2016:9 Sida Decentralised Evaluation

Annika Nilsson
Nil Mutluer
Zeliha Aydin

Evaluation of the Swedish Core Support to the Human Rights Foundation in Turkey

Final Report

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Authors: Annika Nilsson, Nil Mutluer and Zeliha Aydin

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SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

Address: SE-105 25 Stockholm, Sweden. Office: Valhallavägen 199, Stockholm
Telephone: +46 (0)8-698 50 00. Telefax: +46 (0)8-20 88 64
E-mail: info@sida.se. Homepage: http://www.sida.se

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Abbreviations and Acronyms

CAT	UN Convention against Torture
CHP	Cumhuriyet Halk Partisi (Republican People's Party)
CSO	Civil Society Organisation
HDP	Halkların Demokratik Partisi (People's Democratic Party)
HRFT	Human Rights Foundation in Turkey
IHD	Human Rights Association (Turkish acronym)
IP	Istanbul Protocol
IS/Daesh	Islamic State
LGBTI	Lesbian, Gay, Bisexual, Transsexual and Intersex
MP	Member of Parliament
MSEK	Million Swedish Crowns
PKK	Kurdistan Workers' Party
PWC	Price Waterhouse Coopers
RCC	Red Cross Centre for Tortured Refugees based in Stockholm
TMA	Turkish Medical Association
UPR	Universal Periodic Review (UN)

Preface

This is an evaluation of the "Swedish Core Support to the Human Rights Foundation in Turkey (HRFT) 1993-2015" commissioned by the Embassy of Sweden in Turkey and carried out by NIRAS Indevelop.

Field visits were undertaken in Turkey in June 2016. This report was finalised in August 2016 after feedback from Sida and HRFT on the draft report.

NIRAS Indevelop's independent evaluation team consisted of:

- Annika Nilsson, Team Leader
- Nil Mutluer, Team Member
- Zeliha Aydin, Team Member

The Project Manager at NIRAS Indevelop for this evaluation, Josefina Halme, has been responsible for compliance with NIRAS Indevelop's QA system throughout the process and quality assurance was performed by Ian Christoplos.

The team would like to thank all the respondents, staff and volunteers of HRFT for their valuable contribution to the evaluation process.

Executive Summary

The Human Rights Foundation in Turkey (HRFT) was founded in 1990 with an aim of documenting evidence of torture, offering treatment to survivors of torture and combating torture and other serious human rights violations. Sweden has supported HRFT since 1993, with a financial contribution of between two and five MSEK annually.

The Embassy in Ankara has commissioned this evaluation to assess the performance of HRFT for the period 1993-2015 and the preparedness and capacity of HRFT to implement its strategic plan for the next five years. To find information, the evaluation team has used the following methods:

- Document review and internet research
- Interviews with key respondents, e.g. staff, volunteers, founding members, partner organisations and external observers
- Staff self-assessment workshops at the four HRFT treatment centres
- Survey to staff on HRFT organisational performance
- Survey to around 100 torture survivors (applicants) on their satisfaction with HRFT services

The evaluation team found that overall, HRFT has achieved remarkable results during the 23 year period of Swedish support. These results include:

- Consolation of more than 15.000 survivors of torture.
- Development of scientific methods to diagnose torture, providing evidence and medical reports which assist survivors of torture to seek justice in Turkey and in the European Court of Human Rights. Some have received financial compensation.
- Establishing a close partnership with the Turkish Medical Association and the Turkish Bar Association (and some lawyers associations) in order to jointly engage in assistance to survivors of torture.
- Making decision makers and the public aware of the existence of torture and other human rights violations through careful monitoring and reporting in daily web-based updates and annual reports.
- Influencing the Turkish government to sign the Convention against Torture and its optional protocol and subsequently to amend laws to make torture illegal, leading to the abolishment of the worst forms of torture in detention and prisons. Unfortunately, these positive legal and policy developments are now being reversed.
- Playing a key role in the drafting of the Istanbul Protocol, setting the international standards on work against torture and ill-treatment, and influencing the inter-

national community to adopt it as a UN guiding document.

- Establishing and coordinating a network of volunteers ready to provide support and rehabilitation services to survivors of torture, ill-treatment and other serious human rights violations.

The evaluation team concludes that HRFT programmes have been relevant and cost efficient (as much of their work has been provided by qualified volunteers such as doctors and lawyers) over the years. Many of the results are sustainable, such as the individual empowerment of applicants, the trustworthiness of HRFT and the international level policy improvements. However, the financial sustainability of HRFT is still limited and heavily depending on funding from Sweden (80 per cent). High staff turnover is also hampering sustainability and effectiveness. The effectiveness of HRFT's approaches and strategies can be improved. The limited effectiveness is related to:

- The Turkish political context, which is no longer favourable.
- The management structure and systems of HRFT, which have not been sufficiently adapted to the evolving challenges and opportunities. HRFT is overly dependent on a few strong and well known personalities, who are from the older generation. The roles and responsibilities of staff, board/founder members, representatives and volunteers are not clearly defined and agreed on.
- The organisation of treatment services, which are presently reaching a very small proportion of those in need and still have a medical bias, despite good efforts to become multi-sectoral.

The evaluation is undertaken when the government pressure on human rights defenders in Turkey is increasing, the rule of law is deteriorating, the armed conflict in the south-eastern areas of Turkey is escalating, attacks by IS/Daesh militants are on the rise and the Syrian conflict (and other regional conflicts) have produced at least 2.8 million refugees inside Turkey. These remain without sufficient human rights protection. Furthermore, the refugee agreement between the EU and Turkey has silenced EU demands for human rights reforms, leaving Turkish human rights defenders without sufficient international backing. The recent coup d'état attempt and the subsequent proclamation of a state of emergency have led to mass arrests and removals of judges and prosecutors. These negative contextual developments are detrimental to the vision and mission of HRFT and make it increasingly difficult to achieve the ambitions expressed in the new strategic plan – especially those related to accountability for and prevention of torture and ill-treatment. At the same time it is expected that the demand for documentation and reporting of human rights violations and for rehabilitation services for torture survivors will increase dramatically. HRFT's work is extremely relevant and important in these contextual developments, but also increasingly risky and difficult.

