficiency – for instance the partner organisations in one global project – and where they are inexperienced in handling large European grants, the EU beneficiary has sometimes seized responsibility, and set up a good practical system for dispensing and accounting for funds. Ultimately, this benefits the partnership across the board.

9.5. The Exchange of Experience, Information and Practices between Rehabilitation Centres in third Countries and in Europe

Some centres appeared to be locked in their own cultural context, and the travelling evaluator was sometimes astounded that they did not have more contact with each other. In some cases, in fact, it was the evaluators who told projects what kind of research was being conducted elsewhere and which methods were being applied, etc. Other centres, however, had impressive specialists who were travelling the world to network with other experts, to gather and provide information, and to organise conferences.

But networking and information exchange always depends on available funds and permission to travel. Often visas are not readily available and travel budgets are too small in many countries with EIDHR-supported centres. Evaluators felt strongly that more conferences and networking between centres funded by EIDHR could provide positive effects for the centres in their individual context.

There were centres, where provision of clinical supervision was not adequate, although it was necessary to prevent burnout among therapists and social workers. This resulted from deficiencies in project planning, and also the non-availability of trained supervisors. Clinical supervision and training for clinical supervisors might therefore be a service that EU based centres could offer, for example, to centres in other parts of the world.

§ In an EU-based project, former patients who later worked with the centre, initiated the transfer of expertise to a centre in Latin America to help other torture survivors in benefiting from treatment experience of the EU centre staff. This initiative is progressing extremely well.

§ In another EU-based project, the beneficiary maintains a library about torture that is used by researchers worldwide and it also runs its own research. At present, they are working on a computer-based questionnaire on therapy results for torture survivors that may feasibly be used by illiterate patients. Recently, the centre organised an international workshop for therapists on the use of internet in trauma therapy, to support long distance support to victims of torture in relatively inaccessible places, like Iraq. One of the EIDHR-supported Middle Eastern centres unfortunately knew nothing about this meeting, although it would have been useful for them to participate. A client assessment form elaborated in Russian by a European partner project, meanwhile made its way to a centre in the Caucasus working in the same field.

§ Other EU-based projects have invested much in the training of professionals and, gratifyingly, their work experience has been transmitted to other successful new centres for the rehabilitation of torture victims.

- § An Asian project with three partners plans the development of a software programme to standardise the documentation of torture survivors throughout the region (too variable hitherto), so that they can retrieve and assess the effectiveness of the results of their joint strategies, coordination of methodologies, and response to treatment.
- § Cooperation in a two-partner project allowed the EU-based beneficiary to offer clinical supervision to the team in the Non-EU centre. The psychologists involved also train psychological supervisors for future use by the centre. However from the outset, the budget did not provide enough funds for the teams to travel between the centres for closer cooperation, seminars and conferences.

Local translation and distribution of materials could increase the efficiency, effectiveness, impact and ultimate sustainability of one of the global projects. This part of the design was weak and apparently based on untested assumptions of the beneficiary, writing the proposal in isolation from its partners.

One Latin American regional project is a good example of synergy between regional partners in the exchange of information and know-how. All centres worked on an investigation of the trans-generational impact of torture and on 17 scientific papers in 2007, and all participated in seminars, symposia, conferences and congresses, at national and international level. From 2006, they organised a workshop to strengthen their own institutional standing, which involved ongoing technical supervision, monitoring and evaluation (in 2006 and 2007), and a course on fundraising (in 2007). Since 2006, all centres have contributed to campaigns and the exchange of scientific and clinical experiences etc. through the Latin America and Caribbean Network of Health Institutions against Torture, Impunity and other Violation of Human Rights. They have also acted to help adapt local legislation to international rules, and given forensic assistance to the defence of torture survivors and the promotion of human rights.

The international variety of the EIDHR programme offers enormous potential for the exchange of experience in the treatment of patients and related fields of knowledge. More contacts could be mutually valuable, especially between EU-based centres working with asylum seekers, and centres in the regions where the asylum-seekers have come from.

9.6. Relevance of Gathering some National Projects into Regional Projects

Partnerships between centres appear to be a good basis for joint projects, but even the rather small sample under review indicates that the number of partners can affect the stability of partnerships and the project. Partnerships inside countries tended to work well no matter how many partners were involved, but multi-country partnerships appeared to work best when two partners were involved in implementing components of the project in their own respective countries, and got together for a joint project on this basis. They worked even better, when the partners had designed the project together. Projects with three or more partners face complicated dynamics. Communication between partners is crucial for joint project implementation, and this can pose a technical challenge, particularly in crisis regions. Lack of communication hinders coordination, leads to monopolisation of information by the beneficiary, and reduces the capacity to resolve conflicts.

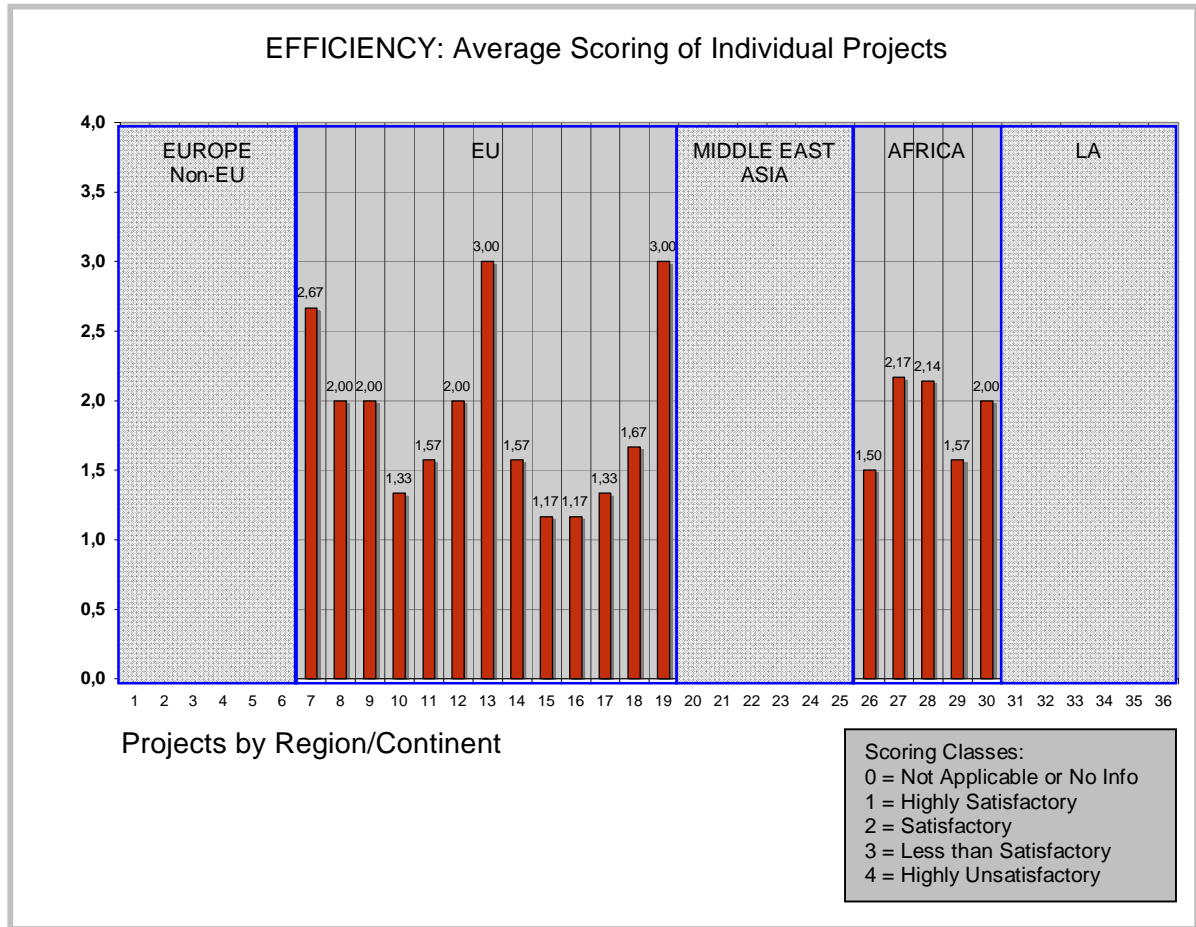
An example of a successful multi-country project with four partners was found in Latin America. The four partner organisations are all well-managed, have their own monitoring and internal evaluation system, and are able to adapt to unforeseen changes. The implementation of this unique regional project could constitute a fine model for future projects.

The importance of sharing know-how in the sensitive field of rehabilitating trauma victims could probably be conveyed through regular meetings or conferences for participants of the EIDHR programme. This would be more effective than increasing the number of complex multi-country regional projects. A workable option might be more projects with a simpler internal structure, i.e. two partners in two countries, even for crisis 'regions'.

One *global* project differs from the regional partnerships working on the medical and psychosocial rehabilitation of torture survivors. It is a legal project working worldwide on reparation, which is an integral part of rehabilitation for torture victims. The fact that the

beneficiary is EU-based may help to promote legal claims for reparation – as in the case of peasant workers who claim they were tortured by the private security firm answering to a EU-based company in Latin America. This case is likely to come before a court in the European Union. The project aims to share international legal know-how, and bring strategic litigation on a set of mutually reinforcing cases. The network of participating organisations works well.

10. Efficiency



The TOR asked the evaluation team to assess how efficiently the projects used the EIDHR resources allocated to them. The result of this assessment is quite positive for the overall samples of EIDHR-supported torture rehabilitation projects. Eighty per cent were considered to use their funds efficiently and to manage their projects well. The sub-criteria - like quality of management, value for money, relevance of the work plan for the actual work, and even the ability to adapt to unexpected changes - all scored from *satisfactory* to *highly satisfactory*.

Seventeen per cent, however, were rated inefficient and their internal monitoring left much to be desired. Only 61% of the projects were found to use internal monitoring systems, but the others did not, or used inadequate ones only: 12 projects in all. The scoring under the other criteria was also quite negative, with 12 % of the projects not adapting well to unexpected change, 17 % not delivering good value for money, and 11 % not being managed adequately or following their work plan.

Table: Scoring on efficiency and elements of efficiency

	Overall efficiency	Well managed/ planned costs	Value for money	Work Plan being followed	Adaptation to changes not under control	Internal monitoring
Highly satisfactory	8 (22%)	14 (39%)	11 (30%)	12 (33%)	11 (30%)	11 (30.5%)
Satisfactory	21 (58 %)	18 (50%)	18 (50%)	19 (53%)	17 (47%)	11 (30.5%)
Less than satisfactory	6 (17%)	3 (8%)	5 (14%)	4 (11%)	2 (6%)	8 (22%)
Highly unsatisfactory	0	1 (3%)	1 (3%)	0	2 (6%)	4 (11%)
No info or Not applicable	1 (3%)	0	1 (3%)	1 (3%)	4 (11%)	2 (6%)
Total	36 (100%)	36 (100%)	36 (100%)	36 (100%)	36 (100%)	36 (100%)

The following paragraphs will focus on the questionnaire in more detail, with an emphasis on the last two criteria.

In several cases, the internal monitoring systems comprised only administrative counting of sessions, or the presence of staff. Instead of monitoring, this was administrative and financial control. In some cases, the monitoring system was described as completely inadequate and, in one case, as a one-person control system. In one of the Asian projects, one person ran the internal monitoring system on their own and did not transmit the full working results to the staff – leaving them de-motivated and lacking in initiative. The close of the project saw many staff leaving for better salaries. Others resigned, even if they were volunteers and had received training during their jobs.

These observations point up the negative consequences that inadequate internal monitoring can have on the effectiveness and sustainability of an organisation temporarily funded by EIDHR.

Projects did not assess the results of their work, which was a typical deficiency of the internal monitoring systems they used. Rehabilitation centres tended to communicate the ongoing treatment of clients very well in weekly staff meetings and in discussions of problematic cases, but the final results of rehabilitation for individual clients were often not known.

The difficulties in client-tracking discussed earlier contribute to the lack of information about outcomes in legal procedures (in asylum cases) and results of therapeutic interventions (employment and social integration). Self-assessment of some of the organisations is typically based on hearsay information received by chance through visits of former clients. But the centres do seem to be aware of this problem. Numerous centres worldwide are working on initiatives to develop self-monitoring systems for organisations in this field, for instance a computer-based questionnaire on the results of therapy for torture survivors, which will also be accessible by people who cannot read.

In one case reviewed by the evaluators, a weekly quality control of interventions was noted, but the respective `supervisor`, i.e. the head of the centre branch, also performed the clinical supervision of psychologists. This combination is totally inadequate and considerably increases the risk of burnouts among staff members. In another, costs of clinical supervision had not been factored into the project budget.

One project refused to submit an auditor's recommendations to the evaluator, which raised questions about their transparency. In another project, which received funding from several donors, the monitoring of the fund-distribution between projects at the macro level of the organisation remained unclear.

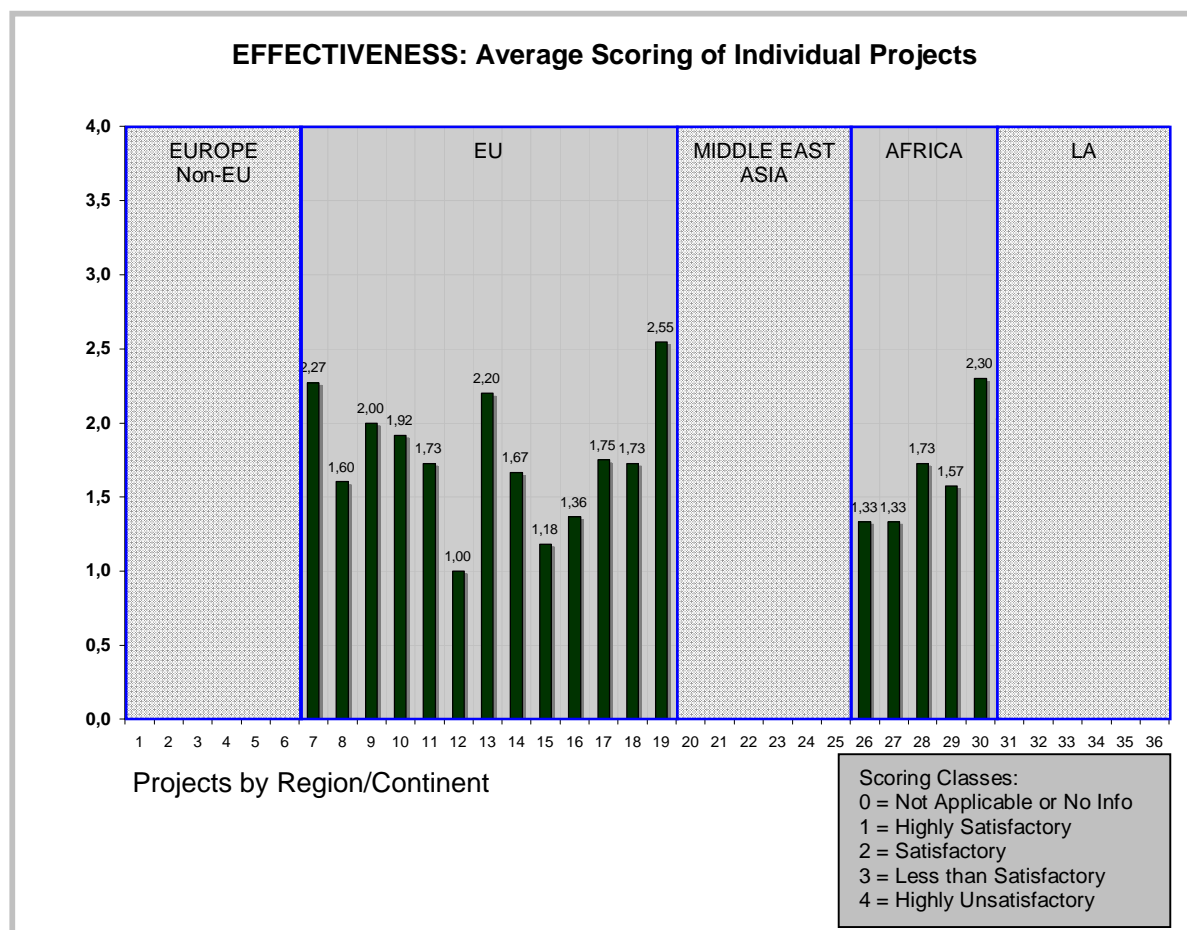
The lack of internal communication between management and staff members about work plans also led to low scores. The beneficiary's accountability to major stakeholders was

described as virtually absent. Lack of accountability was a potential source of conflict in another centre, where a board was in place on paper, but no members had actually been nominated.

