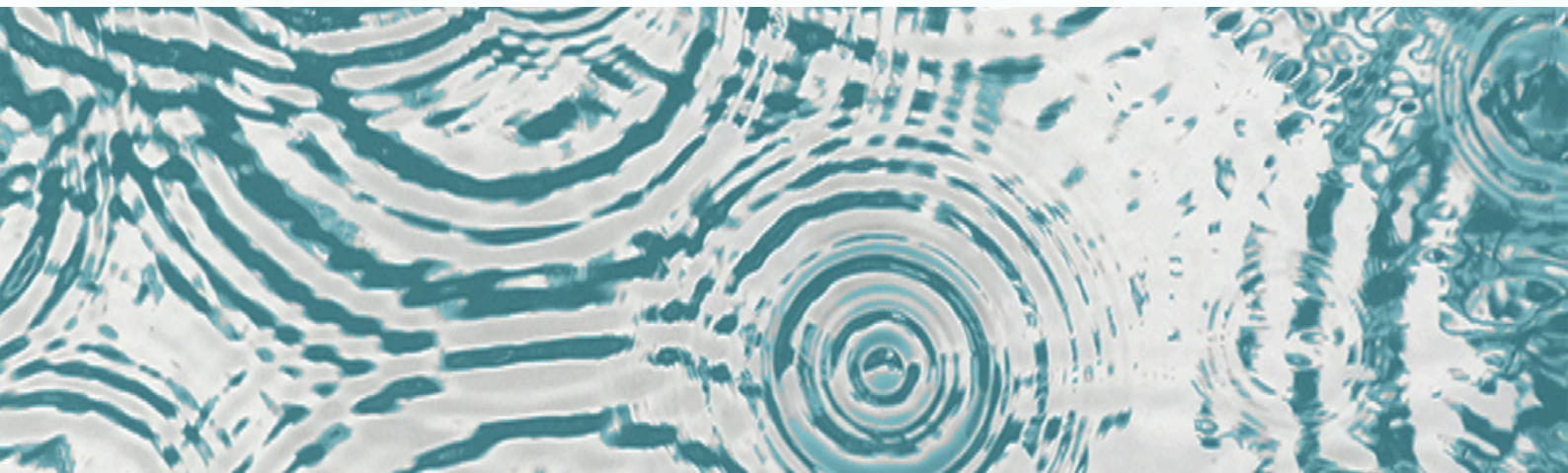


# **RIGHT TO REHABILITATION AS REPARATION FOR SURVIVORS OF GRAVE HUMAN RIGHTS VIOLATIONS**

A guide to using human rights indicators to monitor implementation and realization of the right to rehabilitation for survivors of ISIL crimes in Iraq guaranteed under the Yazidi [Female] Survivors Law

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2024**







Jiyan Foundation  
for Human Rights



COALITION  
FOR JUST  
REPARATIONS

**Jiyan Foundation for Human Rights** is a charitable organization supporting survivors of human rights violations, defending fundamental freedoms, and promoting democratic values throughout the world. In addition to human rights awareness raising and advocacy, Jiyan Foundation provides, mental health and medical treatment as well as other support services to survivors of trauma, terror, domestic violence and human rights violations throughout Kurdistan-Iraq, Iraq, & Syria.

**Coalition for Just Reparations (C4JR)** is an alliance of 33 NGOs calling for comprehensive reparations for civilian victims of atrocity crimes perpetrated during the ISIL conflict in Iraq. C4JR uses Iraqi law and international human rights law to support reparation claims of survivors and to encourage Iraqi authorities to meet their obligation to provide reparations. C4JR also works to inform, advocate, offer viable solutions, and engage with different stakeholders to ensure survivors realize their right to reparations by providing space for deliberation, collaboration, and reflection.



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**International Centre for Health and Human Rights (ICHHR)** is a UK registered charity (No. 1153689). We work to support the implementation of international human rights standards for health and rehabilitation of survivors of torture and other serious human rights violations. Our work includes conducting interdisciplinary research and harnessing available evidence, including practitioner-based evidence and survivors' experiences, to contribute to the development of practice and to inform policy related to the field.

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## Disclaimer

The statements and analysis expressed are solely those of the authors and do not necessarily reflect the views of the International Centre for Health and Human Rights, Jiyan Foundation for Human Rights, Coalition for Just Reparations or any of its bodies and members.

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<sup>1</sup> Full list of C4JR Rehabilitation Working Group Members is attached to this Guide as Appendix 4.

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## Executive Summary

The pioneering Yazidi [Female] Survivors Law, enacted on 1 March 2021, was an important milestone in Iraq's post-conflict recovery. The law recognises that rehabilitation is a form of reparation for survivors of the ISIL conflict and atrocities. Realising the right to rehabilitation as a form of reparation requires significant and sustained State effort, and a national process by which those efforts and their outcomes can be assessed.

This Guide explains how human rights indicators can be useful and it proposes human rights indicators to assess compliance with relevant international standards on reparation, and to monitor implementation and realization of the right to rehabilitation for survivors of ISIL crimes in Iraq guaranteed under the Yazidi [Female] Survivors Law.

The global framework for human rights indicators for the right to rehabilitation were first established by the International Centre for Health and Human Rights in 2016, and adapted in different country contexts. In 2023, with the Jiyān Foundation for Human Rights, these indicators were adapted for the Iraq context. This process of adaptation included stakeholder consultations between June-December 2023.

This Guide outlines the context and methodology of adapting these human rights indicators, and provides practical steps on how to begin to use these indicators to establish an assessment of reparation measures for the rehabilitation of survivors, and for monitoring and ensuring effective, national implementation of the right to rehabilitation.

The key steps for using these indicators for the right to rehabilitation for survivors require establishing an appropriate team for monitoring the right to rehabilitation, designing a system and a strategy for using the indicators, reviewing the indicators in detail and exploring potential sources for the information needed, data collection, data collation, data analysis and interpretation in order to then provide reports, which can in turn inform advocacy and State efforts to work towards the realisation of the right to rehabilitation as a form of reparation.

In summary, using human rights indicators enable an assessment of the progress made, the gaps in implementation and a roadmap for where to direct focus and tailor national interventions towards effective implementation of the right to rehabilitation, so that ultimately, survivors can access holistic, specialist rehabilitation as some reparation for the immense harms they have endured.

## List of Acronyms

<b>C4JR</b>	Coalition for Just Reparations
<b>CAT</b>	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
<b>CEDAW</b>	Convention on the Elimination of Discrimination against Women
<b>CoM</b>	Council of Ministers
<b>CoR</b>	Council of Representatives
<b>CRSV</b>	Conflict-related sexual violence
<b>GDSA</b>	General Directorate for Survivors Affairs
<b>ICHHR</b>	International Centre for Health and Human Rights
<b>INGO</b>	International Non-Governmental Organization
<b>IOM</b>	International Organization for Migration
<b>IRCT</b>	International Rehabilitation Council for Torture Victims
<b>ISIL</b>	The self-declared Islamic State in Iraq and the Levant
<b>MHPSS</b>	Mental Health and Psycho-Social Support
<b>MoLSA</b>	Ministry of Labour and Social Affairs
<b>NGO</b>	Non-Governmental Organization
<b>OHCHR</b>	Office of the United Nations High Commissioner for Human Rights
<b>UN</b>	United Nations
<b>UPR</b>	Universal Periodic Review
<b>YSL</b>	Yazidi [Female] Survivors Law



# I Introduction

The pioneering Yazidi [Female] Survivors Law (YSL)<sup>2</sup>, enacted on 1st March 2021, envisages, for the first time in Iraq, rehabilitation as a form of reparation for survivors of the ISIL conflict and atrocities. The passing of the YSL marked an important milestone in Iraq's post-conflict recovery period, as it promises to deliver long-awaited relief not only to Yazidi, Shabak, Turkmen and Christian women that ISIL subjected to conflict-related sexual violence (CRSV)<sup>3</sup>, but also, to men and women from these communities that survived mass killings<sup>4</sup> as well as captured Yazidi children.<sup>5</sup> It is also one of the very few precedents of States taking deliberate action to specifically address the rights and needs of survivors of CRSV.

The YSL mandates a number of critical, State-sponsored, reparative measures including financial support;<sup>6</sup> medical and psychological care;<sup>7</sup> the provision of land, housing, education and a quota in public sector employment. Moreover, it officially recognizes that ISIL committed genocide and crimes against humanity against Yazidi, Christian,

Turkmen and Shabak minority groups,<sup>8</sup> and mandates memorialization,<sup>9</sup> the search for those still in captivity, opening of mass graves, identification of remains and their return to the families<sup>10</sup> and calls Iraqi institutions to ensure that perpetrators of genocide and crimes against humanity are held accountable.<sup>11</sup>

In addition, the associated bylaws expanded these obligations further, including, for instance, an obligation for government agencies to develop specialized curricula on the ISIL conflict, designed to promote peaceful coexistence and the renunciation of violence. Finally, the YSL explicitly stipulates an objective to, inter alia, prevent the recurrence of the violations that occurred against the indicated minorities.<sup>12</sup>

Two bodies, both established under the auspices of the Federal Ministry of Labour and Social Affairs (MoLSA), are envisaged to implement the YSL: the General Directorate for Survivors Affairs (GDSA) and the Committee authorized to review and decide on applications and appeals.

2 Yazidi [Female] Survivors' Law No. 8 of 2021, available at <https://c4jr.org/wp-content/uploads/2022/01/Yazidi-Female-Survivors-Law-March-24-2021.pdf>

3 Indicated beneficiaries are defined as women and girls who survived "sexual violence, kidnapping, sexual slavery, selling her in slavery markets, separating her from her family, forcing her to change her religion, forced marriage, pregnancy and forced abortion or inflicting physical and psychological harm to her by ISIS since the date 3.8.2014 and was freed afterwards" YSL, Art. 1, Art. 2 Para 1, Art. 2, Para2.

4 YSL, Art. 2, Para 4.

5 YSL, Art. 2, Para 3.

6 Amount not less than 800.000 IQD which amounts to approximately 570 EUR, YSL, Art. 6, Para 1.

7 YSL, Art. 4. Para. 2 and Art. 5. Para. 6.

8 YSL, Art. 7.

9 YSL, Art. 8

10 YSL, Art. 5. Para. 8.

11 YSL, Art. 9. Para. 1.

12 YSL, Art. 4. Para. 2.

Whereas the role of the GDSA is to coordinate outreach, application, and verification processes as well as the distribution of services,<sup>13</sup> the Committee is tasked with verifying the submitted applications within 90 days from the moment of the submission.<sup>14</sup>

More precisely, Article 4.2 of the YSL states that the law aims to

“rehabilitate and take care of [female] survivors and those covered by the provisions of this law and to prepare the necessary means to integrate them into society”.