It is recommended that HRFT continue to base its work on its original cornerstones: documenting evidence of torture, multi-sectoral treatment of survivors of torture and ill-treatment, working for accountability and prevention of torture and providing systematic daily reporting on human rights violations. To make its work more effective

HRFT should consider to:

- Further underline its neutral and scientific approach by including more non-political torture survivors in their work and systematically offer expertise and services to CSOs working with e.g. children, women, prisoners, Lesbian, Gay, Bisexual, Transsexual and Intersex (LGBTI) persons, persons in mental health institutions and refugees. The daily up-dates on violations should cover all types of violations, regardless of the background of the survivors and perpetrators – e.g. both sides of the conflict.
- Further develop its dialogue approach towards the government and focus mainly on the issue of torture and ill-treatment, as technical experts. Make use of the international community and international organisations for sensitive human rights monitoring and advocacy.
- Continue to support the establishment and capacity development of a Turkish National Preventative Mechanism, despite its present limitations. Seek experiences from approaches taken in other countries where such institutions are not independent from the government.
- Develop its role as a capacity builder, knowledge hub, monitor, referral centre and facilitator, making more proactive and systematic use of volunteers and partner organisations for the treatment services.
- Reinforce and systematize its method development work, building on the pilot models developed in Istanbul (with special focus on psychological and social approaches) and in Diyarbakir (with special focus on approaches that work in conflict contexts). These two centres could form the cornerstone in a future institute, with a special mandate to develop competency and models of good practice. It could also be the basis for more scientific research and publications.
- Develop its competency and prepare for reconciliation and social trauma healing by making use of the wealth of experiences from e.g. ex-Yugoslavia and Palestine.
- Review and develop its results framework and its monitoring and evaluation system and make it more clear and monitor the expected outcomes in terms of well-being of torture survivors (rights holders), improved capacities, policies and practices of partners and government authorities (duty bearers) and improved HRFT governance and management (more details in Recommendation chapter).
- Review the organisational and management set-up, creating senior advisory positions for experts from the older generation and employing a new management responsible for developing the new set up (more details in Recommendation chapter).

It is recommended that Sweden (the Embassy) substantially increase its financial support to HRFT, to underpin the organisational developments and innovations suggested in this evaluation, making salaries at par with public salary scales and increase outreach and visibility. Sweden should also proactively facilitate security training for its human rights CSO partners in Turkey, participate in politically motivated trials as observers and facilitate continued international experience exchange.

1 Introduction and purpose

1.1 BACKGROUND AND PURPOSE

The Human Rights Foundation of Turkey (HRFT) has received funding from Sweden since 1993. Until 2015 funding was channelled through an intermediary, the Red Cross Centre for Tortured Refugees (RCC) based in Stockholm. RCC was responsible for handling financial and narrative reporting as well as facilitation of knowledge exchange, while HRFT was responsible for the diagnosis and rehabilitation services provided to survivors of torture (applicants) in Turkey.

Most of the funds from Sweden have so far been used for the running of the five rehabilitation centres in Ankara, Diyarbakır, Istanbul, Izmir and Adana (the latter being defunct since August 2015) and for documentation and reporting on torture and ill-treatment. Since 2015, HRFT receives core support directly from the Swedish Embassy in Ankara towards its strategic plan 2015-2019, which has a broader approach. The RCC and HRFT maintain a relationship based on experience exchange.

The HRFT strategy has four main components:

- Torture survivors and their relatives achieve "a state of complete physical, psychological and social well-being"
- Accountability for torture and other forms of ill-treatment is achieved
- Preventive measures against torture and other forms of ill-treatment in Turkey are improved and brought in line with international human rights norms
- A holistic programme is produced for coping with on-going social trauma caused by gross/serious human rights violations

The objectives of the evaluation are to assess the performance of HRFT for the period 1993-2015 and the preparedness and capacity of HRFT to undertake its new strategy. The evaluation will be used to inform Swedish decision making on its human rights portfolio in Turkey. It will also benefit HRFT in setting its strategic priorities for the next term.

1.2 THE CONTEXT

The context of the evaluation is volatile with human rights defenders, academics and journalists being prosecuted for holding the Turkish government to account. The visible deterioration of the human rights situation started after the general elections in 2011, when the reform agenda was reversed, eventually leading to the Gezi park protests in 2013. These were met with excessive force by the authorities. In 2014, laws on communication, security and assembly were amended and many freedoms were restricted. Since the general election in June 2015, the human rights situation in Turkey has further deteriorated and laws are being amended to reduce the space for inde-

pendent checks and balances – formal and informal. Most media is now controlled by the government and the space for civil society is shrinking. There is a growing conflict in the eastern part of the country, with long curfews and military operations. Some areas are completely closed off from monitoring by independent international and Turkish observers and organisations. Furthermore, institutions for returned asylum seekers, deportations centres, refugee camps, detention centres and prisons are closed for monitoring[1].

Attempts to hold the government to account has often led to legal actions against the reporting or demonstrating individuals (who may represent media or civil society organisations). During this evaluation process the chairperson of HRFT was arrested for such reasons. Typical charges include "support of terrorist groups" and "defamation of the government" etc. Support of "terrorist groups" is interpreted in a very broad sense, including signing of peace petitions in favour of the Kurdish civilian population. There is an increasing practice of law enforcement officers pressing counter charges if an individual brings a case against them for torture or ill-treatment. This is leading to fear of reporting.

Amnesty writes in its annual report from 2015 about the context:

> The human rights situation deteriorated markedly following parliamentary elections in June 2015 and the outbreak of violence between the Kurdistan Workers' Party (PKK) and the Turkish armed forces in July 2015. The media faced unprecedented pressure from the government; free expression online and offline suffered significantly. The right to freedom of peaceful assembly continued to be violated. Cases of excessive use of force by police and ill-treatment in detention increased. Impunity for human rights abuses persisted. The independence of the judiciary was further eroded. Separate suicide bombings attributed to the armed group Islamic State (IS) targeting left-wing and pro-Kurdish activists and demonstrators killed 139 people. An estimated 2.5 million refugees and asylum-seekers were accommodated in Turkey but individuals increasingly faced arbitrary detention and deportation as the government negotiated a migration deal with the EU.
>
> Source: Amnesty International, Turkey

[1] http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=19937&LangID=E
http://www.venice.coe.int/webforms/documents/default.aspx?pdffile=CDL-AD(2016)010-e
https://www.amnesty.org/download/Documents/EUR4443662016ENGLISH.pdf