The ability to adapt to unexpected change plays a major role in the stability of projects in crisis regions. Difficulty in adapting to change was most evident in multi-partner projects where relations between partners broke down, or did not develop. To give two examples: in one African project, the team leader opted out of the role after its partner centre turned out to be a complicated colleague for logistical and political reasons. Generally weak management of difficulties in the partnership was also noted in one Asian project.

In an EU-Latin American project, the EU-based beneficiary withdrew their staff due to political crisis in the country of implementation. They suspended their activities and left their Latin American project partner working without a coordinator or funds - contrary to ECD advice.

11. Effectiveness



The objectives of the projects and the EIDHR programme on torture have been achieved to a considerable degree, and the results usually met the projects' purposes. The overall effectiveness of the projects visited was very high, with 86% of projects scoring *satisfactory* or *highly satisfactory*. Only 8 percent of the projects were assessed as *unsatisfactory*, and none was deemed *highly unsatisfactory*.

Overall scores on effectiveness for the EU and Non-EU European projects were quite high. The EU-based projects had an average score of 1.85, i.e. between *highly satisfactory* and *satisfactory*, while the projects with an involvement of non-EU Eastern and South Eastern European centres scored even better, with 1.45 on average.

Table: Scoring on effectiveness and elements of effectiveness

	Overall effectiveness	Relation to the target groups	Cooperation with other organisations	Results achieved	Contribution of Results to PP	Achievement of the PP	Access to services despite unexpected changes
Highly satisfactory	10 (28%)	21 (58%)	20 (56%)	7 (19%)	15 (42%)	12 (33%)	14 (39%)
Satisfactory	21 (58%)	10 (28%)	10 (28%)	24 (67%)	12 (33%)	13 (36%)	17 (47%)
Less than satisfactory	3 (8%)	2 (6%)	3 (8%)	2 (5.5%)	5 (14%)	4 (11%)	1 (3%)
Highly unsatisfactory		1 (2.5%)		2 (5.5%)	1 (3%)	2 (6%)	1 (3%)
No info or Not applicable	2 (6%)	2 (5.5%)	3 (8%)	1 (3%)	3 (8%)	5 (14%)	3 (8%)
Total	36 (100%)	36 (100%)	36 (100%)	36 (100%)	36 (100%)	36 (100%)	36 (100%)

The score for overall effectiveness of the projects mirrors the score for the sub-criterion on 'relation to the target groups'. Relation to the target group in 86% of cases scores *highly satisfactory* or *satisfactory* too. At 58%, the percentage of highest scored projects is even higher under this criterion, while the percentage of *satisfactory* ones is lower, at 28%. A good relation to the target group is of course *the* important asset for a rehabilitation centre. The scoring for cooperation with other organisations was similarly high – something that could be taken to indicate that the beneficiary and partners were well integrated in civil society and the institutional context of their countries.

Under criteria strictly related to the logical framework, the scoring is weaker but still good. Overall, 85% of the projects were considered to have achieved their results, and 75% had attained a coherent practical relation between their results and project purpose. The achievement of the project purpose itself did not score as high. Sixty nine percent of the projects were given *satisfactory* and *highly satisfactory* marks here. At the same time it was noted that around 14% of the projects were too new to assess at this point.

Eighty six percent of the projects were assessed as being able to provide their clients with services despite unexpected changes. This indicates an ability to improvise and suggests a level of devotion to their clients.

Table: Scoring on further elements of effectiveness, related to refugee status

	Cooperation with immigration authorities	Cooperation with national health system	Services complementary to health system	What services available in national health system
Highly satisfactory	16 (44%)	19 (53%)	26 (72%)	11 (31%)
Satisfactory	4 (11%)	11 (31%)	5 (14%)	2 (6%)
Less than satisfactory	1 (3%)	3 (8%)		12 (33%)
Highly unsatisfactory	1 (3%)			7 (19%)
No info or Not applicable	14 (39%)	3 (8%)	5 (14%)	4 (11%)
Total	36 (100%)	36 (100%)	36 (100%)	36 (100%)

The criterion “*Cooperation with the immigration authorities*” was used to assess the way projects were able to relate to the difficulties of their patients concerning security of residence and right to abode. Of course, this criterion related to projects based in refugee-receiving

countries, whose patients are mainly asylum-seekers, or in countries through which asylum seekers often transit. The 39% of projects that were not implemented in major refugee-receiving countries obviously could not be assessed under this criterion.

11.1. Relations to Target Groups in EU and Non-EU European Projects

The evaluators were asked to assess how many direct and indirect victims had benefited from the EIDHR funding. The briefing of the evaluation team, emphasised that the EIDHR management needs information on target groups in EU-based centres, including details about the minimum standards for the reception of asylum seekers; the access of those target groups to public health care; and the possibility of phasing-out of EC financial support from 2010. The more EU member states are ready to implement minimum standards for the reception of asylum seekers, the more it can be reliably assumed that they will maintain relevant services for torture survivors even with less funding from the EU.

The evaluators' project assessment sheet included questions about the relation of projects to their target groups. It also asked whether minimum standards for the reception of asylum seekers have been implemented, and if so, how far. For this purpose, the evaluators asked whether public health services were available to refugees and asylum seekers in the respective host country. The level of access for torture survivors to psychosocial and medical services in EU countries is an important welfare indicator of the primary target group⁴² in EU-based centres.

A rough calculation indicates that in the EU-based centres more than 12,000 torture survivors received assistance from medical/social/psychological/legal rehabilitation services. Another 9,000 people benefited from other project services/activities, mainly through training, awareness raising events, and monitoring visits paid to closed institutions. Between 2,500 and 3,000 torture victims benefited from the services of Europe-based centres in non-EU countries⁴³. The target groups face situations that vary from country to country. Some clients of the centres were citizens of the respective country from birth and had suffered from torture under regimes and dictatorships long gone. Others were recently traumatised. Others again are victims and refugees at the same time. Some had fled from one crisis-torn country to another, while others fled from their home countries for the safe haven of a more prosperous country, possibly in the EU, and faced fresh traumatising during their flight. Some felt themselves to be in transit, while others hoped they could stay in that respective host country.

With this variety of projects and contexts, it is difficult to present an overall assessment of EIDHR-funded projects and their target groups. The target groups were therefore considered separately, project by project, according to their size and situation, as well as their access to health services in the respective country.

11.1.1. Target Groups and Access to Health Services in EU Member States

Altogether, 16 projects in the sample were implemented entirely or partly in EU member states. Three quarters of them were in so-called "old" member states (including those who joined in the fourth enlargement of 1995), and the fourth quarter in "new" member states (dating from fifth and sixth enlargements of 2004 and 2007). Four of the EU-based projects were partner-projects with a component that was being implemented in non-EU European states.

Despite demand for their services leading to waiting lists, centres in some EU countries had difficulty in contacting asylum seekers upon arrival, in identifying torture survivors among them, and in providing the services necessary at the start of their stay. While two centres had access to reception camps for illegal immigrants, access to reception centres for asylum seekers remained difficult in other countries. Torture victims were sometimes hindered from

⁴² The following article gives a general overview on the health service provision for asylum seekers in EU countries: Access to Health Care for Asylum Seekers in the European Union – a Comparative Study of Country Policies. <http://eurpub.oxfordjournals.org/cgi/content/full/16/3/28#TBL2>

⁴³ The figures given to the evaluators during the project visits were not mutually compatible, with some projects counting clients per year, some over project duration, and some per treatment unit. On this basis the total figure is a conservative estimate. Moreover, some of the projects were finished and some ongoing; so the figures partly date from previous activities of EIDHR funded projects.

using project centre's services by lack of information about them, or lack of transport costs between the reception camps and the centres.

The structure of the client base; the plight of torture survivors; and their access to health services all varied considerably between EU member states - also between old and new ones. The make-up of asylum-seekers in the centres depended on historic, cultural, language, and geographical issues, and on the possibilities of entry to the respective countries.

The capacity of the EU-based centres was often insufficient for the number of clients asking for services. Most EU countries where EIDHR supports rehabilitation projects offered no alternatives to these services. Referrals were mostly impossible (if the torture survivors were asylum-seekers) and public health care systems lacked adequate tools, particularly for psychological therapy. As long as torture victims were waiting for long-term residence permits, their access to the public health system was often blocked. These difficulties with public health care were compounded by language barriers and intercultural insensitivity.

In countries with easier access to health services for asylum seekers – Spain and France for instance - there is still a lack of suitable service provision⁴⁴ making the centres necessary. The Catalonia municipality in Spain, however, does offer specialised services to torture survivors over and above the services of the EIDHR-funded centres. Shortage of money prevents asylum seekers resorting to the private sector. Even where access to health services is now open to asylum seekers⁴⁵, as in Austria, access to certain services like psychological treatment is restricted because patients are expected to pay for it⁴⁶.

The language barrier contributes further difficulties. Even if psychological treatment were accessible and free of charge in the EU, most torture survivors and other asylum seekers could not make much use of it, since the mobilisation and paying for qualified interpreters exceeds their financial means. Therefore, all centres work with freelance groups of interpreters. The training of interpreters to accompany torture survivors during medical treatment, during psychotherapy, and refugee status determination procedures is an important field of the centres' activities, often overlooked in project applications.

Almost all the centres focus on psychological and psychiatric services. Services tend to be more comprehensive where access of torture survivors/asylum seekers to public health services is restricted. The limited number of therapists with intercultural knowledge and experience in the public health system make the services of the centres indispensable in *all* countries visited.

In most EU countries, including *old* and *new* member states, the situation of asylum seekers is difficult because their indeterminate legal status limits their access to a number of services that usually amount to little more than emergency aid. Delays in administrative procedures and legal decision-making mean that asylum seekers may live for years in a country without proper health care, waiting for a decision on their cases.

The situation of project clients in some of those countries can be deplorable. For this reason, the centres often include medical care, as well as physiotherapy and orthopaedic services. Usually, they spend some of their resources on struggling through administrative procedures with their clients in order to provide them, case by case, with access to certain medical services. It goes without saying that in these circumstances, asylum seekers would not be able to enjoy psychotherapeutic services, if not for the centres.

Centres providing trauma therapy report that the ups and downs of the asylum procedure and the exclusion from the labour market practiced by some EU countries have an extremely

⁴⁴ The centres work as "insiders"; their work in making referrals is complementary to the state health system. They are able to overcome language barriers and the lack of intercultural competence of other service providers.

⁴⁵ Since 2004, somebody applying for asylum in Austria automatically becomes a member of the health insurance and has the same access to services, as an Austrian citizen.

⁴⁶ In Austria, 70 % of the costs for psychotherapy were to be paid by the patient, according to information from a centre.

negative impact on the therapy. A highly problematic situation arises when temporary permission to stay is linked to the status of ongoing treatment, meaning that an improvement in a torture survivor's condition may lead to their deportation. Usually, the centres work along gender-sensitive lines and have a focus on offers for children, and youths. One EU-based centre had to shelve its planned child-care service through lack of resources, which has damaged its provision of treatment for women. The duration of therapies in the centres varied between a few months and several years. There were also dropouts from therapy for reasons not communicated to the evaluators.

Most centres invested much of their capacity in know-how transfer to professionals and institutions working with target groups that potentially included torture victims. They also invested resources into determining standards for the assessment of torture survivors, in the context of asylum hearings and administrative procedures, and in research on torture-related subjects and related therapy instruments and strategies⁴⁷. The centres are usually involved in boosting the skills base of existing health institutions and developing their understanding of how adequately to treat torture survivors. They work with hospital staff, nurses and doctors, therapists with private clinics and professional organisations of health workers. They also help in distributing specialist knowledge and experience of working on the PTSD complex.

Where centres were located in federal state systems, centres' lobbying efforts succeeded at city or federal state level, but were less successful at central level.

11.1.2. Target Groups and Access to Health Services in European Non-EU Centres

Among torture victims in Non-EU countries in Europe are many asylum seekers from all over the world, striving to enter neighbouring EU territory. However, centres in those countries also have clients who are survivors of torture from their own former and current regimes. In other countries, clients are primarily citizens from the respective country. In those cases discriminatory health care provision and the general weakness of the system often put additional pressure on the centres to deliver a variety of services in order to contribute seriously to the rehabilitation of their clients. The European centres outside the EU served a minimum of 3.500 clients for rehabilitation per year⁴⁸.

11.1.3. Target Groups and Asylum in EU countries

EU-based EIDHR-funded rehabilitation centres are to a large degree working with asylum seekers fleeing persecution in their countries of origin, and so the project assessments also focussed on cooperation with the immigration authorities in the project country. The evaluation revealed that centres were heavily involved in administrative and judicial procedures related to asylum applications. This applied not only to centres with legal advice explicitly on their agenda, but also to centres focussing primarily on medical and psychological services for torture survivors. They are often involved in providing forensic reports confirming signs of torture and expert opinions during legal procedures at the request of immigration tribunals. Centres were sometimes able to provide torture survivors with assessments that helped to protect them from refoulement – but quite often centres were not able to do a systematic follow-up of cases and did not know the precise outcome.

One EU-based project closely cooperates with the immigration system and provides 50 % of the forensic reports for asylum cases on a legal aid basis. Due to scarce capacities, they are struggling against a large backlog: of last year's requests for some 320 forensic reports only 70 were provided so far. There was no systematic information on the success rate of the cases in which they were involved.

Two other EU-based projects involving altogether four different centres, reported a much tougher asylum policy, with more deportations pending after a recent amendment of the immigration law. This puts more pressure on the clients of the centres. Experts from the

⁴⁷ See also chapter 9 of this report on Crosscutting Issues, Prevention and Rehabilitation.

⁴⁸ The figures given to the evaluators during the project visits were not mutually compatible, with some projects counting clients per year, some over the project duration, some per treatment unit. On this basis, the total figure is a conservative estimate. Moreover, some of the projects are over and others are ongoing; so the figures partly date from previous activities of EIDHR funded projects.

centres could nevertheless say that they had so far successfully contributed to protecting their clients from refoulement, with very few exceptions. One centre, however, observed a 'noticeable' trend to discount the clinical assessments of centre experts. In general, those projects played an important role in asylum cases, at the request of courts, and over the years have, won high respect for the quality of their assessments.