Article 5.6 further stipulates that GDSA will open

“health and psychological rehabilitation centers to treat [female] survivors.”

In order to address the current gap in the provision of mental health services by institutions, GDSA signed agreements with eight NGOs on 28th March 2023 with a view

to creating a referral system to support survivors both during the application process and afterwards.<sup>15</sup> However, such a referral system, though indispensable as a transitional solution, cannot substitute a sustainable state-sponsored rehabilitation system guaranteed under the YSL.

In addition, such system cannot be reduced to MHPSS (mental health and psychosocial) services alone, but requires a multidisciplinary approach to deliver a range of rehabilitation services and interventions to mitigate, as far as possible, “ripples of harm” caused by an initial wrongdoing adversely affecting individuals, families and communities concerned.<sup>16</sup>

On the 24th and 25th November 2023, GDSA with the support of IOM-Iraq, organized a workshop to discuss setting up permanent rehabilitation system as envisaged in the YSL.

During the two-day workshop Iraqi officials together with national and international experts, explored potential models, components, and approaches necessary for developing institutionalized MHPSS services and a road map for establishing the Specialized Centers in Sheikhan and Sinjar for YSL beneficiaries.<sup>17</sup>

<sup>13</sup> YSL, Art. 5; YSL bylaws, Art. 2-3.

<sup>14</sup> YSL, Art. 10. Para. 2.

<sup>15</sup> See First C4JR YSL Newsletter available at [https://c4jr.org/wp-content/uploads/2023/07/C4JR-NL\\_1\\_English.pdf](https://c4jr.org/wp-content/uploads/2023/07/C4JR-NL_1_English.pdf)

<sup>16</sup> See Second C4JR YSL Newsletter available at [https://c4jr.org/wp-content/uploads/2023/09/C4JR-NL\\_2ENG.pdf](https://c4jr.org/wp-content/uploads/2023/09/C4JR-NL_2ENG.pdf)

<sup>17</sup> See Fourth C4JR YSL Newsletter available at [https://c4jr.org/wp-content/uploads/2023/12/C4JR-NL\\_4ENG.pdf](https://c4jr.org/wp-content/uploads/2023/12/C4JR-NL_4ENG.pdf)

This Guide recognizes and builds on these State efforts by proposing practical indicators against which compliance with relevant international standards, and thus success of such endeavors, is to be measured. To this end, the Jiyan Foundation for Human Rights and the International Centre for Health and Human Rights (ICHHR) have together adapted, for the Iraq context, the global framework of human rights indicators to assess how States implement survivors' right to rehabilitation as a form of reparation. These indicators enable international, regional and national human rights actors to monitor and hold States accountable for their obligations to survivors.

The guidance provided herein outlines the context and methodology of adapting these human rights indicators, and provides practical steps on how these indicators can be used for establishing an assessment of reparation measures for the rehabilitation of survivors, and for monitoring and ensuring effective, national implementation of the right to rehabilitation.



*Khanke IDP camp, Duhok, Iraq  
Photo©Alannah Travers /Jiyan Foundation*

## II Why Do We Need Human Rights Indicators?

Human rights indicators are needed in order to measure the gap between the human rights of individuals as established in international law and the implementation of those rights by States.

Torture and other grave human rights violations have devastating consequences for victims/survivors, their families and their communities. The severe physical and psychological effects can be immediate, but can also last for decades, destroying the survivor's ability to live a full life, affecting daily functioning, affecting family and friendships, work and education, and even future generations. For most survivors, these impacts do not fade on their own over time; and the recovery process requires holistic and specialist, multidisciplinary rehabilitation as a form of reparation<sup>18</sup>.

The right to rehabilitation is set out in Article 14 of the United Nations Convention Against Torture (CAT), and elaborated upon in General Comment 3 of the Convention;<sup>19</sup> and is becoming increasingly recognised in regional and national laws, as in the Yazidi Female Survivors Law in Iraq.

Indicators for the right to rehabilitation capture the nature and scope of the right to rehabilitation for survivors and they help assess performance of States in the implementation of their international and regional obligations towards torture survivors.

Indicators are not a simple checklist, but a tool to assess and to report on any progress, or lack of, on the implementation of the right to rehabilitation. Indicators can:

- Anchor legal language and standards for the right to rehabilitation in multidisciplinary rehabilitation practice;
- Inform comprehensive, national assessments;
- Provide a roadmap towards realisation of the right to rehabilitation;
- Inform implementation strategies at country level, including public policies and programmes;
- Inform decisions on what information is recorded, and where and how to measure the implementation of the right;
- Identify the efforts the State has taken to ensure the means to as full rehabilitation as possible;
- Monitor and evaluate progress and overall outcomes as a result of the efforts the State has undertaken.



Sheikhhan IDP camp, Sheikhhan, Iraq  
Photo©Alannah Travers /Jiyan Foundation

<sup>18</sup> N. Patel, 'Conceptualising rehabilitation as reparation for torture survivors: A clinical perspective'. *International Journal of Human Rights*, 23(9), 2019, pp.1546-1568.

<sup>19</sup> UN Committee against Torture, General Comment no. 3, Implementation of Article 14 by States parties, CAT/C/GC/3, 13 December 2012 ('General Comment no.3').

### III What are the Global Human Rights Performance Indicators on the right to rehabilitation as reparation?

The global human rights indicator framework was developed by Professor Nimisha Patel, a clinical psychologist and rehabilitation expert at the International Centre for Health and Human Rights and University of East London.<sup>20</sup> They were developed in reference to the elaboration of rehabilitation as reparation in various UN and regional instruments<sup>21</sup> and the Committee against Torture's General Comment no. 3<sup>22</sup> on the implementation of Article 14 of the CAT.

The global framework comprises a set of nearly 200 human rights indicators, established in 2016, to monitor the implementation of the right to rehabilitation as a form of reparation for survivors of torture and other grave human rights violations. Professor Patel conducted more than a decade of extensive interdisciplinary research, used various assessment methods evaluating the quality of rehabilitation services for victims/survivors of torture and other grave

human rights violations, conducted extensive consultation and in-depth qualitative research with survivors from over 90 countries and consultations with a range of rehabilitation experts and with the International Rehabilitation Council for Torture Victims (IRCT).

Experts in human rights indicator-development, including from the Office of the High Commissioner for Human Rights' Research and Right to Development Team, were also consulted.

Between 2016-2018 a collaborative process between ICHHR, the IRCT and stakeholders was undertaken over three years, of national testing and contextualising of the indicators in various countries.

Subsequently, in 2019, a further extensive consultation by ICHHR and the IRCT with experts and stakeholders from all regions of the world was undertaken to identify priority indicators, to initiate their application globally.



<sup>20</sup> N. Patel. Framework of indicators for the right to rehabilitation as reparation for survivors of torture. London: ICHHR, 2016.

<sup>21</sup> See UN Human Rights Council resolution on Torture and other cruel, inhuman or degrading treatment or punishment: rehabilitation of torture victims/survivors, A/HRC/22/L.11/Rev.1, 19 March 2013; UN Basic Principles and Guidelines on the Right to a Remedy and Reparation, above n. 3; UN Office of the High Commissioner for Human Rights (OHCHR), Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment ('Istanbul Protocol'), HR/P/PT/8/Rev.1, 2004.

<sup>22</sup> Supra note 2.

## IV How are Global Human Rights Performance Indicators categorised?

The global human rights indicators on the right to rehabilitation follow an internationally-recognised structure developed by the UN Office of the High Commissioner for Human Rights (OHCHR). Broadly, this indicator framework seeks to capture relevant aspect(s) of the right to rehabilitation, categorising indicators as structural, process and outcome indicators which assess the “commitment-effort-result aspects of the realisation of human rights”<sup>23</sup>. Together, these indicators enable us to capture the State’s performance on the implementation of their international obligations.

### Structure indicators address the questions:

- Are the necessary legal and institutional structures in place?
- What is the State commitment to its human rights obligations?

### Process indicators address the questions:

- Has the State adopted the necessary policies and processes for rehabilitation to be offered to torture victims?
- What efforts has the State made to implement the right to rehabilitation as reparation?

### Outcome indicators address the questions:

- Is the State achieving the intended outcomes in enabling victims/survivors to rebuild their lives after torture and other grave human rights violations?
- Are services provided adequate to be considered ‘rehabilitation’ as a form of reparation?

You can learn more about rehabilitation as a form of reparation, its holistic conceptualisation and the importance of using performance indicators by listening to Professor Patel [here](#).

<https://c4jr.org/2808202327773>

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<sup>23</sup> UN Office of the High Commissioner for Human Rights (OHCHR). Human rights indicators. A guide to measurement and implementation. HR/PUB/12/5, 2012.

## V How were the Global Human Rights Performance Indicators adapted for Iraq?

Since 2019, the Jiyan Foundation for Human Rights hosts the Secretariat and facilitates work of the Coalition for Just Reparations (C4JR), an alliance of 33 Iraqi NGOs which supports reparation claims of civilian survivors of crimes perpetrated during the ISIL conflict in Iraq, by using Iraqi law and international human rights law.



*C4JR's members the general meeting in Erbil in November 2023.*

The C4JR actively engaged in advocating for the passage of this vitally important legislation and improving the initial bill submitted by the Iraqi presidency.<sup>24</sup>

However, substantial effort is now required to ensure that YSL implementation process is swift, effective and accountable to survivors and that GDSA deliver on the law's promises. The C4JR currently prioritizes monitoring and reporting on YSL implementation with a view of conducting evidence-based advocacy for, inter alia, provision of holistic rehabilitation services in line with international standards and best practices.

To that end, the C4JR, in collaboration with the International Centre for Health and Human Rights, organised four consultation workshops in June 2023. Separate workshops were held for women survivors, men survivors and families of survivors; as well as with key national stakeholders, to discuss their views on rehabilitation as reparation.<sup>25</sup> The workshop with stakeholders included discussion on the right to rehabilitation as reparation in international law, the nature of rehabilitation as a holistic and specialist,

interdisciplinary concept and service-delivery and on the relationship between rehabilitation and justice and impunity.

In the consultation workshops with survivors, they were not asked about their experiences, which are widely-documented and reported, but many shared their experiences of sexual slavery, rape, torture, inhuman and degrading treatment.