The UN Committee against Torture, in its report dated 13 May 2016, points to a series of concerns and provides a long list of recommendations to the government of Turkey, such as:

- Ensure that all instances and allegations of torture and ill-treatment are investigated promptly, effectively and impartially and that the perpetrators are prosecuted and convicted in accordance with the gravity of their acts;
- Ensure that alleged perpetrators of torture and ill-treatment are immediately suspended from duty for the duration of the investigation, particularly when there is a risk that they might otherwise be in a position to repeat the alleged act, to commit reprisals against the alleged victim or to obstruct the investigation;
- Ensure that state officials do not use the threat of counter-charges as a means to intimidate detained persons, or their relatives, from reporting torture;
- Provide in the next periodic report statistical data on allegations of torture and ill-treatment, disaggregated by relevant indicators including ethnicity of the victim, and information on cases in which individuals alleging torture or ill- treatment by the authorities have subsequently been charged with an additional criminal offense;
- Establish an independent authority tasked with investigating complaints against law enforcement officers that is independent of the police hierarchy, as previously recommended by the Committee;
- Ensure that alleged perpetrators of and accomplices to torture, including persons in positions of command, are duly prosecuted and, if found guilty, given penalties commensurate with the grave nature of their acts;
- Provide effective remedies and redress to victims, including fair and adequate compensation, and as full rehabilitation as possible;
- Unambiguously reaffirm the absolute prohibition of torture and publicly condemn practices of torture, accompanied by a clear warning that anyone committing such acts or otherwise complicit or acquiescent in torture will be held personally responsible before the law for such acts and will be subject to criminal prosecution and appropriate penalties;
- Increase its efforts to systematically provide training to all law enforcement officers on the use of force, especially in the context of demonstrations, taking due account of the Basic Principles on the Use of Firearms by Law Enforcement Officials.

During the final days of the evaluation process, a military coup d'état was attempted in Turkey, leading to the arrest of close to 10.000 military and police officers, judges and prosecutors and the firing of 50.000 state officials, teachers and deans. The Prime Minister called for the return of the death penalty. There is a big risk that the space for human rights defenders will shrink and independent monitoring of the gov-

ernment will become even more difficult. Anybody who tries to hold the government to account may be accused of treason or supporting the coup d'état attempt. A state of emergency has been declared.

The effectiveness of HRFT activities should be seen in the light of the contextual developments in Turkey, which are not conducive to the objectives of the organisation.

1.3 HRFT HISTORY, MISSION AND STRUCTURE

The human rights situation grew increasingly difficult in Turkey in the 1980 coup d'état when human rights abuses, mainly torture and the other forms of ill-treatment, occurred intensively. The human rights advocates who wanted to "do something" about this situation began developing strategies for how to prevent torture and how to best offer support to torture survivors. As a result, and with the support of the *Human Rights Association* and the *Turkish Medical Association* (TMA), HRFT was founded in 1990 in accordance with the Turkish Civil Code and the law on foundations.

HRFT has been registered at General Directorate for Foundations since 1990. This registration implies that the Foundation is a legal entity that can enter into agreements with rights and obligations.

According to the Statues of the Foundation, there are four organs of the Foundation: the Founders Board of the Foundation, the Executive Committee of the Foundation (Ex Com), the Board of Supervisors and the Foundation Auditors. The ultimate governing body is the Founders Board which presently consists of 68 individuals (who are appointed) and the members of the Ex Com of the Human Rights Association[2] (IHD). An assessment made in 2014 by the audit firm Price Waterhouse Coopers (PWC) suggests that this governance set-up functions well.

HRFT vision is that torture and other forms of ill-treatment are eradicated, both in Turkey and in the rest of the world.

HRFT mission is to support torture survivors with treatment and rehabilitation services in order to achieve "a state of complete physical, psychological and social well-being" and to fight torture and other forms of ill-treatment.

HRFT values are as follows[3]:

- ✓ We are guided by strong values enshrined in the Universal Declaration on Human Rights.
- ✓ We offer our treatment and rehabilitation services equally to all applicants regardless of their identity, race, sex, gender, language, religion, political views or any allegations that may have been brought against them by the State or others.

[2] IHD - the Turkish acronym for the Human Rights Association

[3] HRFT Strategic Plan 2015-19

- ✓ We are committed to freedom from torture and other forms of ill-treatment.
- ✓ We are committed to principles of democracy, participation, transparency and accountability.
- ✓ We are committed to internationally recognized principles of ethics.
- ✓ We are guided by a multidisciplinary and integrated/holistic approach for prevention of torture. It is reflected both in our approach to the treatment of individual torture survivors, as well as in our overall analysis of the issue of torture and the broader social trauma that Turkey is currently facing. Therefore, our treatment and rehabilitation services are complemented by activities aimed at coping with this trauma, as well as at fighting impunity for torture and other forms of ill-treatment.
- ✓ Given our scientific approach to the multidimensional issue of torture, we try – as far as possible – to base all our operations on a scientific and evidence-based approach, including the continuous assessment of our own performance.
- ✓ We are committed to integration of professionalism and volunteerism. Our treatment and rehabilitation services are firmly rooted in science and the ethical values that guide professionals in medicine, psychiatry and social work, while one of our biggest strengths is our network of committed volunteers in these and other fields. We are committed to organizational independence, collective working, solidarity, and continuous renewal.
- ✓ We are guided by the integration of implementation, scientific research, education based on the idea that the transformation of life is the main aim. In order to be effective in our work, we always centre our activities at the intersection of academia and activism. Integrating theory and practice refers to the process whereby we connect the relevant knowledge, values, and skills of medicine, psychiatry and social work on the one hand, and the practice experience individuals are facing in the field on the other. Through the integration of these equally relevant perspectives, we hope to achieve better results.

The HRFT head office is situated in Ankara. The Foundation also manages treatment and rehabilitation centres in Adana (defunct since August 2015 due to internal management problems), Ankara, Diyarbakır, Istanbul and Izmir and has a representative office in Cizre. Each office has a "representative", who is officially the spokesperson of HRFT. In Istanbul, the representative is a teacher and former chair of the Human Rights Association in Istanbul. She is employed as a staff member and also serves as a manager of the HRFT centre and its staff. In Izmir, the representative is a volunteer medical doctor who holds an honorary position, while the management of the centre is carried out by the social worker. In Ankara, the Secretary General serves as the representative and manager and in Diyarbakir, the representative is a volunteer lawyer who is also active in Diyarbakir Bar Association. The day-to-day management is carried out by the medical secretary.