During the evaluation, a child under treatment in one of the centres was forced to leave the country with its family back to the country, where they had originally entered the EU. The centre tried to clarify how legally to ensure the return of this family, on the grounds that the child was still in therapy. Before its enforced departure, the child's condition had started to show the first signs of improvement, but it deteriorated immediately after the sudden destabilisation of its situation.

Another project was implemented by a centre that reports 90% of the clients it has recognised as victims of torture go on to receive asylum. The centre also helped to achieve more appropriate reception conditions for asylum seekers, with the possibility for immediate identification of torture survivors among them. The project is present at several border points where it tries to ensure better treatment for asylum seekers and migrants, and diminish the risk of re-traumatisation for torture survivors.

Discussion continues in other EU-based centres about how to improve reception camps for migrants; and to identify torture survivors among them as rapidly as possible to prevent their refoulement, further traumatisation, and delays in badly needed support. Project access to the reception centres is usually restricted.

Another project was not involved in providing forensic reports, but successfully managed to get involved in improving detention camp conditions for illegal migrants. Recently, they were invited by the Border Guard service to help draft regulations for detention camps. It is not known yet, whether these will be applied.

The work of another rehabilitation centre with the immigration/asylum application system is well advanced. The centre has appropriate infrastructure and is legally entitled to issue certificates. The assessments of further three centres in Eastern Europe were reported to play a crucial role in asylum cases too. One of them wrote forensic reports for torture survivors among asylum seekers and said that 70% of applications with them are successful. They are also a rare example of a project with direct access to a detention camp. The Red Cross, implementing another project, has a good working relationship with the Immigration/Asylum Board, through its Legal Department.

But there are also centres known and publicly praised for their engagement with traumatised refugees, which do not play a large role in written forensic assessments for clients during the asylum procedure.

11.2. Middle Eastern/Asian, African, Latin American Projects and their Target Groups

The overall scores on effectiveness of the projects in the three continents were between *satisfactory* and *highly satisfactory*. Due to an overall weak scoring of two projects, the Middle Eastern/Asian projects had an average 2 (*satisfactory*) scoring for overall effectiveness, while the projects in Africa and Latin America scored on average 1.6 and 1.8 respectively. Projects in the Middle East/Asia, Africa and Latin America usually treated torture survivors from their own country, or from neighbouring countries. In some cases, their clientele numbered both groups. Projects therefore often have to cope with conflict and human rights problems in their own countries, while treating groups of refugees/asylum seekers from neighbouring countries.

11.2.1. The Middle East/Asia

In the Middle Eastern projects, clients came from the respective countries and from Palestinian refugee camps. Two of the projects in the sample are currently helping some 1,400 primary and secondary victims of torture. One of the two centres focuses on female torture victims, while the other one has a strong focus on child victims.

A third Middle Eastern centre and its branches, have approximately 500 to 700 counselling and treatment sessions per month. Among the clients around 50% are women, and 20-30 % of the clients under 18. Psychologists and social workers held some 400 - 450 counselling sessions in the private homes of affected persons – a tactic to reach women torture survivors in need of help - while some 100 to 150 clients visited the centre's premises. The centre also focuses on the rehabilitation of children, with a summer camp every year during the school vacation.

The economic situation renders the projects' attempts to help victims (re-)integrate into the shrinking labour market very difficult. The centres' clients also need more access to medical services. Patients are often not insured and unable to pay for treatment.

All Middle Eastern centres are involved in awareness-raising on torture, and on training medical staff, social workers and sometimes members of the police in how to identify torture symptoms/ and how to avoid torture. One of the projects trained 120 physical and mental health professionals, 75 lawyers and human rights activists, while raising awareness of some 5,000 persons of civil society and governmental institutions. One of the projects has an informal network of social workers especially in poor areas, prisons and in refugee camps.

Another project in Asia worked with 140 victims in the main centre and planned to work with 400 identified victims through its newly found partner-organisation in a neighbouring country. Two hundred and eighty health service professionals and new volunteers were trained. Another, Asian, project had planned to work with 2,500 – 3,000 persons but identified only 400 victims. The project suffered from weak design based on unrealistic assumptions about the size and accessibility of the target group. It had intended to establish outposts in two remoter places, but failed to solve its transport problem and did not do so.

Another Asian project was frozen during the evaluation due to a national crisis, and the centre planned to move some of its activities to another more stable region. A re-assessment and possible re-orientation of the project was planned for the coming weeks. The centre had intended to work with approximately 1,000 torture survivors, half of them children. A socio-economic support telephone hotline was also planned, as well as training for around 100 NGO representatives and another 100 police officials.

The overall client figures of the EIDHR-funded centres visited in the Middle East/Asia are not quite clear. The Middle Eastern centres support some 1,900 primary or secondary victims of torture, or gross human rights violations. The services are usually psychosocial, sometimes medical and sometimes legal depending on the composition of their teams. While one of the centres has an emphasis on medical and legal services, another one offers social work and psychotherapeutic intervention. A third centre focuses on psychiatric and psychotherapeutic intervention with the involvement of fewer social workers and no lawyers.

In one of the Asian projects, which ended in 2005, the evaluation concluded that its overall effectiveness was poor. It served only 11.5% of the planned number of torture survivors. Many lived in remote areas and were unable to access facilities and services. The project did not anticipate this problem clearly, and proposed to set up sub-offices in two more provincial places – something it did not do. Its awareness-raising programme also left much to be desired. It had planned to train police officers and document instances of torture in jails – without foreseeing difficulties in getting access to jails or tortured inmates. The project did not envisage providing legal counsellors for torture survivors or medical experts to provide forensic testimony. It could have usefully made a baseline survey of the whole state and assessed the true impact of poverty, corruption and impunity on its fight against torture. The Centre continues to work, but in 2006/2007 served only 111 victims of torture.

The average score for effectiveness of projects in the Middle East/Asia was 2 (*satisfactory*), but with large differences between the projects – some scoring *less than satisfactory* and others scoring extremely well.

11.2.2. Africa

Only five projects comprised the sample in Africa, due to the small proportion of African projects in the original EIDHR portfolio. They were: two one-country projects with beneficiaries from the respective countries; two larger partnership projects in Sub-Saharan Africa with partners and beneficiaries from those countries too; and one project implemented by “Avocats Sans Frontières” with the respective section of the same organisation in the beneficiary country. Despite considerable difficulties in the two partnership projects, the scores of all the African projects are similar, ranging between *highly satisfactory* and *satisfactory*, with the two partnership projects having *unsatisfactory* scores for achieving their project purposes.

The small group of African projects is best represented here by a short summary of the achievements of one of the one-country projects and one of the multi-country projects.

One project undertakes to support the legal claims of torture survivors. Around 1,000 torture victims have asked for counselling, and some 100 professionals received training. The project takes place against a background of political and legal reconstruction, but so far no court has ruled on compensation for torture survivors. The project management admitted that it overestimated the readiness of victims to cooperate. Many testimonies were made, but lawyers found them lacking in solid proofs and necessary testimonies. Target groups of the project are torture survivors and indirect target groups are primarily judges, lawyers, and police officers. The project claims notable improvements in public awareness of the existence of torture. The print media in the country is small and not influential because of public illiteracy but has relative freedom, and has reported repeatedly on the project. Torture victims who asked the project to follow their cases, suffered from the postponement of hearings due to strikes in the court system.

In an African project with a large number of partners, one organisation dropped out and was replaced by an EU-based Torture Rehabilitation Centre. The project is timely, given the political context. One of the two African centres involved also provides training for the medical staff of other NGOs in a crisis region. The objectives meet local needs because torture occurs on arrest and in state custody. Primary beneficiaries are survivors of torture, and their families and communities constitute secondary beneficiaries. Many new clients returned for further treatment and this left a figure of around 2,000 client contacts. Training programmes were carried out on target. Fund raising activities are excellent and encouraging for sustainability. However, one of the partner centres fell behind on its plans for refugees.

11.2.3. Latin America

The projects based in Latin American countries scored on average 1.8 for overall effectiveness. Unlike the Asian sample, which had weak and strong projects, the Latin American projects usually all scored between *satisfactory* and *highly satisfactory*.

A good example is a successful Latin American project, where men and women have equal access to the services of the centre, but the project specifically strengthens women's community participation and leadership capacities, and works with women victims of torture by rape. During its first year, the project formed numerous working groups on community cooperation with the survivors of torture. The work with women victims of torture by rape is slower than anticipated, due to difficulties in identifying the cases. The project worked with the Ministry of Health educating a network of psychologists and psychiatrists in the human rights perspective. Together with judicial staff, police officers and penitentiary functionaries, the project worked on training, institutional agreements and strategic alliances.

In the Latin American projects, altogether some 11,000 primary and secondary victims of torture have been served by the projects. Again, overall assessments are difficult, because each project has its own way of measuring their activities: some count persons, others cases, others service units.

The variety of activities in the Latin American projects is impressive. They are partly of a preventive nature and partly intended to increase the professional capacity of health workers, with each having invented its own tools. A large indirect target group of trainees participated

in the activities of the five projects. In one project these included 1,800 university students, academicians, and members of the public. In another one, 72 mental health workers were trained over a period of one year; 90 students participated in regional history projects and 35 community representatives participated on a permanent basis in weekly community empowerment meetings. A third project in the sample trained 45 ministry officials, 70 mental health and community promoters, 18 magistrates, 20 public defenders, 120 police officers, and 65 penitentiary functionaries. In a fourth project, policemen, doctors, prosecutors, forensic scientists, and medical students formed the largest group among trainees.

11.3. Some comments on Objectively Verifiable Indicators and unexpected Side Effects

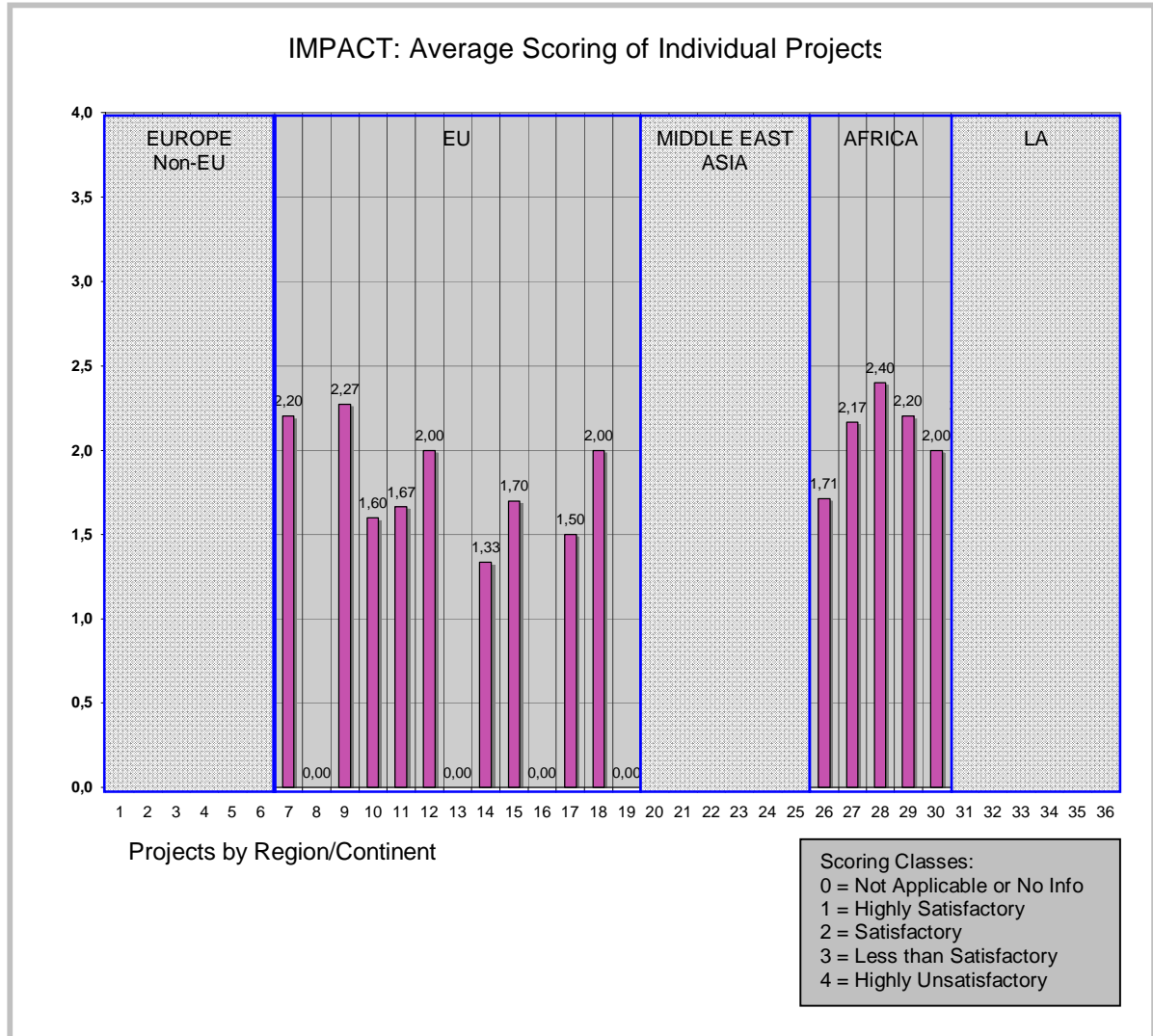
The verifiable indicators -- formulated as a rule in terms of numbers of persons treated, or service hours, treatment, or counselling units provided -- are in most cases being met by the projects and frequently exceeded.

However, Objectively Verifiable Indicators to measure qualitative progress would need to be based on information that is often not systematically collected or evaluated by the centres, or on information they feel they should not collect – for instance, the whereabouts of former clients. But information about integration into the labour market; newly started education; permissions to stay; social integration and development of general coping strategies are fields in which indicators should be formulated. The formulation of indicators about the effect of training undertaken by the projects is also inadequate. Trainee numbers say nothing about the effect of the training given. (See also 9.2.1, on the development of indicators).

An unwanted effect of training was reported by one of the EU-based centres. They had trained staff of government reception centres who handle newly arrived asylum seekers, intending to apply for protection as refugees. Afterwards, the centre found their former trainees trying to refoule asylum seekers, only with more sophisticated argumentation.

The evaluators found most of the training material and publications of good quality, and were impressed by the motivation, commitment of the staff and their respect for their clients.

12. Impact



Impact describes the effect that projects have on the world around them. It is the degree to which the project contributes to its wider objectives, which should also be the objectives of the respective programme. The objectives of EIDHR in this field are *"support to the rehabilitation of victims or their families who have suffered torture"*, and *"support to the implementation of the EU guidelines on policy towards third countries on torture and other cruel, inhuman or degrading treatment or punishment."*

Impact was broken down into 11 different indicators, most of which were assessed for the general situation in the country and for the contribution of the project if there had been improvement.