*C4JR consultation workshop with the stakeholders in Duhok in June 2023.*

<sup>24</sup> For an overview of the process leading to enactment of the YSL and first two years of its implementation see B. Gavrilovic 'More than "Ink on Paper": Taking Stock two Years After the Adoption of the Yazidi [Female] Survivors Law' available at [1] [UN Office of the High Commissioner for Human Rights \(OHCHR\). Human rights indicators. A guide to measurement and implementation. HR/PUB/12/5, 2012.](#)

<sup>25</sup> For a summary of priorities identified in these stakeholder workshops, see Appendix 1.

On the basis of survivors' accounts and available reports on the atrocities committed by ISIL, Professor Nimisha Patel has adapted the indicators for the right to rehabilitation for torture survivors, and contextualised the indicators specifically for Iraq, in keeping with Iraqi and international human rights law.

As outlined earlier, whilst the indicators were originally developed in reference to the United Nations CAT, Iraq has also ratified the Convention on the Elimination of Discrimination against Women (CEDAW),

which includes the obligation to address violence against women. The indicators presented here address gender, but do not include indicators specifically referencing CEDAW, though all international obligations are relevant to realising the right to rehabilitation as reparation.



CAJR consultation workshop in Duhok in June 2023.



## VI How to use Human Rights Indicators for the Right to Rehabilitation, adapted for Iraq?

The comprehensive compilation of indicators which comprise the ‘Human Rights Indicators for the Right to Rehabilitation in Iraq’ (Appendix 2) is not intended as an exhaustive list, nor a substitute for formal qualitative and quantitative research, but together, the indicators help in assessing progress in the implementation of the right to rehabilitation as reparation.

However, it is important to establish where to start, and to do this a shortlist of key areas (based on legal standards for rehabilitation) and the related key indicators (taken from the ‘Human Rights Indicators for the Right to Rehabilitation in Iraq’) were identified by a

process of consultation with stakeholders, including survivors and rehabilitation service providers.

These stakeholders were asked to prioritise six key standards and related indicators, as a starting point to begin monitoring. The compilation of the shortlist of standards and indicators (Appendix 3) provides a starting point to begin to assess the implementation of the right to rehabilitation for survivors in Iraq.

In summary, the indicators, selected by survivors and rehabilitation service providers as a priority currently, include structure, process and outcome indicators. These shortlisted indicators fall under six key standards for the right to rehabilitation (see below).

<b>Shortlist of standards and indicators</b>	
<b>Key standard 1:</b>	Existence of a national law (and bylaws) which provide a legal right to reparation and rehabilitation for victims/survivors of torture and other grave violations of international human rights law.
<b>Key standard 2:</b>	Adequate budget allocated to rehabilitation services for victims/survivors of torture and other grave violations of international human rights law, and their families.
<b>Key standard 3:</b>	State efforts to ensure awareness-raising, education and training for service providers (health and social care staff) on the right to rehabilitation for victims/survivors of torture and other grave violations of international human rights law.
<b>Key standard 4:</b>	State efforts to ensure awareness-raising for the public and all affected communities on the right to rehabilitation for victims/survivors of torture and other grave violations of international human rights law; and how to access services.
<b>Key standard 5:</b>	Services are appropriate for the needs of survivors and their families.
<b>Key standard 6:</b>	Services are coherent to meet the diverse and complex rehabilitation needs of survivors and their families.

## VII Steps to using Human Rights Indicators for the Right to Rehabilitation

The steps to using the human rights indicators for the right to rehabilitation as reparation are summarized in figure 1.

- 
- Step 1
    - Establish a team
    - Ensure a mix of relevant knowledge and skills
  - Step 2
    - Review the standards and the indicators and familiarise
    - Ensure understanding of the law and the parameters of the standards and indicators
  - Step 3
    - Design a system for monitoring
    - Establish coordination and roles and responsibilities for operationalising the system
  - Step 4
    - Establish a strategy
  - Step 5
    - Review all selected indicators
    - Identify potential sources of information for each indicator
  - Step 6
    - Design a data recording system
    - Establish a database
  - Step 7
    - Establish who will collect information for which standard
  - Step 8
    - Data entry - enter all available information in the database
    - Check data quality and ensure data integrity
  - Step 9
    - Data analysis
    - Data interpretation
  - Step 10
    - Reporting
  - Step 11
    - Advocacy
  - Step 12
    - Review: what can be improved?
  - Step 13
    - Repeat the cycle of monitoring to assess implementation of the right to rehabilitation
  - Step 14
    - Identify additional standards and indicators from the full framework of indicators to expand monitoring and repeat steps 4-14

Figure 1. Steps to using human rights indicators to monitor the right to rehabilitation

## 1. Establish a Team

Human rights indicators help us to assess the current state of the implementation of the right to rehabilitation as reparation for survivors; and to establish gaps and progress over time. This requires a team dedicated to oversee and conduct the monitoring of State structures, processes and outcomes in relation to rehabilitation. At a minimum, there should be a team leader or coordinator, with a team comprised of those with relevant knowledge, skills and commitment to conduct regular monitoring using human rights indicators.

### **Key knowledge and skills required within the Team include:**

- Knowledge of human rights law, accountability mechanisms, advocacy approaches, rehabilitation service design and delivery, human rights indicators, monitoring and evaluation systems and methods
- Leadership skills
- Skills in designing a system and developing strategy for collective assessment using human rights indicators
- Skills in ensuring data integrity, data recording, data collection, data analysis and interpretation, data reporting

## 2. Review the six shortlisted standards to ensure comprehension by the team and all stakeholders

The six shortlisted standards provide a snapshot in time of the implementation of the right to rehabilitation for survivors. It is important that

all stakeholders and the team to familiarize themselves with the indicators and understand the parameters of these standards and their establishment in human rights law.

## 3. Design a system for monitoring

A system for monitoring the implementation of the right to rehabilitation requires coordination by several parties. Establish clear roles and responsibilities. It may be that the coordination function is carried out by one individual or organization, with different members of the team overseeing different functions of the system (identifying sources of relevant data, defining data categories and data recording, ensuring data integrity, data collation and analysis, interpretation, and reporting). Or, a system can be designed collectively but organized and implemented by one organisation.

## 4. Establish a strategy

In consultation with team members and key stakeholders, a strategy must be established to identify where to start in terms of key responsibilities in identifying how systems for recording relevant information may need to be streamlined to ensure key information for the indicators can be collected; establishing timelines for collecting data, analysing, reporting, proposed plans for advocacy etc.

## 5. Review indicators and identify potential sources

Each indicator is designed to be specific, measurable and relevant to the standard.

Review each indicator under each shortlisted standard, and identify the potential sources of information that address each indicator. Some information may be readily available in State-compiled annual reports, official administrative data, surveys and public documents and policies; and other information may be found in rehabilitation service policies, research, monitoring and evaluation reports, expert reports, reports and recommendations of United Nations human rights mechanisms, perception and opinion surveys with survivors etc.

Sometimes, there will be no available sources for the information for an indicator – this can be recorded as such; with a strategy for how to ensure appropriate sources of information can be established in the future. For example:

*Participation and contribution by survivors and their families in the design, development and implementation of public awareness-raising programmes.*

If there is currently no State monitoring and reporting of whether survivors participated in the design, development and implementation of public awareness-raising programmes, then this can be recorded as ‘no evidence’. However, in future, it may be that this information is sought in government reports or directly by survivor groups and communities.

Where those sources of information provide information in different formats/ways, agree a common method for assessing that information. For example, for the indicator National analysis of:

- *Estimated numbers of victims/survivors of torture and ill-treatment, disaggregated by gender, age, ethnicity, religion/faith and other key factors;*
- *Their rehabilitation needs and requirements of rehabilitation services.*

There may be no State national analysis. However, there may be an analysis by NGOs and survivor groups and their communities of the estimated numbers of survivors, and their rehabilitation needs (e.g., medical, vocational, psychological, educational etc.).

The team may agree to record information for these indicators under both ‘State’ (no analysis) and ‘Non-State’/NGOs (recording what is known).

Another example of an indicator is:

Services have protocols and established mechanisms to develop tailored plans to meet the range of immediate and long-term needs of survivors and their family members.

It may be that State rehabilitation services have protocols and established mechanisms to develop tailored rehabilitation plans for survivors, but not for their families. This can be recorded as such.

It may be that State-designated NGO rehabilitation service providers have differing protocols and mechanisms to develop tailored rehabilitation plans – some may describe their plans as tailored (specific to each person’s unique needs); others may say that what they offer to survivors is determined by the service’s resources, rather than by the survivor’s unique rehabilitation needs. The team may agree that this indicator is then only partially met by State-designated rehabilitation service providers– in other words, only some services have mechanisms to develop tailored plans.

## **6. Design a data recording system**

An electronic database system needs to be established to record and collate all the data relevant to the indicators. The system needs to ensure that data can be entered by designated persons, ‘cleaned’ (e.g., for errors, duplications, incompatibility etc.) and readily analysed.

The system can be designed so that full periodic reports can be produced for all indicators for each of the six shortlisted standards (e.g., every six months/ annually); and that data on specific standards can also be analysed as required (e.g., is there an adequate budget by the State to ensure rehabilitation services for survivors and their families, or to address the standard of the appropriateness of State-designated NGO rehabilitation service providers).

## **7. Establish who will collect information for which standard**

Whilst one organization/person may coordinate the collection and collation of information for each standard, it may be useful and less onerous if specific individuals (or organisations) are tasked with collecting information nationally, on one standard. The information can then be sent to the central coordinator, to review, clarify and enter into the database system.

## **8. Data entry**

Data entry for human rights indicators is a complex and skilled task, not only administrative. Many errors in data entry and misunderstanding of the information collected can lead to erroneous conclusions subsequently, with potentially serious consequences. Ensure effective systems for checking data quality and data integrity.

Data entry can be made easier with effective database design and user-friendly and accessible interface.

Data entry can be done annually, allowing at least two months for data checking, cleaning and analysis – before an annual report can be prepared.

## **9. Data analysis and interpretation**

Data analysis can be conducted annually, to provide clarity on State efforts and practices; as well as State-designated NGO rehabilitation service providers. Together, this may give a nuanced and more accurate picture of the implementation of the right to rehabilitation nationally for survivors.

That said, no data can give a full picture of the reality – however, based on a shortlist of indicators, the data can provide a reasonably good picture.

The interpretation of the data requires skill and knowledge of the limitations of the data quality (where the data entered may be partial, or from unreliable sources etc.). It is important that the interpretation of any analyses is conducted in consultation with the Team, and includes an expert on data analysis and interpretation. All possible explanations for the results should be explored, and limitations of the information should be acknowledged.

## **10. Reporting**

Establish a system for producing annual reports to disseminate the findings on the national implementation of the right to rehabilitation for survivors. It may be useful sometimes, depending on ongoing political and social priorities, to also provide reports on specific standards, at any given time.