In total, HRFT has 29 employees (of which 23 are paid by the Swedish core support): five physicians, four medical secretaries, three psychologists, three social workers and 14 administrative staff. Overall, 18 staff members are women and 11 are men. Men dominate the Diyarbakir centre and women dominate the Istanbul office. In the

executive board two are women and seven are men.

HRFT also has a cadre of volunteer physicians, psychiatrists, psychologists, social workers and lawyers who offer their services for free or against a small fee. These volunteers carry out the bulk of actual treatment, based on the assessment and treatment plan made by HRFT staff. HRFT staff monitors the rehabilitation process and coordinates the treatment plan.

Since its start, HRFT has diagnosed and documented more than 15.000 cases of torture and provided treatment and rehabilitation services to torture survivors and their relatives. Over time, HRFT has gradually developed a more multidisciplinary and holistic approach to treatment, including psychological and social support. Engagement has also expanded to include monitoring of other forms of gross human rights (civil and political) and humanitarian law violations and support to victims of these violations. A Strategic Plan and a Theory of Change for 2015-2019 were developed to reflect the expansion of working areas developed by HRFT over time and to serve as a basis for the Swedish core support.

Torture is the intentional infliction of severe mental or physical pain or suffering by or with the active or passive consent of the state authorities (or those aspiring to establish or destroy a state e.g. IS, PKK) for a specific purpose.

Torture is often used to punish, to obtain information or a confession, to take revenge on a person or persons or create terror and fear within a population. Some of the most common methods of physical torture include beating, electric shocks, stretching, submersion, suffocation, burns, rape and sexual assault.

Psychological forms of torture and ill-treatment, which very often have the most long-lasting consequences for victims, commonly include: isolation, threats, humiliation, mock executions, mock amputations, and witnessing the torture of others

2 Method and limitations

2.1 THE STEPS

The steps of the evaluation were as follows:

1. **Inception phase.** During the inception phase documents were read, web sites browsed and the methodology outlined, including interview guide and survey questions. Especially the methodology for getting the views from the applicants was discussed in detail to ensure that our method did not cause harm.

2. **Data collection phase.** The team worked together in Istanbul to carry out the data collection. Together we conducted the staff workshop and staff interviews at the HRFT centre and also did the initial key informant interviews together. In this way the team developed a common understanding of the methodology. The team then split up so that one evaluator travelled to Ankara, one went to Izmir and one to Diyarbakir to continue the data collection. The team leader also travelled to Ankara after Izmir to be able to talk to international stakeholders and government representatives. Careful notes were taken from all interviews and staff workshops to enable a joint analysis.

   The team leader also had the opportunity to meet and discuss with the support group for Human Rights in Turkey in the Swedish parliament.

3. **Analysis phase.** The team met again in Istanbul to discuss and analyse findings and jointly respond to the main evaluation questions. While the situation turned out to be quite different in all four HRFT centres, the team members could easily agree on the main findings. Missing information was identified and each evaluator was assigned a task to collect these missing pieces. The findings from each of the four HRFT geographical centres were written up separately as a case study. This is to acknowledge and illustrate their different contexts and focus.

   The two surveys, one for staff and one for applicants who had received services from HRFT, were analysed and used to supplement the qualitative findings.

4. **Reporting phase**. The report makes use of the case studies written up and of the quantitative information from the surveys. It then goes on to answer the evaluation questions and to summarise conclusions and recommendations. The team worked jointly to produce the report.

   The findings and preliminary recommendations of the evaluation were presented and discussed at a meeting with HRFT and the Embassy on June 14, 2016. The meeting specifically discussed possible future scenarios and risks and assessed how HRFT could best position itself in this context. Based on these discussions, a final report was prepared.

2.2 THE METHODS

The evaluation has used a combination of quantitative and qualitative methods, as follows:

- Document review of previous evaluations, HRFT annual financial and narrative reports, HRFT publications, Sida assessments and appraisals. A full list of documents is available in Annex 2.
- Semi-structured interviews with HRFT staff and selected founding members and volunteers.
- Interactive workshops with HRFT staff to make self-assessment of organisational strengths and weaknesses, combined with a short individual survey. The staff surveys were collected at the end of each workshop and analysed in an Excel format.
- Interviews with external partners and observers, e.g. government representatives, international stakeholders, medical chambers and lawyers associations, Turkish organisations in the field of human rights, mental health, gender based violence, LGBTI, child rights, refugees and prisoners.
- Survey to HRFT applicants (survivors of torture). Due to the sensitivity of the issue and to guarantee confidentiality, HRFT administered the questionnaires and had them returned in sealed envelopes. The sealed envelopes were collected and handed over to the evaluation team – except in Diyarbakir where responses were scanned and e-mailed to us. In total, we received 97 responses from applicants, past and present (see limitations below).

Notes from all interviews and workshops were carefully taken according to a prescribed format and uploaded in our joint Dropbox as a basis for analysis. A full list of respondents is available in Annex 1.

2.3 THE LIMITATIONS

The evaluation was undertaken in a hostile context and during a rather short time frame. As part of the government's intense monitoring of human rights organisations and media, HRFT has been brought to court for administrative shortcomings (in 2014) and has been required to pay a fine and a hefty tax bill. The case is still pending as HRFT has appealed the decision.

The evaluation team has taken precautions in its approach to government officials in order to frame our questions in a manner that will not put HRFT at additional risk of harassments. During the evaluation process it became apparent that some government officials and political party members had no interest to meet with us, while in other cases we refrained from contacts in order not to put HRFT at risk. Therefore, the number of government representatives met by the evaluators is limited. Also, at the time of the evaluation the Turkish Equality and Human Rights Institution was being restructured and there was nobody to meet.

Furthermore, we decided not to speak directly to the applicants (torture survivors), as

their confidentiality needed to be protected and their wellbeing could be affected. Instead, HRFT was asked to administrate a short survey to the applicants in a manner that would ensure their anonymity. It is obvious that the applicants reached would mainly be those that are satisfied and remain in contact with HRFT. The evaluators had no control over the sampling and there was insufficient time for establishing a method to reach more applicants in a more reliable manner. Applicants in Diyarbakir were not guaranteed anonymity as their responses were scanned and e-mailed to us. This certainly affected their responses. The survey results should be seen in this light.