The questions addressed were the following (short names used on the scoring table are given in brackets):

1. Does the project play an active role in a wider network of human rights-related institutions and NGOs (Wider Network)?
2. Did the project contribute to the development of a wider strategy against torture and other human rights violations? (Strategy)
3. What could be said about the impact of the project from a gender perspective? (Gender)

4. Has an adaptation of legislation to EU norms on human rights taken place – and could it be partly attributed to the efforts of the project? (Legislation)
5. If torture still occurs in that country – has a change of attitudes in the forces of the public order taken place – and could those be partly attributed to the efforts of the project? (Attitude)
6. Have there been changes in the penitentiary and other closed systems making torture less likely - and could those be partly attributed to the efforts of the project? (Penitentiary System)
7. Have there been changes in criminal investigation procedures, making torture less likely, and could those be attributed partly to the efforts of the project? (Investigation)
8. Has the public condemnation, and finally, investigation of torture cases, become more likely, and could this change be attributed partly to the efforts of the project? (Jurisdiction)
9. Have (more) victims received compensation – and if yes, could this change be attributed partly to the efforts of the project? (Compensation)
10. Have the mass media openly and critically reported on subjects of torture and human rights violations – due to the efforts of the project? (Awareness)
11. Has the status of foreign torture victims in host countries improved and could this change be attributed partly to the efforts of the project? (VOT Refugee Status)

The projects were rated from *highly satisfactory* to *highly unsatisfactory* for the first three questions. Questions 4 through to 11 were “double-questions”, with the evaluator first assessing the general situation in the country, and then the contribution or non-contribution of the project. The questionnaire was organised like this to avoid projects being scaled low or high, on the basis of overall human rights developments in their respective countries. For those questions, projects were usually scaled from *highly satisfactory* (high impact) to *unsatisfactory* (no impact).

The large number of ‘*not-applicable*’ classifications when responding to questions 4 - 11 is due to the fact, that the 28 countries visited reflect huge contextual variations. To avoid complicating the work of the evaluating team, all questions were asked for all countries, and the applicable ones were answered. Certain questions were usually marked not applicable in certain groups – for instance question 5. - “*if torture still occurs ...*” in EU countries. Question 4.11., for instance, was usually considered applicable for those countries, which are major recipients for refugees, i.e. for almost all EU countries, but also for others. In cases, where the impact of the project was too difficult to assess under the given circumstances, “don’t know” entries were possible.

Some scores appeared contradictory at first glance – cases where no improvement took place under one of the above criteria, and nevertheless the evaluator considered the impact of the project was *satisfactory* in that case. The reason is that there might be situations, where a project could exercise considerable impact in a certain field – with the result that conditions at least did not worsen, or worsened more slowly, than they would otherwise have done.

Table: Scoring on Impact and Elements of Impact

	Overall Score Impact	1. Wider network	2. Strategy	3. Gender
Highly satisfactory	2 (6%)	20 (55%)	13 (36%)	11 (30.5%)
Satisfactory	26 (72%)	14 (39%)	17 (47%)	11 (30.5%)
Less than satisfactory	2 (6%)	1 (3%)	2 (6%)	2 (6%)
Highly un-satisfactory	0	0	0	0
No info	3 (8%)	1 (3%)	4 (11%)	4 (8%)
Not applicable	3 (8%)	0	0	8 (25%)
Total	36 (100%)	36 (100%)	36 (100%)	36 (100%)

The overall impact of the EIDHR-supported projects for the rehabilitation of torture victims was assessed as *highly satisfactory* (6 %) or *satisfactory* (72 %) in 78 % of the cases. Only two projects (6 %) were assessed as not having *satisfactory* impact:

Two Asian partnership projects scored relatively low on impact. In one of them, the beneficiary gained rich experience and useful contacts, and the work that it achieved with police departments was widely recognised by the media, government and the health sector, but none of this was able effectively to combat the level of impunity. The centre states that many of the poor are targets for human rights abuses by state forces, but it still offers no concrete measure. The project has been unable to convey that torture is an unacceptable means of criminal investigation.

One of the projects, scoring overall *satisfactory* to *highly satisfactory* for impact, is in Latin America. Only in its first year, it is a continuation of previous action. It is not well integrated in the wider network of human rights NGOs, but has some important alliances with strong institutions. The project works with the Ministry of Health and the justice system, with police officers, penitentiary officials, judges, prosecutors, Ombudsman and public defenders, thus strongly contributing to an improvement of the human rights situation in the country and strengthening the rule of law. The project contributes to scientific knowledge about torture and the consequences of political violence, and helps strengthen local communities as social actors, encouraging women to participate in rehabilitation groups, and to take active roles in them. The project works with a centre against sexual violence and with women victims of torture by rape. Each curriculum, project and action has its core in gender issues. The beneficiary contributed to the recent ratification of the OPCAT. Because of its rehabilitation work, some communities took legal action against perpetrators, based on their empowerment as social actors, and the project has helped some victims to be witnesses at trials. It is starting to influence public awareness, particularly amongst students.

An EU-based partner project scored *highly satisfactory*. The beneficiary organisation and its partners all work in one country and are well-networked with respective services in their own cities. Through close cooperation with ruling political factions, they have achieved improvements for their clientele, in the realm of work permits, social welfare and right of abode. As a result of their lobbying for refugees, the respective city authorities do their best for asylum seekers under existing legal conditions. The project contributes towards a wider strategy to achieve the implementation of minimum standards for the reception of asylum seekers in the country.

The number of criteria varied, on which overall scores for impact were based, because some had a high number of '*not applicable*' classifications. A discussion of some of the criteria, singly, may give a differentiated picture of what this overwhelmingly positive assessment means in fact. The high scoring on impact definitely derives from the fact that most projects were/are implemented by established organisations with a lot of experience in the field of torture victim rehabilitation and prevention. The projects therefore benefit from the good reputation and solid experience of the beneficiary and the partner organisations implementing them. The fact that 94% of the projects were found to be well integrated in a wider network of institutions and NGOs, and/or cooperating well with governmental and/or NGOs to strengthen their impact, only confirms this. Overall, 83 % of the projects were found to be contributing towards a wider strategy against torture and other human rights violations by helping to set up a framework of consultations between human rights NGOs and rehabilitation centres.

The gender-related impact of the projects was also assessed as quite high with 30 % scoring *highly satisfactory*, and another 30 % scoring *satisfactory*. One issue projects have to cope with, for instance in the Middle East, is the difficulty in reaching their female target groups. Psychologists and social workers reach female torture survivors (secondary and primary) through so-called outreach programmes, thus overcoming restrictions on women's freedom of movement in the more conservative parts of some Middle Eastern societies. The advice helps many women not only cope with their personal trauma, but also to gradually cope with the burden of being the only breadwinner and bringing up children without fathers, who are in jail or dead. The centres also help women to keep in contact with their imprisoned husbands, and

take control of everyday life themselves, without destroying their relation with their husbands as they do so.

One project in Latin America did not work with a gender approach from the outset. What it eventually did on gender issues was unplanned and a natural consequence of its work with men and women in this particular situation. A lot of torture victims are single mothers (whose husbands were killed or are now political prisoners). The cooperation of women is very common, effective and unselfish and sustains people through their rehabilitation work. The project took note of that and worked with it in a natural way. Today, the centre is also formally working with a gender perspective.

Both cases underline an important aspect of gender specific impact, which applies for other projects too, even if they do not explicitly address gender. Projects that are able to reach female victims and surmount traditional barriers can thereby exert a snowballing impact on the micro-structure of a society. Women play a considerable role in their families, and when they are left behind without husbands/fathers, women must sustain their families alone. This is where the preventive effect of psychosocial work with first- and second-generation torture survivors can really exert long-term healing impact on society as a whole. Here projects can have an impact that is truly from the bottom up – unlike the next criteria to be discussed, which concerns changes in the penitentiary and legal system.

Gender issues are addressed in more detail in an extra chapter under cross cutting issues.

Table: Scoring on further elements of effectiveness, all projects Questions 4 - 11

	Legislation 4	Attitudes 5	Penitentiary System 6	Investigation 7	Jurisdiction 8	Compensati on 9	Awareness 10	VOT Refugee status 11
Considerable Impact	1 (3%)	1 (3%)	0	0	0	3 (8%)	6 (16%)	5 (14%)
Satisfactory Impact	18 (50%)	13 (36%)	13 (36%)	10 (28%)	14 (39%)	10 (28%)	24 (66%)	9 (25%)
No impact	4 (11%)	3 (8%)	4 (11%)	5 (14%)	2 (6%)	3 (8%)	3 (8%)	4 (11%)
No info	3 (8%)	6 (17%)	4 (11%)	4 (11%)	6 (16%)	3 (8%)	1 (2%)	3 (8%)
Not applicable	10 (28%)	13 (36%)	15 (42%)	17 (47%)	14 (39%)	18 (50%)	3 (8%)	15 (42%)
Total	36 (100%)	36 (100%)	36 (100%)	36 (100%)	36 (100%)	36 (100%)	36 (100%)	36 (100%)

The above table, despite the very positive overall scoring, shows clearly where projects were least able to achieve impact: on the penitentiary system, investigation procedures and jurisdiction. Under these criteria, we find 0 *highly satisfactory* scores, and '*no impact*' scores for up to 14 % of the projects. The '*no info*' answers also increase here, and it should be borne in mind, that '*no information*' means that it could not be found out – i.e. was difficult to assess. The harder criteria, like relation of projects to legal and systemic change, allowed for *highly satisfactory* scores very rarely, or not at all.

As already explained, some of the criteria were '*not applicable*' to a varying percentage of projects/countries – from between 8 % to 50 %. In most cases, the criteria were not considered applicable to EU-based projects, while being applicable for non-EU ones, and vice versa. Whenever the percentage of *not applicable* classification for a question was higher than 10 %, the results of the respective question were therefore presented in two ways: at an overall level for all projects, and only for the projects where the question was considered applicable. The latter figure is the realistic one.

Question 4. In 53 % of the cases, the projects were assessed as having contributed to recent positive changes in human rights legislation in the countries of project implementation.

However, taking into account, that the question was considered 'not applicable' for most EU countries, the percentage of projects with a high scoring under this question is much higher. Considering only the 26 projects where the question was applicable, the picture is more positive. Seventy three per cent of the projects were assessed as having a positive impact on recent changes to human rights law in their respective countries. The question was considered not applicable for most EU-based projects included in the sample.

Question 5. If torture still occurs in the country, and if changes of attitudes in the forces of public order (police, army) have taken place, has the project contributed to those changes? This question was answered positively for 39 % of the projects. Considering only those 23 projects where the question was assessed as applicable, the percentage of (*highly*) *satisfactory* scores on this question was 69 %. The question was not considered applicable for almost all EU-based projects included in the sample.

Question 6. If there have been recent changes in the penitentiary and other closed systems, making torture less likely, has the project contributed to those changes? This question was answered positively for 36 % of the projects, in fact 13 projects. However, here there were no *highly satisfactory* scores, just *satisfactory* ones. Taking into account only the 21 projects where the question was thought applicable, the percentage of *satisfactory* scoring was 62. The question was not considered applicable for almost all EU-based projects included in the sample.

Question 7. If public condemnation and, finally, investigation of torture cases and conviction of perpetrators became more likely, did the project contribute to this change? This question got *satisfactory* scoring in 28 % of the projects overall, but 14 % scored 'no impact'. If we consider only the 19 projects where this question was assumed to be applicable, the proportions are quite different: 53 % of the projects were considered to have an impact and 26 % to have none at all. The question was considered inapplicable for almost all EU-based projects included in the sample.

Question 8. If the public condemnation, and finally investigation of torture cases and conviction of perpetrators became more likely, could this change be attributed to the project? 39 % of the projects were assessed as having had *satisfactory* impact here, and only 6 % were considered to have had no impact. However, here the 'no information' answer is quite high – 16 %, pointing at difficulty in assessing it. The question was not considered applicable for almost all EU-based projects included in the sample.

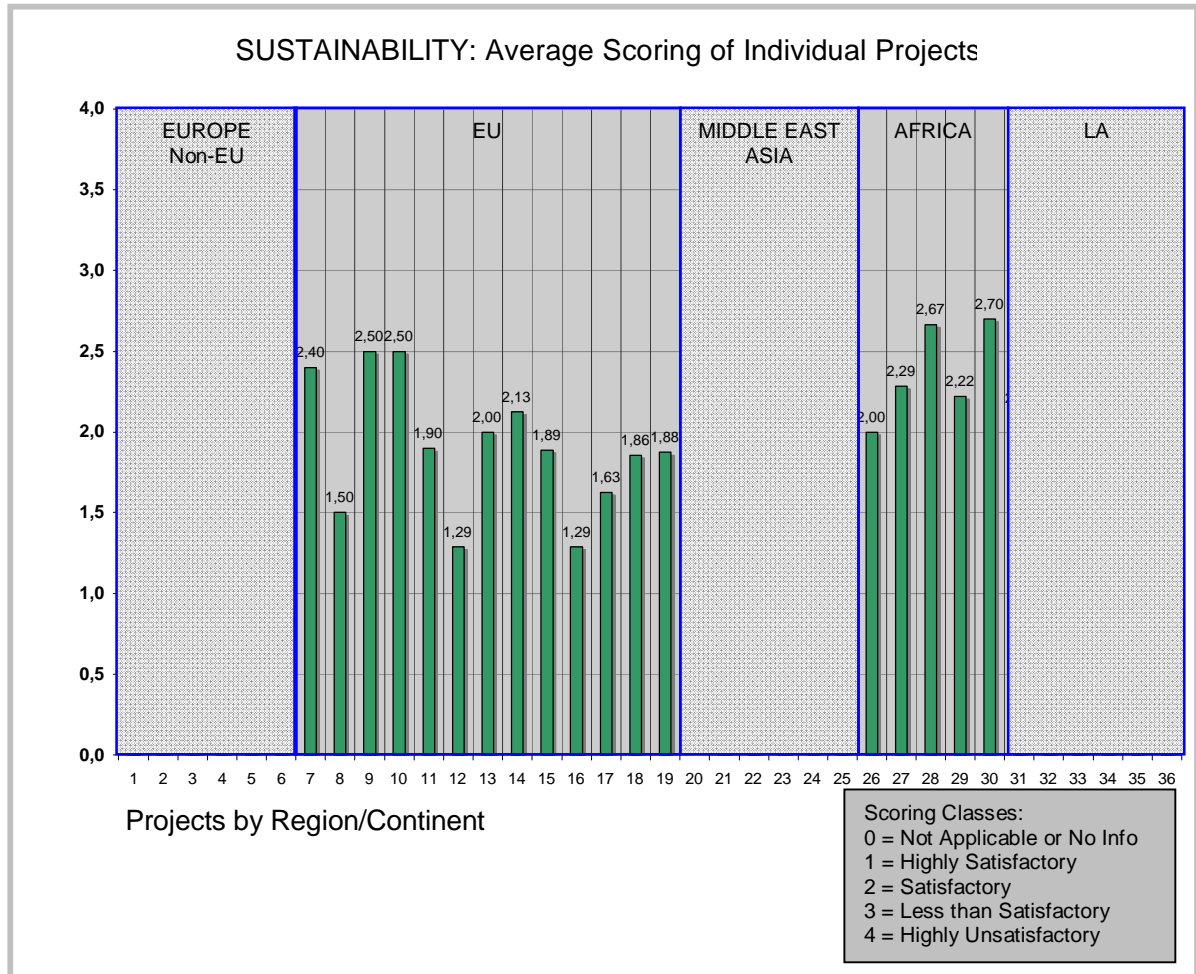
Question 9. If it could be verified that more victims received compensation, could this change be partly attributed to the project? For 36 % of all projects the answer was yes, to a *satisfactory* (28%) or even *highly satisfactory* (8 %) degree, with the projects contributing to such a change. 8 % of the projects, (in fact only three projects), could not be seen as having contributed to such a change. This question was considered as 'not applicable' in 50 percent of the cases, among them most of the EU states. If only the 16 projects are considered, where the question appeared suitable, 72 % were in fact contributing to such a change, while 44 % of the projects were not contributing to such changes.