## **11. Advocacy**

A report on the current state of the implementation of the right to rehabilitation for survivors can inform advocacy strategies and efforts. Good practice can be highlighted, as well as gaps and shortcomings in State practice. Identifying key issues can inform future national human rights action plans and human rights budgeting. It is vital that any advocacy strategy based on the findings on human rights indicators is aware of the limitations of the data, and that it does not extrapolate beyond what is known and also

makes clear what is not known, or information that is as yet unavailable.

Given that the protection and promotion of the right to rehabilitation as reparation is not a one-off event, advocacy is ongoing and at particular times specific information and data from human rights indicators will be needed, to inform discussions, and to facilitate the implementation of human rights obligations.

## **12. Review: what can be improved?**

On the basis of an annual cycle of data collection, analysis and reporting, an annual review by the Team can help improve the system for identifying appropriate sources of information, data collection, recording, analysis etc. Risks to data quality may be identified, and which can be rectified. Any problems or limitations of the database system can also be addressed, to ensure better reporting in future.

An annual review can also consider the need for capacity-building within the Team for effective data collection, analysis, interpretation and reporting.

Participation from survivors can further inform what can be improved, and if there needs to be a greater focus on particular standards and indicators.

### 13. Repeat cycle of monitoring

Monitoring using human rights indicators is an ongoing cycle – aimed at improving the implementation of the right to rehabilitation as reparation for survivors (figure 2). The cycle of assessment, using the indicators, can be repeated regularly.

### 14. Identify other standards and indicators for future assessment

Following 2-3 years of collecting information on the shortlisted indicators, further indicators can be added from the main, full framework of indicators for the right to rehabilitation as reparation. The aim is that, with time, a broader picture can be established on the implementation of the right to rehabilitation, and that this can inform State policies, practices and effective means to as full rehabilitation as possible for survivors.

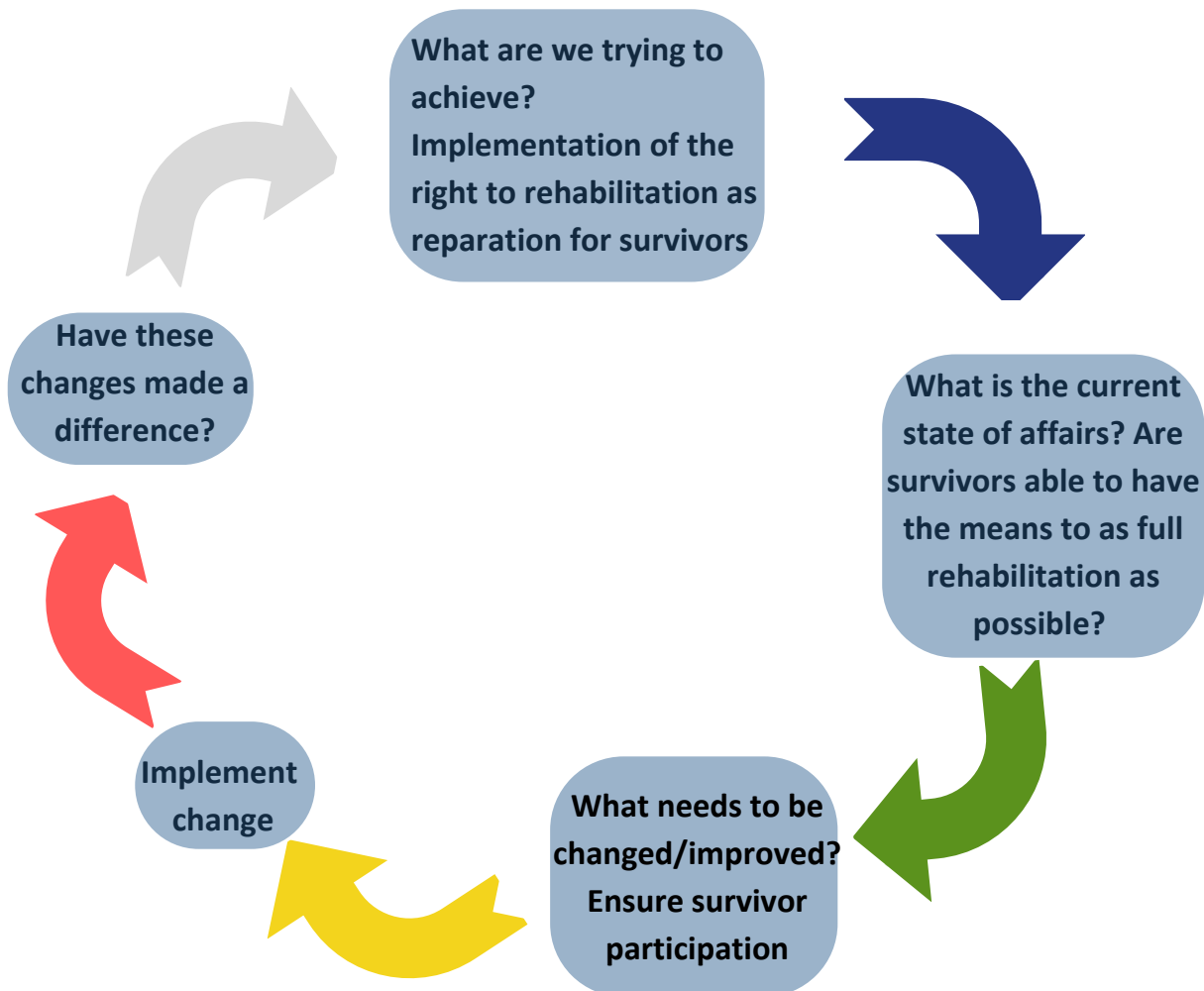


Figure 2. The cycle of monitoring using human rights indicators

## VIII Conclusions

The human rights indicators for the right to rehabilitation as reparation can be used to measure the status of implementation, and to assess progress. The indicators cover the three main stages of human rights implementation, ensuring adequate structures and processes for implementation, and ensuring appropriate outcomes.

The indicators can provide an assessment of the progress made, the gaps in implementation and a roadmap for where to direct focus and tailor national interventions towards effective implementation of the right to rehabilitation.

Used together, the indicators provide a tool for dialogue with the State to establish priority issues for implementation efforts, and to ensure transparency and accountability based on objective measures.

Alternatively, or complementary to State dialogue, evidence-based monitoring may be leveraged by being fed into the UN human rights reporting procedures (reporting cycles of UN Treaty Bodies, Special Procedures, Universal Periodic Review (UPR) etc.), thus creating additional incentives for the State to improve performance.

National, regional and international human rights monitoring mechanisms can also use the indicators for structuring and focusing their questions to State agencies and analysis of State implementation; and for making recommendations for States to progress on implementation.

States can use the indicators themselves to guide implementation of the right to rehabilitation and as an objective measure of their progress, or gaps and shortcomings.



# Appendix 1: Summary of priorities for a way forward identified by stakeholder consultation groups

## Addressing gaps in the law

Address gaps in law:

- Include elderly
- Include all children (including those born from rape)
- Include men (detained, tortured etc. and former child soldiers)
- Include those with disabilities
- Address racism against Yazidis
- Recognition of genocide

## Establishing mechanisms to implement and monitor

- **Rehabilitation:**
  - Establish budget for holistic rehabilitation (across different Directorates)
  - Establish specialist workforce and training to provide full range of rehabilitation
  - Establish an appropriate national model for rehabilitation services
  - Establish monitoring mechanisms to assess number of survivors and their rehabilitation needs - including in families
  - Establish referral mechanisms between all providers of rehabilitation services (State, NGOs, INGOs)
  - Establish monitoring system to assess progress on implementation of all aspects of YSL, especially rehabilitation
  - Establish system to involve survivors in communication, advocacy and decisions on developing services
  - Create mechanisms to help reunite families

- Establish awareness-raising programmes within communities, State bodies and NGOs on right to rehabilitation, services etc.
- **Compensation:** Mechanisms to monitor and ensure fair compensation to all survivors and families; including ransoms paid to release family members
- **Restitution:** Mechanisms and budget to restore land rights, rebuild homes, schools, hospitals, basic services
- **Mass graves:** Mechanisms to monitor how many graves, which graves not opened, no.s identified, no.s still missing
- **Justice:** mechanisms to ensure perpetrators are found, investigated and punished
- **Security and prevention of future harms:** in camps, Sinjar
- **Coordination between State directorates;** and between Iraqi and Kurdish authorities

## Rehabilitation services

### Rehabilitation service provision:

- Availability of specialised staff and services in all areas where survivors are
- Rehabilitation services for all survivors (women, men, elderly, children, those with disabilities)
- All rehabilitation services in YSL - including educational support, vocational training, medical, legal support, psychological etc.
- Recreational centres for survivors and community members
- Gender, cultural, spiritual and language sensitivity in all services
- Sustainable (funded) services
- Effective and safe feedback opportunities for survivors on their experiences with services
- Provision of basic services to address basic needs of survivors

# Appendix 2: Full framework of human rights standards and indicators for the right to rehabilitation as reparation: Contextualised for Iraq (2023)

## A. STRUCTURAL INDICATORS FOR THE RIGHT TO REHABILITATION AS REPARATION

Overall question: What legal and constitutional measures and safeguards has the State undertaken to implement the right to rehabilitation as a form of reparation for victims/survivors of torture?

### Indicators

#### 1. Laws

- Number of human rights treaties relevant to the prohibition of grave violations of international human rights law and to reparation, including the right to rehabilitation as a form of reparation, which are ratified by the State

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- Date of entry into force and scope of coverage in the constitution, of
  - (a) the prohibition and prevention of torture and other grave violations of international human rights law
  - (b) the right to rehabilitation as a form of reparation

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- Date of entry into force and scope of coverage of domestic laws, including bylaws, for
  - (a) the prohibition and prevention of torture and all grave violations of international human rights law
  - (b) the provision of judicial remedies, including effective investigations, prosecutions, satisfaction and the right to truth
  - (c) the provision of reparation
  - (d) the explicit right to rehabilitation, as a form of reparation

#### 2. Policies

- Date of entry into force and scope of coverage of a national policy framework across health, social care, education and justice departments, with a clear, specified timeframe and demarcation of responsibilities and duties, to implement the right to rehabilitation, in keeping with contextually relevant norms for the country

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- Date of establishment and scope of mandate of national and provincial/local institutional structures and effective and mechanisms across health, social care, education, justice and other relevant departments, with a clear, specified timeframe and demarcation of responsibilities and duties, to implement the right to rehabilitation as a form of reparation and to ensure accessible mechanisms for survivors

#### 3. Implementation

- Number of provincial/local governments following the national policy framework, within a specified timeframe, to promote the right to rehabilitation as a form of reparation.