Initially, we feared that perhaps respondents would fear to speak with us and that self-censorship would hamper the evaluation. This was not the case, except for one government representative. Instead we met respondents who were open and defiant. The respondents provided coherent assessments of the past achievements of HRFT. They also made rather similar assessments of the challenges. The main differences in opinions were related to the way forward.

In conclusion, apart from the survey to the applicants which is assumed to be somewhat biased, the evaluators deem that the methodological limitations have not affected the reliability of the findings. However, the results of the HRFT programmes must be analysed in the view of the present context where mitigation of deterioration of human rights conditions might be considered a satisfactory result.

3 Findings - results

3.1 OVERALL FINDINGS

HRFT has achieved remarkable results during the 23 year period of Swedish support. These results include:

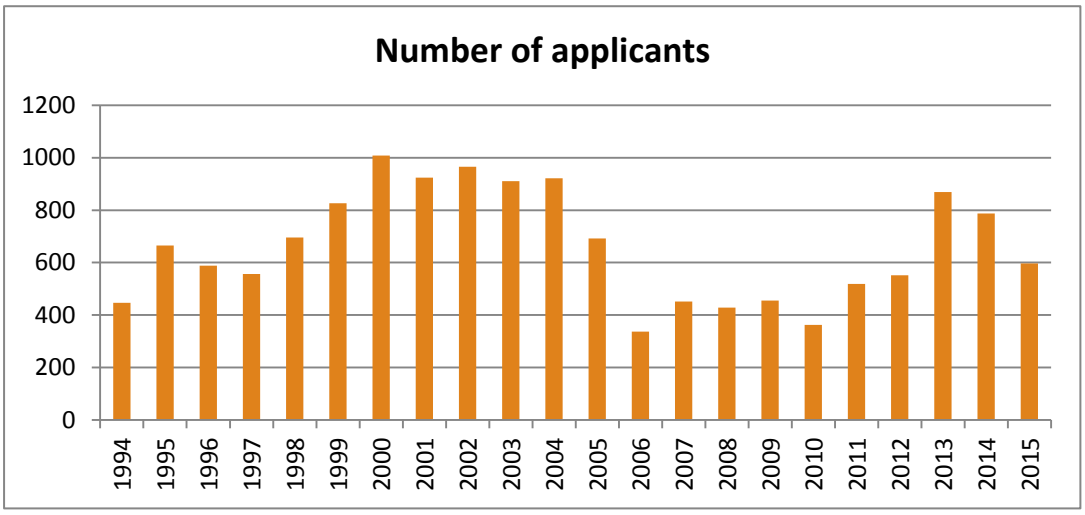
- Consolation of more than 15.000 survivors of torture.
- Development of scientific methods to diagnose torture, providing evidence and medical reports which assist survivors of torture to seek justice in Turkey and in the European Court of Human Rights.
- Establishing a close partnership with the Turkish Medical Association and the Turkish Bar Association (and some Lawyers associations) in order to jointly engage in assistance to survivors of torture and in monitoring and reporting on severe human rights violations.
- Making decision makers and the public aware of the existence of torture and other human rights violations through careful monitoring and reporting in daily web-based updates and annual reports.
- Influencing the Turkish government to sign the Convention against Torture and its optional protocol and subsequently to amend laws to make torture illegal, leading to the abolishment of the worst forms of torture in detention and prisons. Unfortunately, these positive legal and policy developments are now being reversed.
- Playing a key role in the drafting of the Istanbul Protocol, setting the international standards on work against torture and ill-treatment, and influencing the international community to adopt it as a UN guiding document.
- Establishing and coordinating a network of volunteers ready to provide medical, psychological, social and legal support to survivors of torture, ill-treatment and other serious human rights violations.

In the following sections each of the five outcome objectives areas has been analysed in detail.

3.2 EXPECTED OUTCOMES

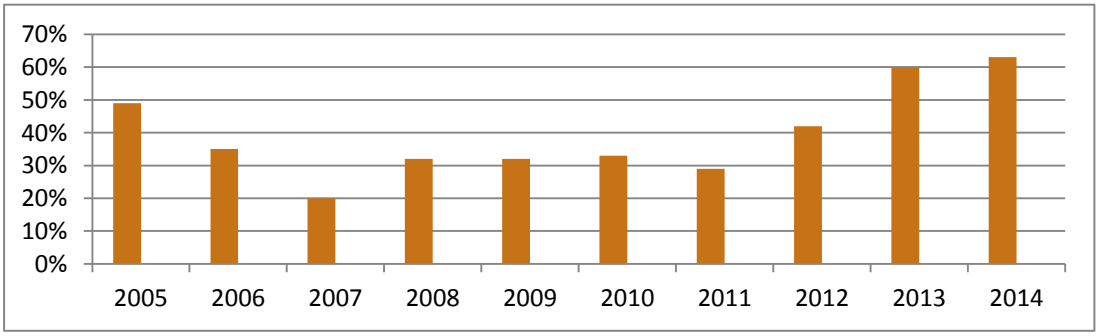
3.2.1 Torture survivors achieve physical, psychological and social well-being

Assessment and treatment of torture survivors is the core function of HRFT. Around 80-90 per cent of the annual budgets have gone to this outcome area. During the 21 years under review, around 15.000 survivors of torture have been assessed by HRFT and offered rehabilitation through its network of experts.



In its annual treatment reports, HRFT has carefully documented the demographics and background of applicants, the assessments of the injuries and traumas and the recommended treatment measures. Since 2009, HRFT has aimed at a multidisciplinary approach to treatment. Psychologists and social workers were employed and involved in the assessments and treatment from 2010 and onwards. Before that only medical doctors (physicians and psychiatrists) were involved.

Since 2005, HRFT has assessed and reported on the results of its rehabilitation efforts. According to these reports, 50-60 per cent of applicants completed the physical assessment and rehabilitation in a given year, while only 5-17 per cent of applicants completed the psychological/psychiatric assessment and rehabilitation process. While some applicants continue their treatment for a longer period, there is also a significant drop-out rate. The drop-out rate from physical assessment and rehabilitation has been 13-20 per cent, while drop out or refusal to attend the psychological/psychiatric assessment or treatment recommended by HRFT was as high as 30-60 per cent (figure below).