Question 10. If the mass media were reporting openly and critically on human rights related subjects and torture in particular, was this due to the impact of the respective project? This question was scored high for 82 % of the projects (*satisfactory* 24, *highly satisfactory* 6), and low for 10 % - in fact for four of the selected projects. Under this mass media criterion, the percentage of not applicable cases is 10%, and was not subtracted.

Question 11. If the status of foreign torture victims in host countries has improved, could this change partly be attributed to the project? This question was primarily asked for the rehabilitation projects working with torture survivors who are mostly asylum seekers, which applies to all EU-based projects (though not exclusively for them). The status of the asylum seekers in the respective countries is often quite fragile, and the pressure of pending deportation, absence to access to the labour market, and exclusion from health and social services often put a heavy additional burden on already traumatised clients of EIDHR-funded rehabilitation projects. The projects are therefore usually involved in lobbying for better status

for their asylum seeker clientele, and for refugees as a whole. In our evaluation, this question was marked in 42% of the cases as not applicable, mostly for non-EU states. Positive scoring was high again here: 39 % altogether received *satisfactory* and *highly satisfactory* scoring for their contribution to a better status for foreign torture victims, while 8 % were assessed as having no impact here. There were 15 projects where the question was found not applicable. Out of the 21 remaining projects, 67 percent received a *highly satisfactory*, or *satisfactory*, score here.

13. Sustainability



Sustainability of interventions is one of the major concerns in development cooperation. Sustainability should always be discussed at different levels – notably with a view to institutional stability in terms of the future of (sometimes newly created) bodies implementing the project and their services to a target group, and separately at the level of project results.

Of course, in the case of the projects evaluated here, the sustainability of the implementing bodies in financial terms cannot be measured against the ideal of self-sustainable income-generating bodies. This would be unrealistic, given the type of services the centres deliver, and given the often-dreadful plight of their main target group: victims of torture.

The centres usually cannot earn an income themselves – partly due to legal barriers, but also in the absence of a paying clientele. Nevertheless, some centres in more prosperous countries have found ways to render services to secondary target groups, in particular in the context of health services, which allow them to earn a modest income. In rare cases, cooperation with public health care is indeed reliable enough to run a centre on this basis. One EU-based centre stated, that they would simply continue on their own, with the public health system, in case they received no further EIDHR funding.

Sustainability, for the purpose of this evaluation, was broken down into 10 criteria. Eight are presented here:

1. Were cooperation possibilities with other partner organisations extended?
2. Continuation of policy dialogue on reforms envisaged?

3. Newly adopted legislation, if project contributed, applied?
4. Newly adopted institutional practice, if project contributed, maintained?
5. Sustainability of results in a gender perspective?
6. Future accessibility of services for target group?
7. Fund raising capacities (further) improved?
8. Alternative funds available?

Table: Overall Sustainability and Elements of Sustainability

	Overall Sustainability	1. Cooperation	2. Policy Dialogue	3. New Legislation	4. Institutional Practice	5. Gender	6. Future Access to Service	7. Fund raising Capacity	8. Alternative Funding
Highly Satisfactory	3 (8 %)	12 (33 %)	15 (41.5%)	7 (19 %)	2 (6 %)	7 (20 %)	10 (27 %)	3 (8 %)	6 (17 %)
Satisfactory	26 (72 %)	19 (52 %)	15 (41.5%)	6 (17 %)	8 (22 %)	14 (39 %)	8 (22 %)	17 (47 %)	12 (33 %)
Less than Satisfactory	6 (17 %)	2 (6 %)	3 (8 %)	4 (11 %)	6 (17 %)	3 (8 %)	13 (36 %)	8 (23 %)	12 (33 %)
Highly unsatisfactory	0	0	0	1 (3 %)	3 (8 %)	0	2 (6 %)	3 (8 %)	2 (6 %)
No info	1 (3%)	2 (6%)	1 (3 %)	2 (6 %)	2 (6 %)	4 (11 %)	2 (6 %)	3 (8 %)	1 (3 %)
Not applicable	0	1 (3 %)	2 (6 %)	16 (44 %)	15 (41 %)	8 (22 %)	1 (3 %)	2 (6 %)	3 (8 %)
Total	36 (100 %)	36 (100 %)	36 (100 %)	36 (100 %)	36 (100 %)	36 (100 %)	36 (100 %)	36 (100 %)	36 (100 %)

The overall picture on sustainability of VOT rehabilitation projects is quite positive. 80 % of the projects received an overall *satisfactory* (72 %) or *highly satisfactory* (8 %) score on sustainability. The picture is positive, because the sub-criteria covered two sides of sustainability: sustainability of working results, and financial sustainability of the respective organisations to deliver services in the future. The projects do indeed produce high quality results, as could already be seen in the scoring on effectiveness. However, the positive overall scores hide problems in financial sustainability.

Most projects managed to extend their cooperation with partners into the future, and were usually well integrated in wider NGO networks, and sometimes enjoyed solid cooperation with public institutions or other donors. Only 2 projects appeared to be unable to relate positively to former or new partner organisations. 83 % of the projects were expecting and prepared to continue their policy and reform dialogue with relevant organisations and political bodies. In roughly one third of the cases (36 %), if a positive relation had been found between project impact and changes in legislation, the changes were also considered sustainable, in the sense that the newly adopted legislation would be applied. The same applies to newly adopted institutional practices: if the projects had contributed to such changes, they were usually also considered to be sustainable. In both questions, the high percentage of *not applicable* classifications is due to projects that had no impact in that respective field.

Sustainability of gender-related results scoring is *satisfactory* to *highly satisfactory* in 59 % of the cases. Gender-related results could be identified at many different levels, like institutional or legislative changes, or improvements in practical life, concerning the increased community participation of women for instance, or stabilised situations in the families of torture survivors. As already stated above, experts during this evaluation usually assessed financial sustainability of projects as *satisfactory*, if funds had been secured for the time immediately after the project was over, and if fundraising capacities were sufficiently developed. On this basis, the evaluation found 49 % of the projects in the position of being able to deliver services to their clients, also in the future. Some projects had developed an impressive

degree of loyalty to their clients - so high, that they continued to work with them, without receiving payment, like one Latin American project.

More than half the projects (55 %) were found to have developed *satisfactory* (47 %) or *highly satisfactory* (8 %) fundraising capacities. Some of them had developed their fund raising to an impressive professional level, hiring specialist fundraisers, and developing creative fundraising ideas, like one of the EU-based centres: They were able to collect impressive amounts of money through art auctions.

Precisely 50 % of the projects were found to have secured some alternative funding. However, the figures usually indicated, that the withdrawal of a larger donor like the EU would sooner or later jeopardise service delivery.

13.1. Financial Sustainability

Since, the positive overall scoring covers (and sometimes masks) problems in financial sustainability, the sub-criteria of particular relevance to the financial sustainability of the project implementing centres/NGOs are separately discussed in this section. They are:

- Future Access of the target groups to the rehabilitation services
- Funding Capacities, and
- Access to Alternative Funding

The following four tables show the results of the evaluation on these sub-criteria for European and non-European centres/projects.

Table: Future Access of target group to services of the rehabilitation centre - No. and Scoring of European and Non-European centres

	European			Non-European			
	EU	Europe non-EU	Total Europe (%)	Middle East Asia	Africa	Latin America	Total Non-Europe %
Highly satisfactory.	6 (46%)	1	7 (37%)	0	1	2	3 (17%)
Satisfactory	1 (8%)	1	2 (11%)	2	1	3	6 (35%)
Less than satisfactory	5 (38%)	3	8 (42%)	2	2	1	5 (30%)
Highly unsatisfactory	0	0	0	1	1	0	2 (12%)
No info	1 (8%)	0	1 (5%)	1	0	0	1 (6%)
Not applicable	0	1	1 (5%)	0	0	0	0
Total	13	6	19 (100%)	6	5	6	17 (100%)

A useful indicator for sustainability (and in particular for financial sustainability) is the ability of centres/projects to keep the rehabilitation services accessible to the target groups after the EIDHR funding is over. The sub-criterion is to assess, whether centres are capable of long-term provisions of services, or whether they have to reduce (*unsatisfactory*) or close (*highly unsatisfactory*) the services due to the termination of EIDHR funding. Under this sub-criterion, a comparison of European and non-European centres/projects shows a surprising picture. Non-European centres are slightly better prepared for continuation of services to torture victims than European centres. The ability to offer services for the target group after the end of EIDHR funding was assessed as *highly satisfactory* or *satisfactory* in 48 % of the Europe-based centres, and for 52 % of the centres not based in Europe. The percentages of projects with no *satisfactory* access for VOT to the services after the end of EIDHR funding were identical: 42% of the Europe-based and of the non-Europe-based centres/projects could not,

or were not hoping to be able to, provide access to rehabilitation services⁴⁹. This result is quite surprising, as it contradicts the assumption that centres in European countries are financially better secured and therefore able to provide ongoing services.

In the next table, projects in EU member states are compared with all other projects.

Table: Future Access of target group to services of the rehabilitation centre - No. and Scoring of Old EU member state based centres and centres in third countries

	EU member state based centres	Centres in third countries
Highly satisfactory	6 (46%)	4 (17 %)
Satisfactory	1 (8%)	7 (30 %)
Less than satisfactory	5 (38%)	8 (35 %)
Highly unsatisfactory	0	2 (9 %)
No info	1 (8%)	1 (4.5 %)
Not applicable	0	1 (4.5 %)
Total	13 (100 %)	23 (100 %)

This comparison provides a clearer picture: 54 % of the EU-based centres and 47 % of the centres in third countries were assessed as being able to provide future access of the target group to their services. In the EU states, 38 % of the projects were not able to provide access to the same level of services as during EIDHR funding. Among the centres in third countries, 35 % were assessed as not being in the position to maintain the same level of services after the end of EIDHR funding, while two centres, in Asia and Africa, were assessed as not being in the position to provide access to services for their target groups. In some EU-centres the possibility of a continuation of services was assessed as *less satisfactory*. In those cases, the dependency on external funding was high, while the centres had to simultaneously provide a wide range of services to victims of torture. In some of those countries, minimum standards for the reception of asylum seekers are still awaiting full implementation.

For organisations implementing EIDHR funded projects, the ability to do successful fundraising is essential for the provision of future funding. The next table displays the findings of the evaluation applicable to this sub-criterion.

⁴⁹ The sample is so small that the absence of information on 2 European and only on one nonEuropean case makes already a visible difference.

Table: Fund Raising Capacities further improved - No. and Scoring of European and Non-European centres

	European			Non-European			
	EU	Europe non-EU	Total (%)	Middle East /Asia	Africa	Latin America	Total (%)
Highly satisfactory	1 (8%)	0	1 (5%)	0	0	2 (33.3%)	2 (11.5%)
Satisfactory	7 (54%)	4	11 (58%)	3	0	3 (50 %)	6 (35%)
Less than satisfactory	3	2	5 (27%)	0	3 (60 %)	0	3 (18%)
Highly unsatisfactory	1	0	1 (5%)	0	1 (20 %)	1	2 (11.5%)
No info	0	0	0	2	1	0	3 (18%)
Not applicable	1	0	1 (5%)	1	0	0	1 (6%)
Total	13	6	19 (100%)	6	5	6	17 (100%)

This criterion indicates generally better conditions for the financial sustainability of Europe-based organisations than for the ones based in Middle East/Asia, and Africa. Among the organisations involved in the implementation of projects in Europe, 63 % were assessed as having improved their fund raising capacities during the EIDHR funding period. This applied only to 46.5 % of the organisations involved in projects outside of Europe. Among EU-based centres, 62 % were assessed as having improved their fund raising capacities during project implementation. Among the Non-European centres, the Latin American ones scored extremely well, better than the EU centres. On fundraising capacities, 83 % of the Latin American centres/project implementing organisations were assessed as *satisfactory* or *highly satisfactory*. On the contrary, projects based in Africa scored extremely low on fund raising capacities. There, all projects scored either *less than satisfactory* or even *highly unsatisfactory*⁵⁰.

The sub-criterion *alternative funding available* for a continuation of the activities of centres is a decisive one for financial sustainability of organisations not being able to earn a relevant income with their own services. The next table shows the scoring on this sub-criterion for European and non-European centres.

⁵⁰ One of the Africa based partner projects includes one organisation with good fundraising capacities, while the respective capacities of the other partner were scored *highly unsatisfactory*. This resulted in an overall *unsatisfactory* scoring for 'fund raising capacities' for the project.

Table: Availability of Alternative Funding - No. and Scoring of European and Non European centres

	European			Non-European			
	EU	Europe non-EU	Total (%)	Middle East /Asia	Africa	Latin America	Total %
Highly satisfactory	4	0	4 (21%)	0	0	2	2 (12%)
Satisfactory	3	2	5 (27%)	3	2	2	7 (41%)
Less than satisfactory	5	2	7 (37%)	1	3	1	5 (29%)
Highly unsatisfactory	1	0	1 (5%)	1	0	0	1 (6%)
No info	0	1	1 (5%)	0	0	0	0
Not applicable	0	1	1 (5%)	1	0	1	2 (12%)
Total	13	6	19 (100%)	6	5	6	17 (100%)

Among the centres based in European countries, 48% were assessed as having access to alternative funding for present and future rehabilitation activities. The non-Europe based projects scored better here, with 53 % of the centres having access to alternative funding. 42% of the Europe-based centres were assessed as not having access to (sufficient) alternative funding, while this applied only to 35 % of the non-European ones. Again, this result contradicts the assumption that centres in European countries are better secured and have more options for access to financing than non-European ones.

When interpreting the scoring, two aspects should be considered: costs for services per client (medical and psychological staff salaries) and centre maintenance costs (rental costs in particular) are generally higher in EU-based centres than in centres outside of the EU (and outside of Europe). The European part, and also the EU part, of the sample include projects located in less prosperous countries: in non-EU member states and in new EU member states. The sample also comprises EU-based beneficiaries implementing projects with partners in non-EU member states.

Therefore, a comparison of the scoring for the sub-criterion *availability of alternative funding* between EIDHR-funded organisations in old EU member states⁵¹ and in new EU member states/European non-EU states⁵² is shown in the following table. In order to receive a more detailed picture on the financial sustainability of organisations providing rehabilitation services, the table below does not count *projects*⁵³, but *centres* implementing projects. Thus, partner projects could be included with separate scores for the organisations/project components involved.

⁵¹ 'Old EU-member states' are the 15 states, which became EU-members before 1 January 1995, i.e. including this fourth EU enlargement. In the sample of the evaluation, 9 of those states are represented.

⁵² A comparison of centres in old EU-member states with *all* the other centres involved in the projects worldwide would have been difficult, because separate scores for centres involved in global and partner-projects were not always available.

⁵³ Overall, as explained in chapter 3.3., *projects* were given scores, not the *separate components*. If there were several components and data available allowing for different scores per component, average scores between the components were used.