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- Number of registered civil society institutions involved in the promotion of the right to rehabilitation as a form of reparation.

## B. PROCESS INDICATORS FOR THE RIGHT TO REHABILITATION AS REPARATION

**Overall question: What efforts (interventions) is the State making towards realising the right to rehabilitation as reparation for victims/survivors of torture?**

# Indicators

## 1. Budget allocations and Programmes

- National analysis of:
  - Numbers of victims/survivors of torture and ill-treatment, disaggregated by gender, age, ethnicity, religion/faith and other key factors;
  - The nature of their allegations of torture or ill-treatment
  - Their rehabilitation needs and requirements of rehabilitation services.

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- Share of government budgets, specifically on holistic, specialist and multidisciplinary rehabilitation as a form of reparation for victims/survivors, based on an analysis of the numbers and the needs of victims/survivors:
  - Allocated and spent for the purpose intended
  - Disaggregated across public health, social care, education, employment and other relevant government departments with responsibilities under the right to rehabilitation as reparation.

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- Reparation (and any other related) State programme established with specific rehabilitation component for victims/survivors of torture in any transitional justice processes.

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- Memorandums of Agreement (formal agreement) between any State reparation programme and other rehabilitation service providers to ensure systematic, national coverage for victims/survivors.

## 2. Awareness-raising

- National State awareness-raising programme, specific to each government institution and department at the national and local/provincial levels, including the police and army, for increasing understanding of their obligations under the prohibition of torture and all other grave violations of international human rights law and the right to remedy and rehabilitation as reparation

- National State awareness-raising, education and training for all health, social care and legal professionals; and for those staff working in any State reparation programmes, for increasing understanding of their obligations under the right to rehabilitation as reparation
- National State programme for public awareness-raising on the

- 
- o Prohibition and prevention of torture and all other grave violations of international human rights law (including gender aspects)
  - o Multi-dimensional impact of grave violations of international human rights law and negative social discourses (including gendered discourses) on survivors and their families;
  - o Right to rehabilitation as reparation for victims/survivors and the Yazidi Survivor Law;
  - o Availability of rehabilitation services, types of services, location of services and how to access those services

- 
- Participation and contribution by survivors and their families in the design, development and implementation of public awareness-raising programmes

### 3. Mechanisms

- Effective mechanisms established to monitor the quality and implementation of awareness-raising programmes for government institutions and for the public

- Effective mechanisms established to monitor the quality and implementation of education and training of health, social care and legal professionals on the torture prohibition and the right to rehabilitation as reparation and the Yazidi Survivors law

- 
- Effective mechanism to assess and establish an appropriate model of national rehabilitation service delivery as reparation for survivors

- 
- Effective mechanisms to implement victims/survivors' right to rehabilitation

- 
- Effective mechanisms established with adequate mandates to monitor and assess the national implementation of the right to rehabilitation as a form of reparation

- 
- Independent National Human Rights Institution with a mandate to

- o monitor effective implementation of victims/survivors' right to rehabilitation
- o monitor outcomes of individual torture complaints including whether decisions detail any specific remedies, including rehabilitation;
- o monitor and evaluate the effectiveness of national implementation of any reparation (and related) programmes which have specific components for rehabilitation of victims/survivors

- National protocol(s) (including Standard Operating Procedures) and mechanisms for the coordination, functions, responsibilities and monitoring of every State institution which has contact with victims/survivors to ensure effective implementation of the right to rehabilitation

- 
- Mechanisms and national guidance established for State institutions to ensure the identification, rehabilitation and follow-up of victims/survivors, including those with special needs and from marginalised and vulnerable groups, in all settings (including safety sites, IDP camps, detention centres, health institutions, schools, community etc.)

- 
- Mechanisms established to inform victims/survivors where and how to access rehabilitation services

- 
- Effective, accessible and appropriate mechanisms for victims/survivors to seek and access rehabilitation services
  - Effective complaints mechanisms for victims/survivors which

- o Enable victims/survivors to make complaints about the availability (or lack of), accessibility and nature of rehabilitation programmes or services
- o Are made known by a range of methods to victims/survivors
- o Are accessible to victims/survivors

- 
- Effective State mechanisms to ensure access to information for the independent monitoring of the implementation of the right to rehabilitation as reparation

#### **4. Availability of staff with relevant skills**

- Number of specialist health and social care professionals (doctors (including specialists – psychiatrists, gynaecologists etc.), psychologists, social workers) per capita

- 
- Numbers of staff (disaggregated by profession) specialising in the rehabilitation of torture victims/survivors in all rehabilitation services nationally

- 
- Numbers of government staff and relevant government officials (disaggregated by role/position and department) trained in their obligations under the torture prohibition and the right to rehabilitation as reparation for all victims/survivors

- 
- Numbers of staff (disaggregated by profession) who are provided training to increase their own awareness and skills in providing rehabilitation to victims/survivors

- 
- Access to information on the above, to ensure effective monitoring of the availability of staff with relevant skills

## **5. Availability of assistance in the direct aftermath of torture and other grave violations of international human rights law and of rehabilitation services**

- Measures available to assist victims/survivors in the direct aftermath of torture and other grave violations of international human rights law
    - At national level
    - At regional and local levels
- 

- Specialist rehabilitation services provided within any national reparation programme (disaggregated by medical, psychological, social, educational, vocational and legal rehabilitation)
- 

- Number of established services available for the rehabilitation as reparation for victims/survivors
  - At national level
  - At regional and local levels
  - By type of institution (State/NGO/other)
  - By geographical location/region within the country
  - By specific groups of torture victims/survivors (e.g., gender, age, disability, religion/faith, ethnicity)
  - With a breakdown of which specialist rehabilitation services are provided within each centre/reparation programme
  - Number of specialised staff within a reparation programme, and/or in each operational service for the rehabilitation of victims/survivors, specialised in:

- Conducting holistic needs assessment of survivors
- Providing assistance in the direct aftermath of torture
- Providing specialist rehabilitation for torture victims/survivors and their families

## **6. Monitoring and evaluation systems to assess State implementation**

- State system which ensures the participation of survivors in its monitoring and evaluation of rehabilitation services
- 

- Budget allocation specifically for the effective and sustainable monitoring, evaluation and reporting of rehabilitation services
- 

- State monitoring and evaluation systems and reports on disaggregated data (by e.g., gender, age, disability, faith/religion, ethnicity) on:
  - Numbers of victims/survivors who have received assistance in the direct aftermath of torture
  - Number of victims/survivors and family members who have sought rehabilitation through legal, administrative and other means
  - Number of victims/survivors and family members who have received rehabilitation services appropriate to their needs
  - Which particular types of rehabilitation services are absent at a national and provincial/local levels (e.g., physical health and psychological health rehabilitation, social care rehabilitation,

- educational rehabilitation for minors, vocational and legal rehabilitation);
- Steps taken on the implementation of judgements by national, regional or international courts, or recommendations, on improving rehabilitation service availability, quality and gaps in rehabilitation services (including, health, social care, education, vocational and legal rehabilitation);
- What are the structural barriers to the implementation of the right to rehabilitation as reparation;
- The specific time frame of judicial and/or any reparation programmes and reparation processes;
- What are the related structural and procedural barriers in reparation processes which may adversely impact on the rehabilitation of victims/survivors of torture or cause harm to victims/survivors;
- Steps taken by the State to address the structural and procedural barriers.

## 7. Access to reparation

- Numbers of victims/survivors; and their families, (disaggregated by e.g., age, gender, religion/faith, ethnicity, disability and other key factors) who have accessed mechanisms to obtain reparation (including via national, regional or international courts, criminal, civil, administrative and non-judicial procedures, such as administrative reparation programmes)

- Numbers and proportion (%) of all victims/survivors who have accessed mechanisms to obtain reparation (disaggregated by national, regional and international courts; by all national criminal, civil, administrative procedures and non-judicial procedures, such as administrative reparation programmes) who have obtained reparative measures. Specify:
- 

- Numbers and proportion (%) of all victims/survivors who have obtained reparative measures (disaggregated by national, regional and international courts; by all national criminal, civil, administrative procedures and non-judicial procedures, such as administrative reparation programmes), where rehabilitation is specifically mentioned. Including:

- Number of judicial decisions in cases of torture instituted in the courts of law (national, regional or international) which specify rehabilitation as reparation
  - Number of recommendations by national human rights organisations which specify rehabilitation as reparation
- 

- Numbers and proportion (%) of victims/survivors designated to receive rehabilitation (disaggregated by national, regional and international courts; by all national criminal, civil, administrative procedures and non-judicial procedures, such as administrative reparation programmes) who have actually received rehabilitation. Including:
-

- o Proportion of judicial decisions (in national, regional or international courts) specifying rehabilitation as reparation, which are executed
- o Proportion of recommendations by national (human rights organisations specifying rehabilitation as reparation which are implemented
- o Proportion of recommendations from any national reparation programmes or processes, specifying rehabilitation, which are implemented
- o Proportion of decisions from regional or international human rights mechanisms specifying rehabilitation, which are implemented

- 
- Number of formal complaints on the right to rehabilitation which are investigated and adjudicated by the national human rights institution, human rights ombudsman or other mechanisms; and the proportion of these complaints responded to effectively by the Government by fully implementing the decision.

## **8. Mechanisms for other measures in Yazidi Survivors Law relevant to rehabilitation**

- **Compensation:**
- Fair implementation of compensation measures for all survivors
- Effective mechanisms to monitor the implementation of compensation measures

- **Restitution:**

- Establishment and allocation of budget for restitution measures (e.g., homes, schools, hospitals) for all survivors
- Effective mechanisms to monitor implementation of restitution measures

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- **Investigation of missing persons**

- Effective mechanisms to monitor the number of mass graves opened, the numbers of victims identified; and numbers still missing

- **Justice**

- Effective mechanisms to monitor numbers of perpetrators identified, investigated, prosecuted and punished

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- **Prevention:**

- Effective implementation of measures to ensure non-repetition of harm
- Effective mechanisms to monitor recurrence of harm in all settings where there are survivors (including IDP camps, cities, Sinjar region etc.).