Considering that psychological problems are the most common problem mentioned by applicants, this is an important finding, which calls for further research. The reasons for these drop-outs and refusals are not analysed in the HRFT reports. The high rates in 2013 and 2014 seem to be related to persons who received their trauma during demonstrations.

Of those who complete their treatment process, HRFT estimates that 70-75 per cent have "recovered fully", 25-30 per cent have "partially recovered" and one per cent has not made any progress.

An independent scientific study was carried out in 2013/14 to assess how the treatment affected the well-being of applicants and if/how the applicants completed the treatment offered[4]. According to that study, the drop-out rate was 20 per cent, while 35 per cent did not accept to participate in the psychological/psychiatric testing and treatment. This means that the remaining 45 per cent of the applicants completed a full rehabilitation process.

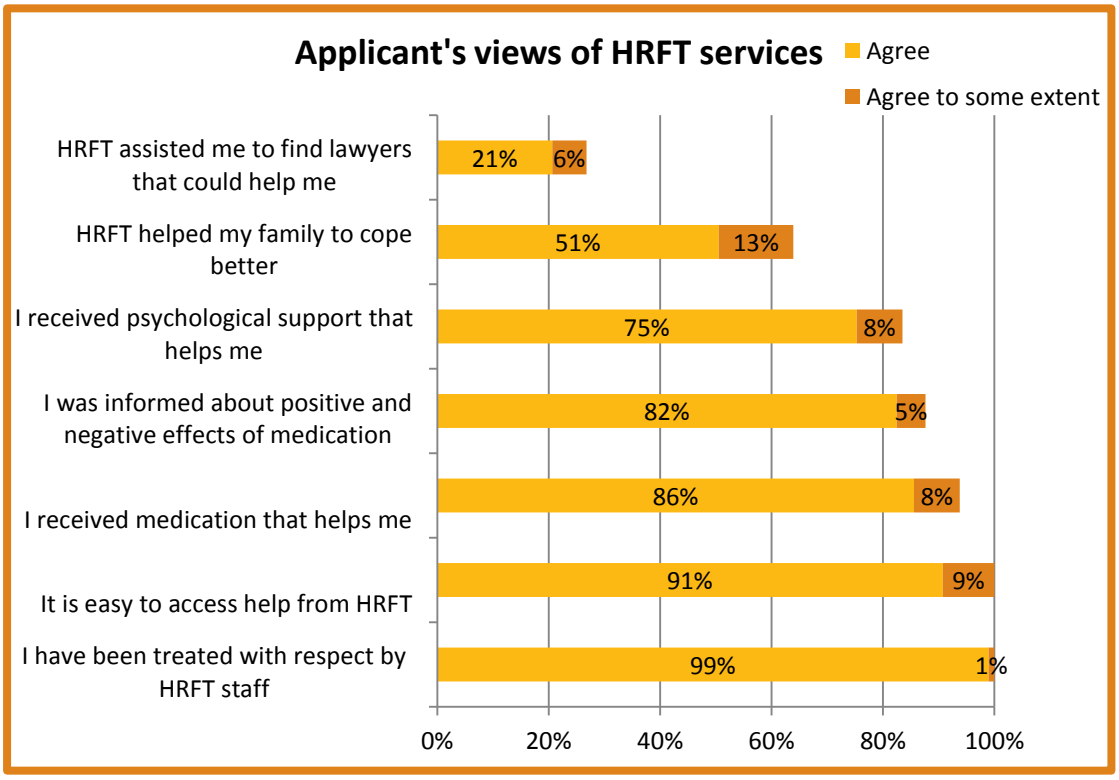
The scientific study also refers to the experiences of the 44 applicants (14 females; 30 males) who accepted to participate in interviews to monitor their psychological well-being. Two different psychological standard tests were used. The applicants had a fist interview at the start of the treatment and a second interview after four months of treatment. The study found that there was minimal improvement in life quality, post-traumatic stress (PTSD) and depression of the applicants. The researchers conclude that one of the reasons for the minimal improvement might be related to the fact that the political reforms the applicants fought for (being political opponents) were rolled back and legal amendments intensifying human rights violations were issued. Their legal cases were mostly lost due to lack of independence of the judiciary and even counter-charges for defamation were being brought against those who dared to file a case. Even if they obtained some consolation from the recognition of their trauma from HRFT, they suffered from re-traumatization by the contextual developments. Another factor behind the lack of progress in well-being could be the unemployment and the lack of livelihood security experienced by applicants (as a result of being fired or being refused employment as a result of criminal record) which negatively affect all areas of the quality of life. Another factor could be the internal displacement experienced by some applicants, which negatively affected several aspects of quality of life reported in the second interview.

The discrepancies in evaluation results (regarding recovery and well-being) between the HRFT reports and the scientific study raise questions about the validity and methodology of both. HRFT is aware of this and is working to develop its evaluation

[4] HRFT annual report 2014

methods and has started a pilot in Istanbul.

As part of this evaluation, a survey was distributed among 97 applicants to determine their satisfaction with various aspects of the HRFT treatment services. Fifty-three women and 40 men responded. Four did not identify their gender. There were no significant differences between the responses from men and women. There were, however, some differences between the four centres. In Istanbul, twice as many women answered the survey questions. Also in Izmir and Ankara more women answered, while in Diyarbakir it was the other way around. In Diyarbakir, there seemed to be limited contacts between the centre and lawyers regarding the support to applicants, while in other centres this was somewhat more common. Probably this is due to the fear and negative perception of the judicial system in the southeast. In Istanbul, 40 per cent of respondents did not need or receive psychological support, while in other centres this share was 20 per cent or less. Our survey showed that respondents are generally satisfied with HRFT services (see limitations above). Still, psychological and social support is less prominent than medical interventions.



While being overall positive to HRFT services, 25 per cent of the respondents thought that HRFT needs to improve its way of working. The most common comments and suggestions are:

- HRFT needs to be more visible and accessible to persons in need of support e.g. have an emergency line, on-line applications, weekend services and mobile units.
- HRFT needs more funding and more volunteers to reach out. Especially, since the human rights situation is getting worse and the numbers in need of treatment will rise. HRFT should have more branches or representations and more cooperation with other CSOs.

- HRFT should develop new treatment methods to meet new kinds of harassments and torture. Sessions should be longer.