Table: Availability of Alternative Funding - No. and Scoring of EU and Non-EU-based centres in Europe

	EU Old member states	New EU member states & other European countries
Highly satisfactory	4 (33.3 %)	0
Satisfactory	4 (33.3 %)	2 (22 %)
Less than satisfactory	3 (25 %)	5 (56 %)
Highly unsatisfactory	1 (8.3 %)	0
No info	0	1 (11 %)
Not applicable	0	1 (11 %)
Total	12 ⁵⁴ (100 %)	9 (100 %)

Exactly two thirds of the project-implementing centres in old EU members states were assessed as having access to alternative funding – half of them even to a *highly satisfactory* degree. But only 25% of the centres in the other European countries (new EU and non-EU) included in the sample had *satisfactory* access to alternative funding. For more than half the centres, access to alternative funding was assessed as *unsatisfactory*.

Some centres in old EU member states found ways to earn modest incomes by rendering services to secondary target groups. This could be realised in particular within the context of assessment writing and vocational training in health services. Examples are a centre paid for the writing of medical reports on victims by the Refugee Legal Service. Other examples were centres offering a variety of trainings to psychologists (trauma therapy, for instance), to medical doctors (identification of torture symptoms), and to medical organisations (on how to write an assessment of torture symptoms, for instance). But those activities render only relatively small incomes.

As described under efficiency, the *value for money* of the projects was assessed as *satisfactory* or *highly satisfactory* for 80 % of the projects. This is achieved in many of the non-EU countries through lower salaries and lower operating costs. In some centres, project staff mentioned that their salaries are too low, and evaluators were sometimes able to verify that they did indeed range below the level of health institutions and other comparable jobs. Where paid in US-Dollars, the real value of salaries in local currency was often reduced by an adverse exchange rate.

In the case of several EU-based projects, it was found that the centres have tried very hard to mainstream their services into the national health care system. But it will take more time for them to achieve a better position in relation to the national health systems and especially the health insurance systems. If they succeed, they would acquire a substantially higher degree of financial sustainability.

Some of the centres in old EU member states depend partly on governmental and/or city funding, while all the other centres depend mainly on donor funding. At least, the existence of a variety of donors gives some degree of independence, which centres noted was an important concern. Evaluators were frequently told that EU funding was an asset - not just financially, but in political terms as well. EU funding was considered to provide centres with a much-appreciated reputation for impartiality and independence, thus strengthening them within the EU and worldwide.

For an overall assessment, the last table in this chapter aggregates the three sub-criteria on financial sustainability according to the geographical/EU location of the centres. It allows for a comparison of the five groups of projects and for a comparison of EU-based centres with all other centres included in the sample. In interpreting the data, one should keep in mind that

⁵⁴ 12 Projects/Centres in 9 old EU-member states.

'financial sustainability' means the ability of the centres/NGOs to raise external funds, and the availability of external funds to those organisations.

Table: Financial Sustainability - No. and Scores of EU-based and other centres

	EU-based centres	Other centres				
	EU	Europe non-EU	Middle East Asia	Africa	Latin America	All other centres (%)
Highly satisfactory	3 (23%)	0	0	0	2 (33.3 %)	2 (9 %)
Satisfactory	5 (38 %)	2 (33 %)	2 (33.3 %)	1 (20 %)	3 (50 %)	8 (35 %)
Less than satisfactory	4 (31 %)	4 (67 %)	3 (50 %)	3 (60 %)	1 (16.6 %)	11 (48 %)
Highly unsatisfactory	1 (8 %)	0	0	1 (20 %)	0	1 (4 %)
No info	0	0	1 (16.6 %)	0	0	1 (4 %)
Not applicable	0	0	0	0	0	0
Total	13 (100 %)	6	6	5	6	23 (100%)

One of the striking findings is that the financial sustainability of the Latin America based centres was assessed higher than the EU-based ones, with 83 % of the projects scoring *satisfactory* or *highly satisfactory*. This success is mainly due to the high degree of commitment of very experienced NGOs and to their well-developed fund raising capacities with strong donors ready for long-term commitments such as the UN, Terre des Hommes, IRCT, and USAID.

EU-based centres are second in the scores for financial sustainability. 61 % of them were assessed as *satisfactory* or *highly satisfactory*, 39 % as *less than satisfactory* or *highly unsatisfactory*. The reasons for the lower scores were attributed to a lack of access to local and international funding or to delays in national public funding, or both. The African centres ranged lowest on financial sustainability. 80 % scored *less than satisfactory* or *highly unsatisfactory*. The respective reasons are attributed to a lack of fund raising capacities and/or to the non-existence of national public funding.

14. Cross Cutting Issues

14.1. Rehabilitation and Prevention

Beneficiaries in the projects under review said they spent between 10 and 40 % of their resources on prevention work. Those with projects in their own country typically meant by this: advocacy for the ratification of international instruments; training police and penitentiary staff; raising awareness in the media; staging events to mark the Day Against Torture in June; and lobbying for relevant domestic legislation. But this is a speculative figure: beneficiaries said it was almost impossible to quantify resources spent on 'prevention' work.

EU-based projects, working mostly with torture survivors among asylum-seekers, tended to apply the term "*prevention*" to the non-medical component of their work. In a project trying to prevent the *refoulement* of torture survivors by the government, the immediate 'preventive' effect of lectures in high schools was doubtful.⁵⁵ Customary distinctions between 'prevention' and 'rehabilitation' may no longer apply, and may need a fresh look.

The 2003 Dublin II Agreement was the most significant development in EU asylum policy during the Calls for Proposals under review. It redistributed asylum-seekers to their first port of call, which, since the eastward expansion of the EU in 2007, has placed unusual demands on the asylum systems of some new member states. Older EU states have increasingly resorted to detaining illegal migrants, including the torture survivors among them.

The EU-based projects with most *satisfactory* impact were those that registered this root change, from a rights-based perspective. They worked to prevent their governments ill-treating migrants in detention, and to prevent them *refouling* torture survivors to states where they risked torture. Both duties are laid on EU governments under the European Convention on Human Rights⁵⁶, to which they are all party. These projects focussed on rapid and fair identification of torture survivors in reception camps; forensic certification of their cases; and removal of obstacles to health treatment, accommodation and employment.

The evaluation found one EU project particularly effective. It negotiated access to checkpoints and identification centres from the day of migrants' arrival, and provided legal assistance to people it identified as torture survivors – as a result of which 90% of its clients received refugee status. The project worked with the Interior Ministry on migrant policy, and with a hospital that gave some free treatment to torture survivors in exchange for research data. 50% of the project's clients also found paid work, since the beneficiary believes that exile and worries about livelihood exacerbate the effects of torture.

Other EU-based projects also tried preventing wrongful *refoulement*. Their approach was less comprehensive, but contained effective elements. One project helped introduce a pool of interpreters with professional standards of quality, confidentiality and liability that enabled torture survivors to explain themselves adequately; particularly helpful to women survivors of sexual torture, reluctant to speak through émigrés or family members. In a new EU first-port-of-call state, a project raised forensic medical standards for the examination of torture survivors. It introduced a translation of the Istanbul Protocol, trained professionals in how to use it, and replicated the training in the neighbouring country, with its partner. 70% of torture survivors it certified received refugee status.

EU-based projects that did not adapt to the new prevention challenges thrown up by Dublin II, achieved less impact. One was a project in a first-port-of-call state. It provided an impressive therapeutic milieu, but no peripatetic services to identify torture survivors among the 75% of asylum seekers held in reception centres or dispersed outside the capital city. Because of inadequate childcare facilities, it had limited scope to screen women torture survivors, and failed to provide them in the course of its grant. It produced only 70 forensic reports each

⁵⁵ The lecture programme was actually discontinued due to a lack of interest of the high schools.

⁵⁶ Article 3.

year, covering only 18% of its annual client intake. It did not know how many of them subsequently received protection.

In older EU member states, the sustainability of projects was mostly *satisfactory*, because beneficiaries had been integrating their work into municipal structures with some success. In newer EU states that were a first port-of-call, beneficiaries had sought and found additional donors, but still needed EU funds if they were to sustain their volume of work. Two East European centres also needed EU funding for political reasons, because of the prestige and protection it gave their projects. On the other hand, the existence of EU funding appeared to have deterred alternative donors: Health authorities, in one case, provided less than 50% of the core funding they promised, and with 12 months' delay.

Customary distinctions between 'prevention' and 'rehabilitation' seemed to have outlived their original usefulness also in projects based in countries divided by long civil strife. Technically, this meant some beneficiaries with Action Grants said they did not know how to classify some of their activities for financial accounting. Conceptually, beneficiaries of a European project viewed their rehabilitation project as a 100% exercise in preventing the consequences of torture. Theirs was a holistic view of rehabilitation, including: medico-psychological care for torture victims; financial compensation; socio-legal assistance in claiming benefits, accommodation and employment for survivors; training of local law enforcement personnel to stop torturing; legal reform; and work on the trans-generational effects of torture. It had worked on all these elements with varied donor help, and hopes for EIDHR funds for tackling trans-generational trauma.

'Prevention' was not regarded as a current priority, by beneficiaries with long experience in handling victims of torture in civil war. They had moved through care and treatment for survivors, and had a clear recognition that "*mental health service provision is no substitute for justice*". This view was articulated by a Latin American project, but shared by many beneficiaries and partners worldwide. The evaluation suggested that 'reparation' may be an essential part of 'rehabilitation' when torture arises from civil strife. In practice, these projects carried out all or some of the activities identified by other projects as 'prevention' work, although they did not embrace this definition. One of the global projects under review in this evaluation had no medical component, nor was it preventive and aimed at securing reparation through the courts for torture victims in five regions.

Relatively new projects in Africa, Asia and the Middle East pursued a more customary division of their activities, between medical rehabilitation and non-medical prevention work. This approach seemed appropriate to their country situation and its impact depended on specific strengths and weaknesses of the design and implementation. It was important that medical care was fully qualified. Otherwise, forensic reports supposed to give torture survivors asylum and access to social benefits might become currency in corruption.

The impact of projects by experienced beneficiaries in countries recovering from civil war was limited by the stagnation and corruption of the societies in which they operated - but it was this that also made them important. The impact of each would have been sustainable, with support of local statutory services. The absence of this support meant projects were sometimes providing care that was unique, however incomplete or unsustainable. Beneficiaries in countries recovering from civil war were building local or international networks that increased their impact. Projects in Latin America seemed to be approaching financial sustainability. The evaluation found that an Asian and an African centre had untapped fundraising potential. The sustainability of other projects in this group was *less than satisfactory*.

For this group of countries, it may be appropriate for EIDHR to modify its approach to 'rehabilitation' in future Calls for Proposals, once again using a rights-based approach. 'Rehabilitation' might be seen as the process whereby states give individuals an effective remedy⁵⁷ for violations of their right to personal security⁵⁸. A definition of this sort would

⁵⁷ Article 13 of the European Convention on Human Rights.

⁵⁸ Article 5 of the European Convention on Human Rights.

include scope for medical service provision, but allow too for reparation. It would meet the needs of all torture victims – but particularly women torture survivors, most of whom have not been held in state custody, but suffered sexual torture in their homes or on the street, and often at the hands of non-governmental perpetrators.⁵⁹

EU immigration policy is popularly seen as preventing illegal immigration. Against this background, the EIDHR programme might focus on preventing the wrongful refoulement of torture survivors. Medical rehabilitation of torture survivors continues to be important and necessary work in all regions of the world, and has the advantage of fixing torture on the national agenda of countries where it is fraught with unresolved political difficulty. But organisations that have worked in this field for a long time increasingly feel that rehabilitation cannot be complete without reparation.

14.2. Gender in Rehabilitation and Prevention

Most projects have a gender perspective and properly address the gender-specific issues. However, their approach to gender is not identical, and shows different trends.

For many projects, gender sensitivity is equivalent to non-discrimination against women in terms of access to services. In fact, none of the projects discriminates against women as beneficiaries; no one does discriminate in human resources; often, the majority of the project employees are women. Most projects try to balance the number and ratio of their beneficiaries. All projects have women among their clients, in rehabilitation and prevention activities. When numbers are not balanced, projects tried to explain why: *“...in conflict situation and countries at war the number of women torture survivor is bigger than that of men...”* *“More men are seeking asylum than women...”* *“The number of male VOT in prisons is larger than that of women, while secondary victims are mostly women and children...”*

Only one project, which is *“gender specific”*, has just women in the rehabilitation services, but it counterbalances the exclusivity of females in their rehabilitation target group by addressing men and women alike in the prevention activities.

Most projects make no distinction in rehabilitation services. They provide identical services for men and women. This is especially valid in legal assistance. Other projects have a differentiated approach in their services to gender related trauma and to gender related trauma consequences. They address gender-specific acts of torture and their implications for rehabilitation and prevention according to the area of implementation. The analysis will focus on three specific areas, which are typical for a gender specific approach and impact.

14.2.1. Gender-specific Torture and Refugees Issues

Projects address gender specific problems in the context of refugee status and asylum at many levels, in particular where they offer legal advice to their clients. In some of the EU countries where centres receive EIDHR support, gender specific reasons for refuge are gradually being accepted in the course of asylum application procedures. However, this is still not reliable. Rape and other ‘sexual’ human rights violations are quite often set aside on the ground, that they were not reported immediately, during the first interview. The persons in charge continue to ignore the fact that such human rights violations are often taboo, and cannot be talked about easily, particularly if the victim is traumatised. The psychological consequences of sexual torture usually require long-term specific treatment and follow-up with women clients who need rape crisis counselling or other support, in cases of deep-seated trauma, long after their refugee status has been settled.

Some asylum seekers succeeded in getting protection on the basis of article 3 of the CAT, which prohibits the extradition of a person to a country where he or she will likely be subjected to torture. ECHR jurisprudence constantly insists, that *“... the ban on deporting people to countries where they are at risk of torture or ill-treatment is absolute and unconditional...”* This position was reaffirmed⁶⁰ and accepted in several cases, and it was stated that the

⁵⁹ In the context of this evaluation, for example, women had been targeted for rape by warring armed factions in nine countries.

⁶⁰ Saadi v. Italy of the 28th of February 2008; the same position has been accepted by the court in the case of *D. and*
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refoulement of a woman awaiting execution of severe corporal punishment would violate article 3, owing to a well-founded fear of being persecuted being a ground for protection.

The interaction of NGOs with national and regional courts and authorities has been one major stimulus to the development of a gender-specific approach in the legal system. Gender is meanwhile addressed in immigration and aliens laws. One of the major objectives of NGOs is to elaborate guidelines on gender specific issues related to immigration and refugees.

The intervention of the NGOs was of tremendous impact in some countries. Two recent examples: The New Amendment to the Organic Law for the Effective Equality of Women and Men in Spain passed on March 15, 2007 stipulates: Article 3, Part 1, applies to foreign women who have fled their countries for reasons of “*a well-founded fear of suffering gender-based persecution.*” In February 2007, Norway announced that a new gender-based persecution guideline will be integrated in the new draft Aliens’ Act. Bringing national immigration regulations into conformity with relevant international instruments is a challenge for jurists and NGOs in order to make the convention respond to the particular protection needs of women. Still, serious gender-specific violations like sexual assaults and rape do not always carry enough weight for the immigration authorities; in most regulations these human rights violations do not give the right to protection under refugees’ provisions.