## C. OUTCOME INDICATORS FOR THE RIGHT TO REHABILITATION AS REPARATION

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

<b>Standard</b>	<b>Attributes of the standard</b>	<b>Sample indicators</b>
<b>1.Safety and personal integrity of clients and staff in services</b>	<b>1.1</b> Survivors do not suffer from threats, harm, intimidation or other reprisals whilst, or as a result of attending/using rehabilitation services, or when giving feedback/complaints on rehabilitation services accessed	<ul style="list-style-type: none"><li>• Service has established mechanisms to monitor threats, harm, ill-treatment, intimidation or other reprisals against survivors and their family members as a result of attending the service</li><li>• No. of incidents of threats, harm, ill-treatment, intimidation or other reprisals towards survivors or their family members whilst or as a result of attending services</li><li>• No. of incidents of threats, harm, ill-treatment, intimidation or other reprisals from the service provider towards survivors or their family members</li><li>• No. of complaints/ negative feedback from survivors on the rehabilitation services accessed</li><li>• No. of complaints from survivors who have suffered ill-treatment, intimidation, threats, reprisals or other sanctions for choosing to not attend State rehabilitation services</li></ul>
	<b>1.2</b> Services have effective mechanisms to protect survivors from harm	<ul style="list-style-type: none"><li>• The existence of service policies and appropriate referral mechanisms on safety and safeguarding (risk assessment and risk management) survivors using the service, including vulnerable adults, persons with disabilities and children</li></ul>

## Standard

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## Attributes of the standard

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## Sample indicators

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**1.2** Services have effective mechanisms to protect survivors from harm

- Services have appropriate and specific policies and mechanisms to assess, monitor and address the range of potential risks
- No. of incidents of attempted/actual suicide (rates)
- No. of incidents of self-harm (self-harm rates)
- No. and proportion (as % of overall client population of the service) of survivors reporting exploitation (sexual, economic, emotional, extortion etc.), threats, reprisals or violence from others
- No. of incidents of reported harm to others (domestic violence, child sexual/physical abuse - which may be related torture)
- No. of incidents of reported harm from others (e.g., domestic violence, child sexual/physical – which may be related torture)
- No. of referrals to other services or agencies where a safeguarding (risk) issue is identified

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**1.3** Services have effective mechanisms to protect confidentiality and security of personal rehabilitation records (written and electronic); and to address breaches

- 
- Service policies and mechanisms to ensure confidentiality and data protection of client data of survivors exist, in keeping with data protection national laws where they exist
  - Service mechanisms established to monitor, record and address breaches of confidentiality are in place
  - Services have appropriate policies and mechanisms to assess, monitor and address risk to confidentiality breaches: due diligence

## Standard

## Attributes of the standard

## Sample indicators

**1.4** Staff can work safely without intimidation, harassment, threats, violence or abuse from State/non-state or private actors

**1.5** Staff health and well-being is ensured

## 2. Appropriate

**2.1** Routine, multidisciplinary and specialist assessment of survivors

- No. of breaches of confidentiality (not related to breaches in keeping with ethical obligation to protect survivors or others from harm)
- No. of breaches of confidentiality with effective sanctions against the responsible individual/institution

- Services have appropriate policies and mechanisms to assess, monitor and address risk to staff
- Services have established mechanisms in place to protect staff from harm, intimidation, threats and other abuse
- No. of staff-reported incidents of safety breaches
- No. of staff-reported incidents of safety breaches with effective sanctions against the responsible individual/institution and follow-up of measures undertaken

- Services have an established policy and mechanisms to
  - o ensure the well-being of staff
  - o monitor the well-being of staff
- Proportion (%) of staff group on staff sick leave;
  - o Average frequency of sick leave
  - o Average period of sick leave

- Services have protocols and established mechanisms to ensure multidisciplinary, specialist assessments for all survivors and their families
- No. of survivors with whom multidisciplinary, specialist assessments conducted

## Standard

### 2. Appropriate

## Attributes of the standard

**2.2** Services tailored to meet the range of immediate and long-term needs of each victim/survivor

**2.3** Services offered are specialised; and offered by qualified specialists in addressing needs of survivors

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

## Sample indicators

- Services have protocols and established mechanisms to develop tailored plans to meet the range of immediate and long-term needs of survivors and their family members
- No. of survivors (individuals and family members) who are provided immediate assistance (disaggregated by age, gender, ethnicity, sexuality, disability (physical/mental), religion/faith, nature/types of torture, psychological, medical, social, welfare needs)
- No. of survivors (individuals and family members) who are provided long-term support (disaggregated by age, gender, ethnicity, sexuality, disability (physical/mental), religion/faith, nature/types of torture, psychological, medical, social, welfare, educational and vocational needs)
- Services are specialised in meeting needs of survivors
- No. of specialist staff in the service (disaggregated by discipline, level of professional qualifications, no. of years' experience in assessing holistic needs of survivors, no. of years providing specialised rehabilitation to survivors)
- Services have established mechanisms to ensure they can meet specific and a range of needs of survivors
- No., range, nature and focus of specialist services provided

## Standard

## Attributes of the standard

## Sample indicators

### 2. Appropriate

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

**2.6** Services are culturally-appropriate and culturally-competent

- No. of survivors and the range of needs addressed by service (disaggregated by age, gender, sexuality, disability (physical/mental), ethnicity, country, nature/types of torture, psychological, medical, social, welfare and legal needs)
- Overall profile and types of services available fit (match) with and are specific to the overall profile of identified needs of survivors in the country context

- Services have mechanisms to monitor the fit (match) of services offered in relation to the overall needs of survivors attending services
- No. and proportion (%) of survivors in rehabilitation who are provided services which are appropriate and consistent with the overall profile of survivors' gender, sexuality, age, disability (physical/mental) cultural, linguistic and ethnic backgrounds
- No. and proportion (%) of survivors requiring interpreters who are provided with professional, qualified interpreters
- Services are considered gender-sensitive by survivors
- Services are considered by survivors of sexual and/or gendered torture to be acceptable and appropriate to their specific needs

- Services use tools and methods which are culturally-valid
- Services meet cultural competencies established in health and social care fields

## Standard

## Attributes of the standard

## Sample indicators

### 2. Appropriate

**2.7** Services offered are interdisciplinary, providing holistic care

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

**2.9** Services are acceptable to survivors

- No. of survivors (disaggregated, at minimum, by age, gender, sexuality, cultural/ethnic background) and their feedback on the
  - (a) cultural-appropriateness of the rehabilitation overall rehabilitation service/rehabilitation centre
  - (b) cultural-appropriateness of the rehabilitation methods/input they received
  - (c) cultural competency of staff providing their rehabilitation

- Range of interdisciplinary services provided (disaggregated by nature of service, professional backgrounds of staff working within the service)
- Services have established mechanisms and protocols to ensure interdisciplinary practice in the provision of holistic care for survivors

- Services have mechanisms to ensure prioritisation according to health, social and legal protection needs
- No. and proportion (%) of survivors identified as high priority (disaggregated by age, gender, sexuality, disability, ethnicity, religion/faith and identified priority needs)

- No. and outcome of consultations with prospective clients (survivors), families and communities on what services are needed, and what is deemed acceptable to them

## Standard

## Attributes of the standard

## Sample indicators

### 2. Appropriate

**2.10** Services are offered in the relevant languages of survivors

**2.11** Services have effective mechanisms to involve survivors in decision-making about the care and services they receive

- No. and proportion (%) of survivors providing feedback;
- Nature of positive feedback (satisfaction) and negative feedback (dissatisfaction) on services received by survivors
- No. and proportion (%) of survivors referred to the service who deem the service acceptable to them
- First/fluently spoken languages of survivors compared to
  - (a) No. of rehabilitation staff who are native speakers of first language of survivors attending the service
  - (b) No. of rehabilitation staff who are bilingual in languages spoken by survivors attending the service
  - (c) Provision of professional interpreters in relevant languages of survivors attending the service
- Service has established a policy statement, procedures and effective mechanisms to ensure survivor participation
- No. and proportion (% of overall survivor client population) of survivors who are satisfied with how their participation and views were taken into account in the decision-making about the care and services that they receive
- Feedback from survivors on their
  - (a) Satisfaction/dissatisfaction with how their views were sought in decision-making about which services they needed (rehabilitation care plan)
  - (b) Satisfaction/dissatisfaction with how their views were taken into account in decision-making about the nature of services they were offered

Standard	Attributes of the standard	Sample indicators
<b>3. Effective</b>	<p><b>3.1</b> Services meet their specific service goals</p> <p><b>3.2</b> Services contribute to positive changes in survivors' lives</p> <p><b>3.3</b> Services are effective in improving outcome in the range of needs of survivors and family members</p>	<ul style="list-style-type: none"> <li>• Mechanisms established to monitor effectiveness:</li> <li>• Nature and extent to which specific service goals are met</li> <li>• % of survivors (disaggregated by age, gender, nationality, ethnicity) reporting positive changes as a result of rehabilitation interventions in               <ol style="list-style-type: none"> <li>(a) each key domain of health and social well-being</li> <li>(b) the identified areas of need, as assessed (taking into account the survivor's views)</li> </ol> </li> <li>• No. of survivors and family members with improved levels of functioning (educational, vocational, social, economic) following rehabilitation</li> <li>• No. and proportion (% of overall survivor client population) of survivors who have sought/commenced legal proceedings for justice, who are provided emotional and other relevant support by the services</li> <li>• Proportion of survivors (% of overall survivor client population) who drop out of services</li> <li>• Average no. of sessions of rehabilitation services after which survivors drop out of the services</li> </ul>
<b>4. Impact</b>	<p><b>4.1</b> Services have intended and unintended positive benefits to survivors, their families, communities</p> <p><b>4.2</b> Services have short/medium and long-term impact</p>	<ul style="list-style-type: none"> <li>• Nature and extent of impacts (disaggregated by: positive and negative impacts (state what they are), intended and unintended impacts; short, medium and long-term impacts) of services or service activities/projects on               <ol style="list-style-type: none"> <li>(a)Survivors</li> <li>(b)Families</li> <li>(c)Communities</li> <li>(d)Other</li> </ol> </li> </ul>



## Standard

## Attributes of the standard

## Sample indicators

**4.3** Services have national/  
regional/international impact

- Nature and extent of positive impact of services or service activities/projects, (disaggregated by: impact on the service provider (national civil society) or the service provider (State), region and internationally, on
  - o Practice
  - o Policy
  - o Knowledge contribution to the field
  - o Public-awareness of right to rehabilitation as reparation for torture survivors

## 5. Coherence

**5.1** Services are coherent and coordinated to deliver optimal, holistic care to survivors

**5.2** Services have links with and effective referral pathways to other complementary, appropriate services/agencies, to enable holistic service provision