The HRFT documentation and treatment services are considered by external observers to be of very high quality. It is mainly the quality of medical reports (evidence) and the medical treatment which is referred to as the key strengths of HRFT. Some respondents also mention that the recognition of the traumas of torture survivors, through the HRFT official medical reports, also give hope to their respective communities. By being visible in reports, their struggle is recognised – indirectly providing social and political support.

The focus on medical documentation of torture and medical treatment of survivors of torture has continued to be the basis and main focus of HRFT. Gradually a more multidisciplinary approach has been developed. Psychologists were employed from 2010 and social workers from 2013. Thus, the multi-disciplinary approach is still rather new to HRFT and is most visible in Istanbul, where a professional network of psychologists/psychiatrists is systematically called on to support applicants. A similar effort has been initiated in Diyarbakir. The multi-disciplinary model is not yet fully developed, documented and used systematically in HRFT. The intention is that a treatment plan is designed, coordinated and monitored by HRFT staff based on an assessment of the needs of each applicant, while the actual treatment is delivered by volunteering professionals.

Expected outcomes	Findings – summary
Positive effects on the lives of torture survivors and their relatives are created for recovering from the effects of torture	There seems to be great satisfaction among applicants. HRFT estimates that around 70-75 per cent of those completing the treatment have “recovered fully”. However, the drop our rate is almost 20 per cent and only 18 per cent of applicants are getting psychological support. A scientific study from 2013/14 raises some questions about the drop-out rate, the limited use of psychological support and the limited improvements in well-being. HRFT agrees that monitoring and follow up of applicants’ well-being has to be more systematic.
Better and effective treatment and rehabilitation services corresponding to changing methods of torture are developed	There is ongoing development of methods, especially in Istanbul, but these are not sufficiently explored and shared within and outside HRFT. Examples of new areas engaged with are; hunger strikes, effects of tear gas and other excessive force used against peaceful demonstrators, treatment survivors of terror attacks, children’s trauma, torture of LGBTI persons and refugees. Development of technical capacity and backstopping has mainly focussed on HRFT staff. Technical support to other actors is *ad hoc* and based on individual requests - not yet institutionalised. Many CSOs are interested in more systematic back-stopping.

3.2.2 Accountability for torture and ill-treatment is achieved

This outcome area refers to the accountability measures taken after the occurrence of the torture/ill-treatment. This includes e.g. the accessibility and availability of effective legal, medical and psychological support to survivors of torture, official recognition of the wrongdoings and access to justice and compensation.

Tools

One of the most prominent outcomes of HRFT work over the years is the development of *The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, commonly known as the ***Istanbul Protocol***, which outlines international, legal standards on protection against torture and sets out specific guidelines on how effective legal and medical investigations into allegations of torture should be conducted. The Istanbul Protocol is not only influencing Turkey, but also has the status of an official UN manual that is applicable all over the world. It was adopted in 1999.

HRFT played a key role in developing and advocating for the adoption of the Istanbul Protocol together with the Turkish Forensic Medicine Association and Physicians for Human Rights.

Initially, after the adoption of the Istanbul Protocol, there was systematic training of doctors, prosecutors and judges. With financial support from the EU and in cooperation with the concerned Ministries of Health and Justice, 4.500 Turkish doctors, 1000 prosecutors and 500 judges were trained. HRFT played a significant role in backstopping and providing expertise and training materials.

HRFT has also developed scientific methods, procedures and tools to investigate and document physical torture. A medical "Atlas of torture" was published in 2008. Based on these methods, alternative medical reports have been provided to applicants who wish to bring their case to court. The alternative medical reports are highly respected as scientific and neutral. Around 100-175 alternative reports have been provided annually in the past 10 years. Approximately a third of these are reported by HRFT as being used by applicants to pursue legal cases. The remaining part has served to provide the applicant with proof of torture for his/her own healing process.

Perpetrators brought to justice – convictions

There is no systematic monitoring or reporting by HRFT on the outcome of the legal processes of applicants. The success rate is therefore unknown. The number of cases filed should be around 35-55 per year if the assumption about the use of the HRFT alternative medical reports is correct. HRFT intends to undertake an analysis of the effects of its forensic medical reports in 2016. The report will be finalized in 2017.

Respondents confirm that impunity is widespread and apart from a handful of rare cases, mostly the legal cases are dismissed and the perpetrators are not convicted. Counter charges have been brought against some of the torture survivors who have tried to get justice. This makes applicants more reluctant to report their cases. The lack of convictions and redress is hampering the healing process of many applicants. Since 2010, HRFT has engaged in five selected litigation cases annually to try to in-

fluence practices of the courts in line with the Istanbul Protocol. According to the HRFT annual reports, all of these litigation cases are still pending. It was, however, reported that in 2016 for the first time, two court rulings were based on the Turkish law prohibiting torture. However, the recent contextual developments in Turkey will probably increase rather than reduce impunity - unfortunately.

HRFT has also brought cases to the European Court for Human Rights (ECHR), when the Turkish justice system has failed to convict perpetrators. Thanks to HRFT efforts, ECHR has ruled in favour of the torture survivors in 3-4 cases per year since 2010 (out of 10-21 cases brought in front of the court). While the Turkish justice system has not changed their rulings accordingly, compensation has been paid by the State to these torture survivors. The use of the ECHR seems like a more viable option for HRFT than the domestic courts.

Volunteer Networks[5]

Over the years, HRFT has built good relations with the Medical Association and its local chambers (organising medical doctors in private practice) and many of the local Bar Associations (organising all lawyers in Turkey in branches) and other lawyers associations. There is now a cadre of volunteers that can be called on to support treatment of survivors of torture, although some doctors now require a fee. In Istanbul and Diyarbakir there are also networks of psychologists that provide services to HRFT and its applicants. After the bombings in Suruc, Ankara and Istanbul in 2015 a national solidarity network of professional organisations (doctors, social workers, psychologists etc.) was formed to support victims and their families on a voluntary basis. HRFT has been selected as the coordinator of the network.

Capacity development of professionals[6]

Systematic training on the Istanbul Protocol and other aspects of assessing, documenting and treating torture was mainly carried out in the years directly after the adoption of the Istanbul Protocol (as mentioned above). Capacity development has continued to be organised on a limited and ad-hoc basis over the years. The results framework does not mention exactly who (what groups) should increase their capacity and what should be the expected outcome of the capacity development efforts. Therefore, training is not strategically carried out. According to HRFT reports from 2006-2015, capacity building was mainly focussing on staff and volunteers of HRFT. Apart from this, the following was reported:

- International conferences have been organised by HRFT almost every year since

[5] This outcome area is not clearly linked to accountability measures. The logic of the HRFT results framework could be improved.