Projects emphasize the need to improve the infrastructure and functioning of reception centres in order to take into consideration gender specific issues. At least in some cases, the will to improve bad reception conditions is there, but there is a lack of capacity. Some institutions are motivated to give special help to women asylum seekers and refugees, but lack space and money to provide childcare facilities needed on a permanent basis. In a few cases, institutions respond positively to projects pressing for improvements with regard to gender. Reception centres in the EU, for instance, in which the refugees were placed upon arrival, were originally equipped for single refugees, not for families with children. Due to the influence of the psychosocial centres participating in an EIDHR supported project, kitchens were established, allowing women to prepare food for their small children. Making sure, that separate facilities and privacy for refugee women and refugee women with children are provided is in many cases also important to prevent sexual abuses committed by officials and non-officials as well.

The projects achieved other practical improvements in favour of women, in particular the improvement of professional skills, and support for them while they search for employment. This was possible due to the usual involvement of social workers in the centres/projects and also due to vocational training offered by some of the centres. Cultural mediation, language courses, and the offering of interpretation service were particularly helpful.

14.2.2. Gender and ‘Sexual’ Violence in Torture

Even though it is not always reported because of fear and shame, gender specific torture, the ‘sexual’ torture, has devastating effects on the victims and is widely practiced in places of detention and more particularly in armed conflict areas.

Torture in Detention Places

Only very few of the projects assessed carried out part of their activities in detention places. They are designed by men and for men as well as police cells, prisons, even immigration detention centres. Being in men’s facilities and lacking adequate separation makes women vulnerable and at risk of sexual torture or abuse. Detention places suffer usually from being overcrowded, in bad sanitary and health conditions. This is particularly relevant for women in places of detention. Rape and other sexual violence are reported. In many countries, women are detained in men’s facilities with inadequate separation. The number of women among detainees is rising, but the specific facilities are not growing at the same pace. This situation is exacerbated by the presence of male correction officers. In places of detention, the exchange of services between detainees and the guards is very frequent. Most prisons are not equipped for pregnancy and childbirth. Gender-specific sexual torture is used during

others V. Turkey ECHR judgment of 22 June 2006.

interrogation particularly in politically motivated detentions. Rape and other sexual assaults are used as an official strategy.

Projects advocate for the application of the CAT, OPCAT and the Minimum Standard Rules. They provide adequate staff training programs. Most of the projects have a legal unit, and include legal aid programs in collaboration with other NGOs and Bar Associations. Many projects lobby for the adoption of other forms of penalties, particularly those that bring reparation to the society. Prison overcrowding can be reduced if sentences for minor crimes are cut. This has proved to be effective in many cases.

The work that social workers and psychologists are doing inside the prisons has great impact. The counselling sessions and treatments they provide are exemplary for the prison staff, reminding them that the prisoner is a human being and should therefore be able to enjoy human rights.

Gender Specific Torture as Arms of War

Many projects are implemented in countries where torture of sexual nature, mostly rape, was perpetrated on a large scale; the case of countries in former Yugoslavia are the most representative of the use of sexual torture as a politically-motivated weapon during war time.

Reaching female torture survivors especially in remote areas and making them express what they went through needs a professional gender specific approach. In a project in Bosnia, the impact on women has been great. 15 years after the war started, some women are acknowledging for the first time they were raped. Without the Centre, it is hard to know whom the woman could tell about her own experience of torture.

The specific impact of torture on women is of a great magnitude. In most of the diagnosed pathologies (PTSD/gender as measured with HTQ scores), women are more frequent than men. Such results did not vary with time. Research has proved that the condition of clients can deteriorate, as time passes. The natural evolution tends to get worse or chronic, and this is aggravated by the occurrence of secondary events.

Torture has impact on the second generation, and here mainly on daughters of victims of torture. Projects are aware that treating torture survivors is preventive with regard to trauma consequences on the next generations. It is important to point out the importance of research conducted by the projects, whether alone or in collaboration with medical centres or researchers. Gender-specific trauma is the subject of numerous research projects. It would be important to put the results together and combine efforts in order to have more effective treatments.

Many projects address the economic situation as an aspect of rehabilitation, which helps in social integration. Empowerment of women, building up their capacities and working skills is considered helpful in healing women by reducing their isolation and stigmatisation and to alleviate the consequences of torture on the development of the community.

The decision of the International Criminal Tribunal of former Yugoslavia of the 27th of June 1996 considering that the rape of women is a “crime against humanity” was of particular impact. The BiH government gives welfare provision to victims of torture from the war period (1992-1995), and through legal amendments in 2005 recognised victims of sexual violence (mostly women) as Civil Victims of War Crimes. Originally, it did not recognise rape as a war crime, nor compensate crimes going back to wartime. Both changes correspond to the aims of the EIDHR-supported rehabilitation centre in Bosnia. In fact, the decision of the Bosnia-Herzegovina government to recognise rape victims as victims of war crimes partly arose from a film made in 2004 by a woman director, with case materials provided by the EIDHR-supported rehabilitation centre, which raised public awareness and changed public opinion. The new law has reinforced a more understanding public attitude of rape victims, and the centre reports that more women have come for treatment as a result. Still, there have been no judicial awards of compensation for victims of rape in the civil war.

14.2.3. Torture and Violence against Women

Most of the evaluated projects have in their prevention activities a wider scope that includes violence against women. Violence against women is internationally considered as a violation of human rights since the World Conference on Human Rights held in 1993 in Vienna. Violence against women is considered by CEDAW as discrimination against women. All acts of violence against women break the process of gender equality and exclude women from public life. Fighting discrimination against women, raising awareness about the Declaration on the Elimination of Violence Against Women, Beijing Declaration and Platform for Action, all these instruments and strategies are part of the preventive activities of most projects.

They are yet facing a major problem: the lack of a specific binding instrument to hold states accountable when they fail to protect women from violence. Many NGOs and networks consider that expanding the interpretation of torture in CAT to cover severe acts of violence against women can fill this gap.

Many authoritarian regimes encourage centralised and authoritarian social structures for political reasons (patriarchal, tribal, communitarian). These social structures always discriminate against women. Women in these societies are excluded, at risk of all kinds of violence, even of the most severe types equivalent to the definition of torture: rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilisation, forced marriage, and 'honour' crimes.

Usually, states raise cultural issues to defer responsibility, when they fail to protect women in the private sphere. But when a state encourages and protects the practices of severe domestic violence, it is right to consider it responsible and accountable on the grounds put forward in the CAT. In non-democratic countries, the adoption of international instruments does not imply their implementation. When international instruments are adopted but not implemented, and more particularly when there are no binding instruments to address severe acts of violence against women, the CAT should be applicable to these acts.

Before 2005/06, the Calls for Proposals did not adopt a restrictive understanding of the definition of torture. They reflect the EC policy: ...*"The person involved, or acquiescing in such acts is a public official or someone acting in an official capacity; or, such acts are committed by a group for political purposes."* Even inflicted by non-state actors, these acts fall in the definition of torture.

The Call for Proposals in 2005/06 quoted the literal definition of CAT⁶¹ without any additional comment. Is it a step backwards to the traditional and restrictive understanding of torture? The EIDHR policy on gender issues is explicit in the Call of 2005-2006, Campaign Category 1, advancing the rights of marginalised or vulnerable groups: "... *All projects funded under the EIDHR should mainstream children's rights as well as gender equality*"⁶².

What about severe cases of torture of women, when they are covered by the law, or remain unpunished for "cultural considerations"; the CFP did not exclude them, rather leaves the door open to include them. *"Mainstreaming gender equality"* could be extended to mainstreaming an understanding of all forms of torture in proposals relevant to CAT to include certain cases of severe violence against women.

14.3. Visibility

Visibility is an important issue, in particular for a relatively small programme operating worldwide and usually with no more than one or two projects per country. Are people in host countries aware of the work EIDHR funded projects are undertaking, and are they,

⁶¹ For the purpose of this Call, the term "torture" means "Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a **public official** or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions".

⁶² CfP 05/05, Lot 1, p 5.

specifically, aware of the fact that the EU is entirely or partly financing this work? This question will be answered here. Visibility depends on a number of factors, like the quality of PR work of the projects/beneficiaries, on networking, maintenance and accuracy of web pages, quality of the information material, but also on the general conditions in the respective country.

More specifically, the following observations can be made:

- The overall visibility a beneficiary or centre can “afford” depends first and foremost on political circumstances. This overall visibility of course strongly impacts on the visibility of the EU contribution. Even if displayed according to the EU visibility guidelines, the public will not be able to register the EU contribution if the project or the centre has to operate with a low profile for security reasons.

- The number of donors a beneficiary works with also has an impact on the visibility of the EU contribution, even if visibility guidelines are adhered to. If a centre has many donors, the visibility of the EU contribution is automatically reduced. But usually, the EU contribution is clearly separated from other donor contributions. There were even attempts, to draw special attention to the EU participation: on the web page of one centre the EU contribution is highlighted in blue, while the other donors appear in grey.

So the visibility of the EU contribution does not in all cases depend solely on the good will and readiness of projects/beneficiaries. But for the EIDHR-supported projects the evaluation found that, within those limitations, the visibility of the EU contribution was usually *satisfactory* to *highly satisfactory*, with very few projects doing less than adhering to the visibility guidelines, and many doing more.

Score	No of projects	%
Visibility of EU contribution		
Highly satisfactory visibility	15	42
Satisfactory visibility	15	42
Visibility not satisfactory	4	10
Visibility highly unsatisfactory	1	3
No Info	1	3
Total	36	100

An EU-based project may serve as a positive example. The entrance to the project medical centre has a shining brass plate with the mention of the contributions of the EC and its other partners through EC flag and logo, UN etc. The newsletters, brochures, training manuals, media talk, NGO meetings, local social service offices, pep talk with staff all indicated that the EC contribution was self-evident, and this was also confirmed by the patients.

Beneficiaries and projects highly valued the EU’s contribution through funding, and said that it bestowed prestige and political independence, besides the financial contribution itself. Projects and beneficiaries all over the world tended to advertise their EU-funding, not just because they are contractually obliged to do so, but because they deemed it useful.

A centre in Latin America considers the EIDHR subvention as very prestigious international cooperation, especially in the context of their Government’s rejection of any kind of US intervention. Clients, authorities and other NGOs know that the beneficiary activities on torture rehabilitation are funded by EIDHR, and recognise this cooperation as a sign of the team’s competence and the beneficiary’s integrity.

However, despite the well-displayed contribution of the EU, the direct target groups of projects, torture survivors consulting the centre, were not always aware of it. Patients of an EU-based centre, for instance were not aware of the EU contribution. The patients of an African centre were also unaware of the European contribution to the project, and when staff explained the presence of an EC-appointed evaluator and the purpose of the evaluation mission, they were pleased and volubly grateful. Patients in another African project were also curious about the visit of an evaluator and asked about the role of Europeans in their country

and the project. They were elated that collectively European nations under the EC banner had helped them with many projects including rehabilitation. In one Latin American project, clients of the rehabilitation centre and victims' associations were aware that EU supported the activity and this assured them of the political independence of the rehabilitation work.

In an EU-based centre, clients explicitly wanted to talk to the evaluator sent by the EU, to tell about their experience of asylum, and also to express their gratitude. Some EU-based centres working with victims of torture tended not to be so prominently visible, in order not to expose victims and the centre unnecessarily to anti-foreigner resentments. Nevertheless, they correctly displayed the contribution of the EU, and considered it an important asset, that protects their political integrity and independence.

A case of real commitment to EU visibility is reported from Latin America. The EU beneficiary had left the project and was under preliminary suspension, due to security problems in the region of implementation, but the local partner organisation continued working -- eventually without EU funding. Nevertheless, even the last project publications, a video and the re-edition of a poster, always carried the EU logo. All publications of the project are kept in a documentation centre of the local partner regularly consulted by human rights activists and students.

Visibility of EU funding can also have ambivalent consequences. In case of an EU-based beneficiary organisation, EIDHR sponsorship was prominently acknowledged on the front door of the centre, on the doors of individual consulting rooms, on the website and on publications. The centre's European funding appeared to raise its status locally, and confirm it as a 'fitting' partner for IGO's -- like the UNHCR - and governmental bodies -- like the Ministries of Justice and Health. It also seemed to strengthen its hand as an advocate of international standards in the handling of asylum seekers. Those were its positive sides. On the other hand, the existence of European funding seemed to weaken its potential for securing domestic funds, because other sponsors thought all its needs were met. This was particularly damaging for the centre's long-term sustainability. Statutory bodies were particularly quick to surrender any financial obligation they might have felt to meet the needs of asylum seekers.

EU funding may even provide security. A centre in Africa, for instance, has extremely visible signs of EC contributions. The official vehicle is a white four-wheel drive with an EC flag on the front doors, which is very prominent. From expatriate comments it would appear that the EC logo on the car permitted safe conduct when stopped at many military checkpoints. Their brochures and meetings convey the EC contribution to the project, but their most recent posters bear no mention of EC contribution or that of any other partner.

There are also EU-based projects for whom EU support is a measure of security. In some East European countries, torture is a closed subject and fraught with unresolved political problems. Because of this, both projects try to keep a rather low profile -- concentrating firstly on the health of torture survivors, rather than their rights. Within this context, both projects actively advertise the EU's financial contribution to their work -- on the front door from the street to their office building, on their equipment, publications and in training sessions. Both feel it is in their interests to do so: EU patronage is thought to increase the prestige of their work against torture, and to provide marginal protection against reprisals.

15. Observations and Recommendations

15.1. Application Phase

Observation:

Neither the questionnaire, nor the evaluation, covered the process of selecting project proposals, but during field visits project interviewees made several remarks about it. They considered the introduction of a concept note to be a positive change that made the application process much easier. At the same time, many project representatives wondered whether the outcome of the concept note selection could be announced more promptly. In crisis regions particularly, project designs risk losing their relevance the longer implementation is delayed. This concern applied also to consideration of the project proposals themselves.

Recommendation:

- Timely information on the outcome of concept notes and project proposals submitted.

Observation:

The evaluation found considerable weaknesses in project design under the first main criterion *relevance* – in particular with regard to the horizontal and vertical logic of the logical framework and the formulation of Objectively Verifiable Indicators. The structure of the application form is not fully compatible with a logical framework because it asks about objectives (1.4.), and then activities (1.6.) without building in a level for results and a project purpose. Those latter levels, however, require proper definition, in order to identify a certain project intervention (as opposed to financial support for ongoing activities). Another difficulty is posed by the fact that many EIDHR-supported organisations actually need core funding for their ongoing activities, while they describe “projects” in the application.

Recommendation:

- It could be favourable to adapt the chapters of the *description of the action* form to the structure of a *logical framework*, and to distribute examples of well-developed verifiable indicators. This could help minimise major flaws in the design of project interventions. It could also assist the projects to monitor their own progress better, internally. If Annex I and the logframe were more mutually compatible, applicants/beneficiaries might be encouraged to make use of the logical framework as a planning tool, and not to consider it as just another form to be filled. This obviously would not apply to applications for core funding.

15.2. Relevance

Observation:

Relevance often scores *satisfactory* and *highly satisfactory* for the projects visited. For the sub-criteria *programme objectives* and *relevance for the target groups*, the *satisfactory* and *highly satisfactory* scores were even higher than the overall one. The weaker scoring on sub-criteria concerns the project design, and in particular the horizontal and vertical logic of the logical framework and the construction of verifiable indicators. The overall scoring was particularly high on relevance for the EU projects, while Non-EU projects scored lower.