- Service mechanisms established to ensure coordinated, integrated and coherent care to survivors
- No. and proportion (%) of all staff who are trained on
  - o the assessment of needs of torture survivors
  - o the referral pathways to other agencies offering appropriate services
- No. and nature of other State/non-State agencies offering complementary rehabilitation services
- No. of formal agreements between services (civil society, State, private) specific to the effective provision of rehabilitation for torture survivors
- Established and clearly-defined, coordinated and effective referral pathways to other agencies offering relevant rehabilitation services or complementary services to survivors

## Standard

## Attributes of the standard

## Sample indicators

### 6. Accessible

**6.1** Services accessible to all survivors in country context

**6.2** Services accessible according to needs of survivors and family members (not dependent on criminal prosecution or legal status)

- No. and proportion (%) of survivors denied access to rehabilitation services because of the absence of
  - a legal complaint being made
  - a legal decision or recommendation being made by a court or national human rights institution
  - State acknowledgement that the survivor qualifies as a 'victim of torture'
- No. of survivors accessing rehabilitation services, disaggregated by age, gender, sexuality, disability, ethnicity, language, religion/faith, geographical location, disability, type of torture, whether detained/not, identified needs, status (e.g., internally displaced persons), at each stage of contact with the service, including provision of:
  - Initial assessment
  - Full holistic (multidisciplinary /integrative) assessment
  - Rehabilitation interventions/activities/care
- No. and proportion (%) of survivors rejected/denied access to the rehabilitation service on the basis of individual characteristics or background, disaggregated by age, gender, sexuality, disability, ethnicity, religion/faith, status (e.g., internally displaced persons), language, transport costs, ability/disability, type of torture, whether detained/not etc.
- Location of services is accessible to rehabilitation staff
  - within reach
  - physically accessible

## Standard

## Attributes of the standard

## Sample indicators

- in a safe location
- transportation is available
- transportation is affordable
- Location of services is accessible to survivors
  - within reach
  - physically accessible
  - culturally-appropriate and minimising stigma (e.g., community-based)
  - gender-sensitive
  - in a safe location
  - transportation is available
  - transportation is affordable
- No. of survivors who are offered services but who do not attend services and reasons why, disaggregated by age, gender, sexuality, disability, ethnicity, religion/faith, status (e.g., internally displaced persons), language etc.
- No. and proportion (%) of survivors offered rehabilitation services and unable to access the service on the basis of affordability, disaggregated by age, gender, sexuality, disability, ethnicity, religion/faith, status (e.g., internally displaced persons), language etc.
- No. and proportion (%) of survivors rejected/denied access to the rehabilitation service on the basis of individual characteristics or background, disaggregated by age, gender, sexuality, disability, ethnicity, religion/faith, status (e.g., internally displaced persons), language, transport costs, ability/disability, type of torture, whether detained/not etc.

## Standard

## Attributes of the standard

## Sample indicators

### 7. Fair<sup>26</sup>

**7.1** Services are equally available to all survivors regardless of age, gender, ethnicity, sexuality, language or other background

**7.2** Services provided are non-discriminatory

**7.3** Services are not subject to ability to pay by survivors

- No. and proportion (%) of survivors offered rehabilitation services and unable to access the service on basis of physical disability, disaggregated by age, gender, sexuality, ethnicity, religion/faith, status (e.g., internally displaced persons), language etc.

- No. and proportion (%) of survivors offered rehabilitation services and unable to access the service on basis of language, disaggregated by age, gender, sexuality, ethnicity, religion/faith, status (e.g., internally displaced persons)

- No. and proportion (%) of survivors offered rehabilitation services and unable to access the service on the basis of gender disaggregated by age, ethnicity, religion/faith, status (e.g., internally displaced persons), previously identified as a child soldier

- Survivor groups which are least represented (%) within services provided, disaggregated by age, gender, disability, religion/faith, ethnicity, language, geographical location, sexuality, type of torture, whether detained/not, identified needs, status (e.g., internally displaced persons), previously identified as child soldiers

<sup>26</sup> See '6. Accessibility' for complementary indicators.

## Standard

## Attributes of the standard

## Sample indicators

### 8. Timely

**8.1** Services which conduct early identification of survivors

**8.2** Services which offer prompt initial and full, interdisciplinary assessment of survivors

**8.3** Services which offer timely and early intervention to those survivors meeting the service inclusion criteria

**8.4** Services which offer timely referral to other appropriate/ relevant services (intra-agency referrals and external-agency referrals) where necessary

**8.5** Services which promptly attend to the needs (including protection needs) of survivors deemed most vulnerable

- No. and proportion (%) of survivors who are denied a service because of their age, gender, faith/religion, ethnicity, language, disability, sexuality, status (e.g., internally displaced persons), the date/timing of the torture experiences
- No. and proportion (%) of survivors able to receive rehabilitation services which are paid for (and where they do not have to pay)

- Early identification service provided, by:
  - o type of service/institution (State/non-State)
  - o location of service/institution
  - o which frontline professionals (e.g., primary health care, emergency hospital departments, specialist NGO etc.)
- Average time (days/years and proportions (%) of survivors, disaggregated by gender, age, ethnicity and religion/fait) between
  - o torture experiences and identification
  - o identification and initial assessment
  - o initial assessment and full interdisciplinary, holistic assessment
  - o identification and start of rehabilitative care
  - o full assessment and referral to other relevant services (intra-agency and external agencies)
  - o assessment finding of survivors deemed most vulnerable and at risk of harm and the commencement of protection service/intervention

Standard	Attributes of the standard	Sample indicators
<b>9. Resourced and cost-efficient</b>	<p><b>9.1</b> Services adequately resourced with available budgets</p> <p><b>9.2</b> Resources available adequately utilised to achieve service goals</p> <p><b>9.3</b> Services cost-efficient</p>	<ul style="list-style-type: none"> <li>• Budget allocated for all rehabilitation service components (e.g., psychological and physical care, social care, educational support, vocational support, legal support), (overall and % per each service component and other activities/programmes, staff costs, overheads)</li> <li>• Cost per service/rehabilitation activity or component (annual and average per day)</li> <li>• Average cost of rehabilitation per survivor</li> <li>• Proportion of budget spent on direct rehabilitation service provision for survivors, their families and communities</li> </ul>
<b>10. Sustainable</b>	<p><b>10.1</b> Staff are adequately trained, supervised and receive continuing professional development to maintain and enhance their specialist knowledge and skills on rehabilitation of torture survivors</p> <p><b>10.2</b> Services are sustainable (financially viable, secure; free from threat)</p> <p><b>10.3</b> Service-related positive impact/benefits sustainable for survivors, referrers, policy, practice</p>	<ul style="list-style-type: none"> <li>• No. and proportion (%) of staff who receive specialist training in <ul style="list-style-type: none"> <li>o identification and needs assessment of survivors</li> <li>o providing rehabilitation</li> </ul> </li> <li>• No. and proportion of staff (%) who are provided <ul style="list-style-type: none"> <li>o professional supervision</li> <li>o continuing professional development specific to torture rehabilitation</li> </ul> </li> <li>• Service funding for quality rehabilitation is secure</li> <li>• Services are free from internal/external threats</li> <li>• Impact of services can be sustained (e.g., beyond 1 year), on survivors</li> <li>• Percentage of survivors who were still in rehabilitation when a service/project-based service is terminated, who are then able to access other appropriate rehabilitation services</li> </ul>

## Appendix 3: Proposed shortlist of key human rights standards and indicators for the right to rehabilitation

In summary, in December 2023, the following six standards and their indicators were identified as a priority for assessing during 2024-2026:

### Proposed selection of key human rights standards and indicators for the right to rehabilitation: To monitor: 2024-2026

#### Key standard

**Key standard 1:**  
**Existence of a national law (and bylaws) which provide a legal right to reparation and rehabilitation for victims/survivors of torture and other grave violations of international human rights law.**

#### Key Indicators

**1.1** Number of human rights treaties relevant to the prohibition of grave violations of international human rights law and to reparation, including the right to rehabilitation as a form of reparation, which are ratified by the State

**1.2** Date of entry into force and scope of coverage in the constitution, of

*(a) the prohibition and prevention of torture and other grave violations of international human rights law*

*(b) the right to rehabilitation as a form of reparation*

**1.3** Date of entry into force and scope of coverage of domestic laws, including bylaws, for

*(a) the prohibition and prevention of torture and all grave violations of international human rights law*

*(b) the provision of judicial remedies, including effective investigations, prosecutions, satisfaction and the right to truth*

*(c) the provision of reparation*

*(d) the explicit right to rehabilitation, as a form of reparation*

**1.4** Date of entry into force and scope of coverage of a national policy framework across health, social care, education and justice departments, with a clear, specified timeframe and demarcation of responsibilities and duties, to implement the right to rehabilitation, in keeping with contextually relevant norms for the country

## Key standard

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## Key Indicators

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### **Key standard 2: Adequate budget allocated to rehabilitation services for victims/survivors of torture and other grave violations of international human rights law, and their families.**

**1.5** Date of establishment and scope of mandate of national and provincial/local institutional structures and effective and mechanisms across health, social care, education, justice and other relevant departments, with a clear, specified timeframe and demarcation of responsibilities and duties, to implement the right to rehabilitation as a form of reparation and to ensure accessible mechanisms for survivors

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▶ Is the budget based on a reliable estimate of the number of survivors in the country and their specific rehabilitation needs?

**2.1** National analysis of:

- *Estimated numbers of victims/survivors of torture and ill-treatment, disaggregated by gender, age, ethnicity, religion/faith and other key factors;*
- *Their rehabilitation needs and requirements of rehabilitation services.*

▶ Does the budget cover support from all relevant service functions (public health, social care, education, legal aid, employment and other relevant government departments with responsibilities under the right to rehabilitation)? Is the allocated budget effectively used for the intended purposes? and their specific rehabilitation needs?

**2.2** Share of government budgets, specifically on holistic, specialist and multidisciplinary rehabilitation as a form of reparation for victims/survivors, based on an analysis of the numbers and the needs of victims/survivors:

- *Allocated*
- *Spent specifically for the purpose intended, including recruitment of specialist staff to provide rehabilitation*
- *Disaggregated across public health, social care, education, employment and other relevant government departments with responsibilities under the right to rehabilitation as reparation.*



## Key standard

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## Key Indicators

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### Key standard 3:

**State efforts to ensure awareness-raising, education and training for service providers (health and social care staff) on the right to rehabilitation for victims/survivors of torture and other grave violations of international human rights law**

**2.3** Reparation (and any other related) State programme established with specific rehabilitation component for victims/survivors of torture in any transitional justice processes.

**2.4** Memorandums of Agreement (formal agreement) between any State reparation programme and other rehabilitation service providers to ensure systematic, national coverage for victims/survivors.