Recommendation:

- See 15.1.

- For projects located in crisis and post crisis environments, the project design needs to anticipate many variables and potential changes. Thus, flexibility should be an important feature, to allow for the possibility of adjusting or re-orientating them. This also points up the importance of minimising the time between the submission of a concept paper and the start of project activities. The general goal should be implementation of recently designed projects.

Observation:

Where torture victims get psychological care, but insufficient medical care, (re-) integration into the labour market remains difficult. This also carries potential negative repercussions on the overall rehabilitation process.

Recommendation:

- Community-based projects with a wide range of activities seem appropriate for post-crisis situations.
- Integrated services for torture survivors are generally essential.

15.3. Efficiency

Observation

Efficiency turned out *high* for most projects. The difference between European and Non-European projects is not large under this criterion, although, European projects had a higher percentage of *highly efficient* scores, and Non-European projects a higher percentage of *satisfactory* scores. The sub-criterion with the weakest scoring for all projects was internal monitoring.

For the EU taxpayer funding EIDHR-sponsored projects, it is important to establish that medical rehabilitation for torture survivors helps the people it is intended to help, and does not lead to the diversion of medical resources towards a 'parallel' health system, and the development of a black market.

Recommendations:

- An improvement in verifiable indicators and more stringent project designs might positively impact upon the ability to establish functioning internal monitoring systems.
- Identify good practice where projects have mechanisms in place to prevent misuse of medical resources in rehabilitation projects.

Further recommendations and observation:

- For a small number of multi-partner projects, it was observed that the ECD should attend the board meetings more regularly.
- For a small number of projects, it was observed, that wages of project employees should be at an acceptable level.

15.4. Effectiveness and Impact

Observation:

A positive feature of the EIDHR anti-torture programme is the cooperation with beneficiary and partner organisations, which usually have long experience in the field of VOT rehabilitation and demonstrate an impressive work ethic. Most projects were assessed as *highly effective* and their impact also scored positively in general. Also, relations to the target group scored usually *highly satisfactory* or *satisfactory*. Good relations to the target groups are always a key condition for rehabilitation centres. Almost all projects were found well integrated with other NGOs, with the civil society, and with national institutions in their countries.

Recommendation:

- More comprehensive services should be offered to torture survivors in some countries. Enhanced cooperation between projects and centres, for instance on clinical supervision of staff, could further improve the effectiveness of projects.

Observation:

The degree to which minimum standards for the reception of asylum seekers have been provided varies considerably between EU member states visited. Depending on the legal status of asylum-seekers in the respective countries, rehabilitation centres funded within the EU have worked under a variety of conditions. In some countries, the EIDHR-funded centres provide psychosocial (and legal) support, and this is sufficient, because asylum-seekers and refugees do have access to public health care. In other countries, they do not have access to full medical care, so that the projects/centres tend to include at least some medical services in their programme, besides psychosocial services.

In new EU-accession states, public health care is sometimes better, with free polyclinics still working, but sometimes poorer than in EU countries. In the latter case, it is not just a matter of discrimination against refugees, if health care for torture survivors is insufficient. In Non-EU-European countries, the sometimes-discriminatory health care and the general weak public health services often put additional pressure on the centres to deliver a variety of services. In most Non-European countries where EIDHR supports rehabilitation projects work, the clients are primarily citizens from the respective country. In those countries, it is not the

discriminatory exclusion of torture survivors from health services, but the general weakness of the health system, that poses additional problems for the rehabilitation of victims.

Recommendations:

- Identification of torture survivors amongst asylum seekers upon their arrival should be a focus of EIDHR-funded projects, not only within the EU, but wherever the projects have a high number of asylum-seekers amongst their clientele.
- To avoid unnecessary duplication of health services, and to improve the general situation and minimise the potential for misuse of EIDHR resources:
- Centres in EU member states with functioning health systems, to which their (asylum-seeker and refugee-) clientele has access should focus much more on mainstreaming their services into those structures – be it by acquiring another status within the health care system, be it by training representatives working within the system to provide those services, or by lobbying for better integration of the required services (including the provision of interpreters).
- Centres in EU countries, where torture survivors/asylum seekers are excluded from health services to a higher degree should continue to get support for supplying more comprehensive and integrated services to them. But simultaneously, the centres should also put a stronger focus on the mainstreaming of services into the health care system, like those mentioned in the paragraph above.
- Centres in new EU-accession states and in other states with poor public health care should get support for supplying comprehensive, integrated services.
- Access to the labour market and helping to find work for torture survivors should play a more important role in the services offered by centres/projects.

Observation:

The 2003 Dublin II Agreement was the most significant development in EU asylum policy during the Calls for Proposals under review. The EU-based projects with the most *satisfactory* impact were those that registered this root change and worked to prevent their governments from ill-treating migrants in detention, and managed to prevent them *refouling* torture survivors back to those states with risk of torture. These projects focussed on rapid and fair identification of torture survivors in reception camps, on forensic certification of their cases, and on the removal of obstacles to health treatment, to accommodation and to employment. Those EU-based projects that did not adapt to the new prevention challenges thrown up by Dublin II achieved less impact.

Recommendation:

- A focus on supporting projects in the field of preventing refoulement: Since Dublin II, EU immigration policy has been geared towards preventing illegal immigration, and towards redirecting asylum seekers as swiftly as possible to first ports of call. All efforts need to be made to prevent the return of torture survivors amongst those illegal immigrants to countries where they risk torture. The special needs of women torture survivors need to be borne in mind. Generally, they need more time and more confidence to get their story told. And, they need a fair procedure to get help.

15.5. Sustainability

Observation:

In the projects evaluated here, the financial sustainability of the implementing bodies was not measured against the ideal of self-sustainable income-generating entities. Given the type of services the centres deliver, and the often-dreadful situation of their main target group, victims of torture, to expect financial self-sustainability of the projects would have been unrealistic.

Usually, the centres cannot earn an income – mostly because their clientele cannot pay for services, but also because of legal barriers. Nevertheless, some centres in more prosperous countries have found ways to render paid services to secondary target groups, which allows them to earn a modest income, especially in the context of health services. In rare cases, cooperation with public health care is reliable enough to run a centre on this basis.

Most centres also have a well-developed fundraising capacity, but not all. Some centres appeared reluctant to consider the development of more professional fundraising as a priority. Despite widespread multi-donor funding most centres were found to be highly dependent on EIDHR support. 42 % of the projects/centres services would be in serious difficulties, if the EIDHR funding stopped. In this respect, there was no significant difference between European-based and Non-European beneficiaries. The centres with the highest degree of financial

sustainability in terms of access to alternative funding and well developed fundraising capacities were the Latin American ones, and the centres based in older EU-member states. The centres in non-EU European countries, in new EU member states, and the African centres were found to be in a very weak position.

Recommendation:

- More elements supporting future self-sustainability of the centres should be introduced into the project designs/Calls for Proposals. This could include attempts to integrate more torture rehabilitation services into existing health care institutions (as proposed above under 'Effectiveness'), but also efforts to improve managerial and fundraising skills.

15.6. Technical Accountability and Project Management

Observation:

At the application stage, all projects undergo a technical assessment procedure. However, at later stages, technical accountability seems low. The annual reporting of some projects is quite informative and comprehensive. In other cases it is deficient. Obviously monitoring, as a tool, is not regularly used. Some beneficiaries with longer experience of working with EIDHR said that they appreciate the de-concentration of project management to the ECDs, as it enables them to operate in closer contact with the project management. However in some cases, projects remarked that they did not have sufficient contact to the ECD project management, even after de-concentration. In several cases, the high turnover of ECD staff in-charge posed a problem to projects.

Recommendation:

- From a quality point of view, projects should be more accountable to the EC, in particular as target groups are too weak to lobby for their own interest, and are fully dependent on the work ethics of the organisations receiving EIDHR support. Monitoring should be carried out on a regular basis. And, systematic follow-ups should check whether or not the recommendations were carried out.

15.7. Action Grants and Core Funding

Observation

Action grants financed all projects under review, and had two funding streams: project funding, and core funding. EIDHR funding was valued by all beneficiaries because it was seen to be 'politically neutral' on torture prevention, and to give prestige to projects. In difficult political contexts, it was also felt to give projects some protection. EIDHR support was valued from a technical point of view too, because, unlike most other donors, it still provides core funding, and may do so more than once.

Project funding was valued for its clarity and ease of accounting – but in complex political situations, it could be too inflexible and inadaptable. Beneficiaries in hostile political contexts preferred core funding, because it was emblematic of EU support and also allowed for flexibility in fluid situations. On the other hand, the problem of cross-subsidy between budget lines could complicate accounting and, in stable contexts, core funding over time could encourage institutional drift.

The evaluators found that nearly identical activities could be funded through different Action Grant funding streams, depending on the needs of the beneficiaries – and this was an advantage of EIDHR funding.

Recommendations:

- No project should be expected or forced to pre-finance portions of their grant. Such pre-financing is likely to create difficult situations for the smaller centres and often difficulties within partnerships.
- EIDHR should consider using a combination of core funding and project funding, for one activity. This mixture would allow for flexibility, while retaining relative ease of accounting.
- The applicants should continue to have the choice between different financing options.
- Project-related financial procedures and possibilities should be much better explained to beneficiary and partner organisations.

15.8. Structure of Projects and Partnerships

Observations:

EIDHR-funded projects display a variety of structures. The typical EIDHR project is implemented by a beneficiary organisation in its own country. Those projects can be found within and outside the EU. The evident advantage of such projects is that beneficiaries are local organisations, well embedded, with knowledge of the situation of the target groups, of the political situation, and of the working conditions. Usually, local beneficiaries do all this better than any outside organisation ever could. At the same time, those implementing organisations have a direct contractual relation to the EC, and so are directly accountable.

In addition, there are joint projects of EU and Non-EU Partners with the respective organisations implementing components of the project in their own country. There are also EU-beneficiary organisations implementing projects in third countries, and regional projects with three and more partners. And, there are global projects. This variety of project structures is a positive feature of EIDHR development cooperation. It offers scope for different project structures to suit different themes and project requirements.

Regional projects with more than two partners, however, tended not to be as stable. Partners sometimes dropped out and had to be replaced by others. Certain country-components never took off. Some of the one-country/one-beneficiary organisations, on the other hand, seemed to be isolated, and would certainly benefit from more contact with other organisations working in the same field.

Two-partner-projects, particularly EU+Non-EU partner projects where both sides were involved in project implementation in their own countries appeared to perform well, combining the advantages of regional projects with those of stable one-country projects, and avoiding the disadvantages of both (isolation and the unpredictable dynamics of partner constellations).

Recommendations:

- More EU/Non-EU cooperation between centres should be realised. Provided the budget is shared in a fair way, new centres in crisis areas would probably be better off if they worked in “operational tandems” with stable large EU-based centres. On the other hand, EU-based centres could certainly gain a lot from cooperation with rehabilitation centres in regions, from where their refugee clientele originates. Tandems between EU-based centres and centres in EU neighbouring countries could eventually offer a lot of advantages to both sides.

- In crisis regions in particular, tandem partnerships are to be preferred to often-unstable multi-partner projects.

- More inter-project cooperation should be stipulated and more international cooperation and exchange at programme level should be considered. Maybe thematic conferences should be organised, covering topics like clinical supervision, impact measurement of therapist interventions, standardised screening techniques developed to identify torture survivors, new, community-based approaches to rehabilitating torture survivors and their families, information about law and practice in closed mental health institutions, psychotherapist intervention via the internet, and intergenerational trauma consequences – to give a non-exhaustive list.

- The exchange of clinical supervisors between projects should be increased.

15.9. Gender

Observation:

The evaluation tackles the approach and the impact of the projects from a gender perspective. The evaluation team came to the conclusion, that almost all the projects work in a gender sensitive way. Most projects have a gender perspective and address properly the gender-specific issues.

Projects placed emphasis on improving the reception centres' infrastructure and functioning in order to take into consideration gender specific issues.

The Call for Proposals in 2005/06 quotes the literal definition of CAT without any further comment. Is it a step backwards to the more restrictive understanding of torture based on violence inflicted by state authorities? From a gender perspective this could mean the exclusion of many forms of torture experienced by women. They were covered by the previous definition, which included torture inflicted by non-state entities in civilian settings.

15.10. Suggestions for Themes to be included in Calls for Proposals:

- § Many EU based centres find it very difficult, if not impossible to get into contact with asylum seekers on arrival. The early identification of victims of torture among them is important to ensure they are not wrongly expelled, and to make sure that their mental and physical condition does not further deteriorate during the early stages of the asylum application procedure. Staff in reception centres is not always qualified to be able to identify the symptoms PTSD in the arriving asylum seekers. Providing better possibilities of an early identification of torture survivors among asylum-seekers, and particularly evidence of torture among women asylum-seekers, is therefore recommended as a theme to be dealt with in future Calls for Proposals.
- § Since the Dublin 2 Agreement, more asylum-seekers have been returned to their first-port-of-call. These are often states that have newly joined the EU, or states bordering it, neither of which may have a strong tradition of due process to handle asylum applications fairly, or a solid infrastructure to deal with distressed people who may have been tortured. Future Calls for Proposals should therefore give preference to initiatives from these geographical areas, especially those that aim to tackle the problems of women torture survivors within the system.
- § The expected future phasing out of EU funding for rehabilitation projects in EU member states needs to be well prepared, to avoid damaging the quality of services centres can offer to victims of torture. This is particularly relevant in EU member states where the minimum standards for the reception of asylum seekers have not yet fully or very recently been implemented. EIDHR should give more attention to the 'invented' status given to some asylum seekers in EU member states are given 'tolerated' or 'permitted' status. EIDHR should give more attention to the implications of these legal 'inventions' for their security of residence, access to different health services, and entry into the job market. Mainstreaming VOT rehabilitation into the health care systems of EU-member countries is recommended as a theme to be included in Calls for Proposals.
- § To increase the financial sustainability of centres in general, but particularly of centres in new EU accession states, in European Non-EU states and in African countries, more capacity-building elements – the improvement of fund-raising capacities and internal monitoring for instance – should be required for the project proposals.
- § The prevention and rehabilitation of the inter-generational consequences of torture increasingly concerns NGOs with long experience in regions of civil conflict. It arises naturally from work already done, but could be a ground-breaking theme for EIDHR to include in future Calls for Proposals.
- § Similarly, expert NGOs find that mental health and the consequences of torture cannot be healed by medicine alone: survivors need recognition, justice and reparation. This could form part of a future Call for Proposals, and arise naturally from work already accumulated in many regions. It would also lend itself to work in partnerships, where evidence collection might take place in one country, and litigation in another.
- § Women survivors of torture by rape are known to need time and security to talk about their experiences. Dublin II's fast-track regulations particularly jeopardise their chances of claiming asylum. Future Calls for Proposals should continue to emphasise a definition of torture that takes their situation into account, and reward proposals that help them.
- § In countries where torture is practised but taboo, medical help is often the only acceptable way of putting the subject somewhere on the national agenda. EIDHR might explore the possibility of calling for proposals of this sort from North Africa and Central Asia.
- § A Call for Proposals rewarding effective use of original, fascinating and informative data emerging from a torture prevention and rehabilitation project and put into the public domain for the first time.