**3.1** Memorandums of Agreement (formal agreement) between any State reparation programme and other rehabilitation service providers to ensure systematic, national coverage for victims/survivors.

**3.2** Participation and contribution by survivors and their families in the design, development and implementation of public awareness-raising programmes

### Key standard 4

**State efforts to ensure awareness-raising for the public and all affected communities on the right to rehabilitation for victims/survivors of torture and other grave violations of international human rights law; and how to access services**

**4.1** National State programme for public awareness-raising on the

- *Prohibition and prevention of torture and all other grave violations of international human rights law (including gender aspects)*
- *Multi-dimensional impact of grave violations of international human rights law and negative social discourses (including gendered discourses) on survivors and their families;*
- *Right to rehabilitation as reparation for victims/survivors and the Yazidi Survivor Law;*
- *Availability of rehabilitation services, types of services, location of services and how to access those services*

**4.2** Participation and contribution by survivors and their families in the design, development and implementation of public awareness-raising programmes.

## Key standard

### **Key standard 5: Services are appropriate for the needs of survivors and their families**

## Key Indicators

- ▶ Are all rehabilitation services, and professionals working within them, specialised in assessing and meeting the specific needs of survivors?
- ▶ Are rehabilitation services interdisciplinary and provide holistic care to survivors? And their families?
- ▶ Are rehabilitation services appropriate and tailored to each survivor's immediate and longer-term needs, and their background (including: gender, age, language, ethnicity, faith)?
- ▶ Are rehabilitation services acceptable to survivors?

**5.1** Services are specialised in meeting rehabilitation needs of survivors

**5.2** No. of specialist staff in the service (disaggregated by discipline, level of professional qualifications, no. of years' experience in assessing holistic needs of survivors, no. of years providing specialised rehabilitation to survivors)

**5.3** Services have established mechanisms to ensure they can meet specific and a range of needs of survivors

**5.4** Services have protocols and established mechanisms to develop tailored plans to meet the range of immediate and long-term needs of survivors and their family members

**5.5** No., range, nature and focus of specialist services provided

**5.6** No. of survivors and the range of needs addressed by service (disaggregated by age, gender, disability (physical/mental), ethnicity, psychological, medical, social, welfare and legal needs)

**5.7** Overall profile and types of services available fit (match) with and are specific to the overall profile of identified needs of survivors in the country context

## Key standard

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### **Key standard 5: Services are appropriate for the needs of survivors and their families**

## Key Indicators

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- 5.8** Services have mechanisms to monitor the fit (match) of services offered in relation to the overall needs of survivors attending services
- 5.9** No. and proportion (%) of survivors in rehabilitation who are provided services which are appropriate and consistent with the overall profile of survivors' gender, sexuality, age, disability (physical/mental) cultural, linguistic and ethnic backgrounds
- 5.10** No. of survivors (individuals and family members) who are provided immediate assistance (disaggregated by age, gender, ethnicity, sexuality, disability (physical/mental), religion/faith, nature/types of torture, psychological, medical, social, welfare needs)
- 5.11** No. of survivors (individuals and family members) who are provided long-term support (disaggregated by age, gender, ethnicity, religion/faith)
- 5.12** No. and proportion (%) of survivors requiring interpreters who are provided with professional, qualified interpreters
- 5.13** Services are considered gender-sensitive by survivors
- 5.14** Services are considered by survivors of sexual and/or gendered torture to be acceptable and appropriate to their specific needs
- 5.15** No. of survivors (disaggregated, at minimum, by age, gender, cultural/ethnic background) and their feedback on the  
-cultural-appropriateness of the overall rehabilitation service/rehabilitation centre  
-cultural-appropriateness of the rehabilitation methods/input they received  
-cultural competency of staff providing their rehabilitation

## Key standard

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### **Key standard 5: Services are appropriate for the needs of survivors and their families**

## Key Indicators

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**5.16** No. and outcome of consultations with prospective clients (survivors), families and communities on what services are needed, and what is deemed acceptable to them

**5.17** No. and proportion (%) of survivors providing feedback

**5.18** Nature of positive feedback (satisfaction) and negative feedback (dissatisfaction) on services received by survivors

**5.19** No. and proportion (%) of survivors referred to the service who deem the service acceptable to them

**5.20** Service has established a policy statement, procedures and effective mechanisms to ensure survivor participation

**5.21** Feedback from survivors on their

*(a) Satisfaction/dissatisfaction with how their views were sought in decision-making about which services they needed (rehabilitation care plan)*

*(b) Satisfaction/dissatisfaction with how their views were taken into account in decision-making about the nature of services they were offered*

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### **Key standard 6: Services are coherent to meet the diverse and complex rehabilitation needs of survivors and their families**

▶ Are rehabilitation services coherent and coordinated to deliver optimal, holistic care (addressing their diverse rehabilitation needs)?

▶ Are services effectively coordinated with effective referral pathways and mechanisms so that survivors and their families are able to access appropriate services to address their rehabilitation needs (physical, psychological, social welfare, educational, vocational etc.)?

## Key standard

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## Key Indicators

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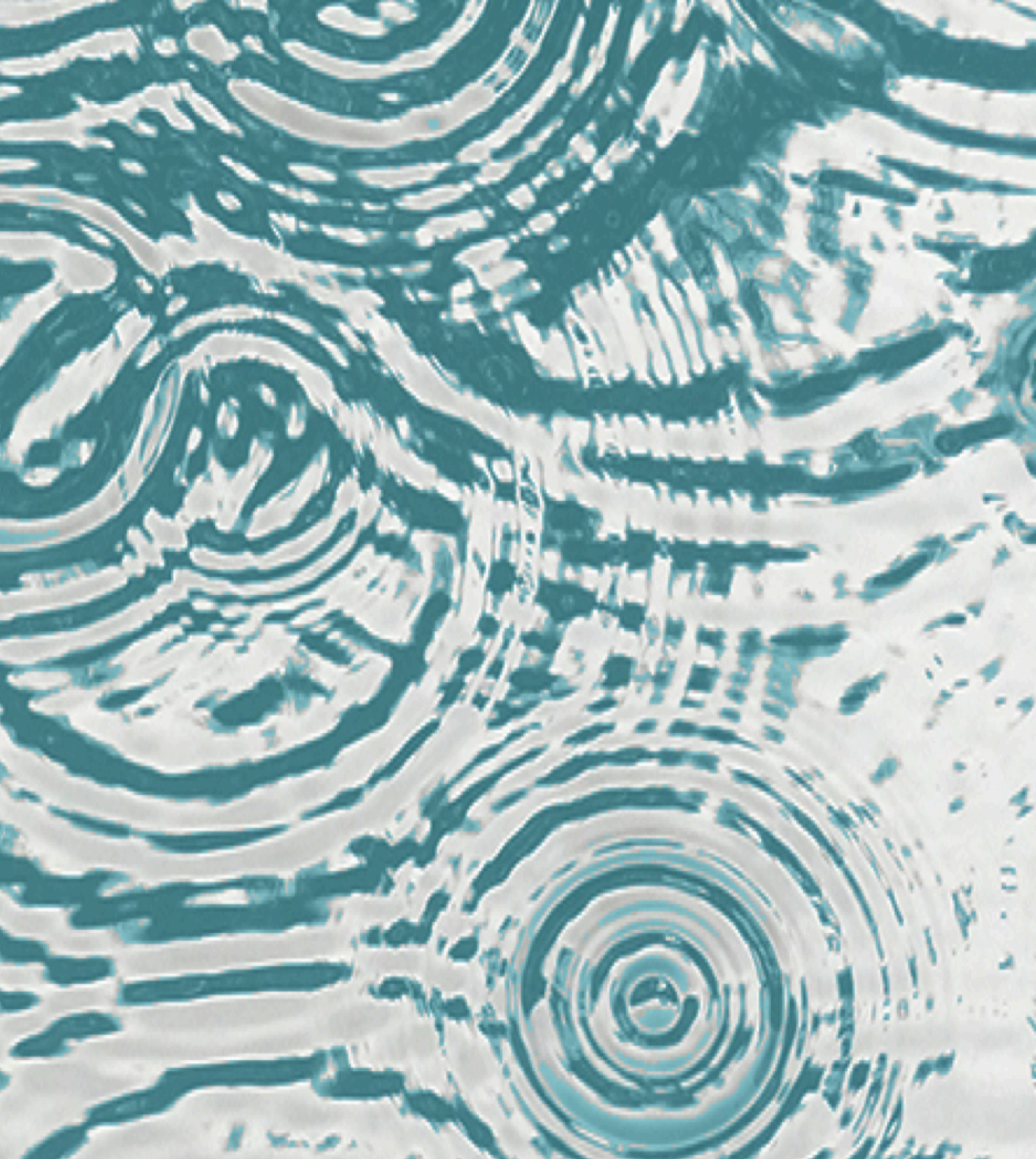
**Key standard 6:  
Services are  
coherent to meet  
the diverse and  
complex  
rehabilitation needs  
of survivors and  
their families**

- 6.1** Service mechanisms established to ensure coordinated, integrated and coherent care to survivors
- 6.2** No. and proportion (%) of all staff who are trained on
- *the comprehensive assessment of holistic needs of survivors*
  - *the referral pathways to other agencies offering appropriate rehabilitation services*
- 6.3** No. and nature of other State/non-State agencies offering complementary rehabilitation services
- 6.4** No. of formal agreements between services (civil society, State, private) specific to the effective provision of rehabilitation for torture survivors
- 6.5** Established and clearly-defined, coordinated and effective referral pathways to other agencies offering relevant rehabilitation services (psychological, medical, social welfare, educational, vocational, legal) or complementary services to survivors
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## Appendix 4: List of C4JR Rehabilitation Working Group Members

<b>1.</b>	<b>Center for Victims of Torture (CVT)</b>
<b>2.</b>	<b>Emma Organization</b>
<b>3.</b>	<b>Farida Global Organization</b>
<b>4.</b>	<b>Free Yazidi Foundation (FYF)</b>
<b>5.</b>	<b>Hope Makers Organization for Women</b>
<b>6.</b>	<b>Iraqi Educators League</b>
<b>7.</b>	<b>Jezuit Refugee Service (JRS)</b>
<b>8.</b>	<b>Jiyan Foundation for Human Rights</b>
<b>9.</b>	<b>Justice Organization for Minority Rights (JOMR)</b>
<b>10.</b>	<b>SEED Foundation</b>
<b>11.</b>	<b>Sustainable Peace Foundation (SPF)</b>
<b>12.</b>	<b>Yazda</b>





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