[6] This outcome area is only partly linked to accountability measures. The logic of the HRFT results framework could be improved.

2006. Topics have mostly been related to psychological trauma and social trauma. HRFT representatives have presented scientific papers at each of these.

- Each year some 20-40 physicians, psychiatrists, psychologists and human rights defenders have been trained by HRFT and its partners on the Istanbul Protocol.
- An e-learning module on the Istanbul Protocol was developed and tested by 20 participants in 2012. Unfortunately, the technical solution became outdated quickly and the module was never brought to scale.
- 3-year training of psychotherapy has been offered to 32 experts (16 in 2007-2009 and 16 in 2011-2013), many of them volunteers of HRFT.
- Scientific research initiated by HRFT staff and founding members has been supported and published. Respondents feel that this is an area which could be more systematically developed.
- Thanks to linkages with HRFT, some universities (Ankara and Istanbul) have introduced training modules on assessment, documentation and treatment of torture (based on the Istanbul Protocol) for medical students under the topics of "medical ethics in prisons" or "ethics in treatment". There is great potential to reach also police, prosecutors, judges, lawyers, psychologists via their ordinary educational systems.
- Inspired by HRFT, Medical Chambers have organised networks that provide individual medical support services to torture survivors (as they cannot get support from most state hospitals). These doctors are also ready to be called on short notice to emergency events in streets or prisons.
- As a result of the HRFT initial efforts, the Bar Associations independently and systematically provides training for lawyers on torture and ill-treatment, based on the Istanbul Protocol, the Convention against Torture, the European legal framework for human rights and the Turkish legislation.

In 2010 a "training committee" was established with five experts to develop a more structured approach to external capacity development and in 2011 a supervision unit was established to support staff competence development. Presently, the staff member responsible for capacity development is only a half time position.

Expected outcomes	Findings – summary
Allegation of torture are effectively, impartially and promptly investigated and perpetrators of torture are brought to justice	HRFT has indeed effectively assessed applicants' complaints and produced high quality, impartial, alternative medical reports. These have helped around 35-55 applicants per year to file their legal cases. Conviction rates seem low, however. HRFT will undertake an analysis of the effects of forensic medical reports in 2016 and finalized in 2017. A few high level litigation cases have been brought to court since 2010, but all are pending. In 2016, perpetrators were sentenced according to the law against torture for the first time. A few cases have been won in the European Court for Human Rights and the government has paid compensation. Generally however, impunity is common and increasing.
Knowledge, awareness and ability are generated among health and legal professionals on the documentation and investigation of torture and other forms of ill-treatment	There are many examples of doctors and lawyers taking action as volunteers based on their knowledge and commitment – but it is not clearly linked to HRFT capacity building. Around 4500 doctors, 500 judges and 1000 prosecutors were trained in IP 15 years ago and some universities were inspired to include component on "medical ethics" in their curriculum for doctors. HRFT capacity development is a small component and it is mainly focusing on raising the competency of its own staff and volunteers – and some health professionals. A few training opportunities on the IP is offered every year.

3.2.3 Preventive measures against torture and ill-treatment are improved

This outcome area refers to the measures taken before the occurrence of the torture/ill-treatment to prevent it from happening in the future. This includes influencing the laws, policies and practices of the government (duty bearers). It also includes the reporting to the international monitoring bodies and the level of awareness of the public.

Policy and practice of authorities

The attitudes of the authorities towards torture went through a gradual process of improvement after 1999, until the trend reversed after the general elections in 2011 and especially after the Gezi part demonstrations in 2013. The government officially recognised that torture existed and laws were enacted to stop it. Turkey ratified the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment already in 1988, but the Optional Protocol was not ratified until 2011. This was followed by a number of positive legal reforms in 2012 and 2013. Procedures for arrest and detention improved and monitoring mechanisms were set up by the government to ensure compliance of state institutions with human rights standards (although these are not functioning as intended). Turkey's Equality and Human Rights Institution was appointed as national preventive mechanism of torture (alt-

hough the Institution is presently not functioning and also not in line with the requirements of the optional protocol of CAT).

According to respondents, HRFT and its international networks played a key role in these positive developments – as did of course the desire of Tukey's leaders to join the EU. HRFT has consistently monitored and reported on the situation in Turkey through alternative reports to the UN, both through the UPR process and the CAT monitoring process. HRFT has also engaged with the government in these processes in a manner that is considered professional.

While some positive policy trends were noted, negative developments also happened in parallel, for example:

- Various articles of the Turkish Penal Code and the new Criminal Procedural Code were amended in a negative way.
- The Anti-Terrorism Law and the Law on Powers and Duties of Police were amended in 2006 and 2007 respectively.
- Several other legal amendments having devastating effects on human rights and democracy in Turkey were issued in 2014 -2015, including internal security package, internet law, and law on the intelligence services
- In June 2016 before the coup, the government passed new legislation in order to protect security or military staff from being held to account for any crimes committed in the past and in the future[7].
- In July 2016 after the coup, 3 000 judges and prosecutors were fired as it was not certain that they were loyal to the President. Already before the coup there was a plan to replace all the high court judges.

Respondents also refer to improvements in practices of the authorities that they have observed. The worse forms of torture (such as use of electricity and Palestinian hanging[8]) have been abolished and the number of torture cases reported on decreased gradually between 2000 and 2010. This is underpinned by statistics from HRFT showing a decline in applicants who had been tortured in the same year from 540 in 2000 to 163 in 2010. However, the number of cases increased dramatically after Gezi Park protests, where the police used excessive force against protesters. Torture and ill-treatment have also re-emerged in the conflict areas in the southeast of Turkey, where security forces operate. In July 2016, torture and ill-treatment of persons accused of participating in the coup is reported (and even shown on TV). HRFT and IHD have already made a joint statement that these people should not be tortured and

[7] The bill was passed on 23 June. The security forces, military personal, village guards which take part in the anti- terror operation cannot be tried without approval of the related ministry.

[8] a method whereby the person's hands are tied behind the back and then these tied hands are hanged by a rope to the ceiling

that anybody in need could apply to them for assistance.

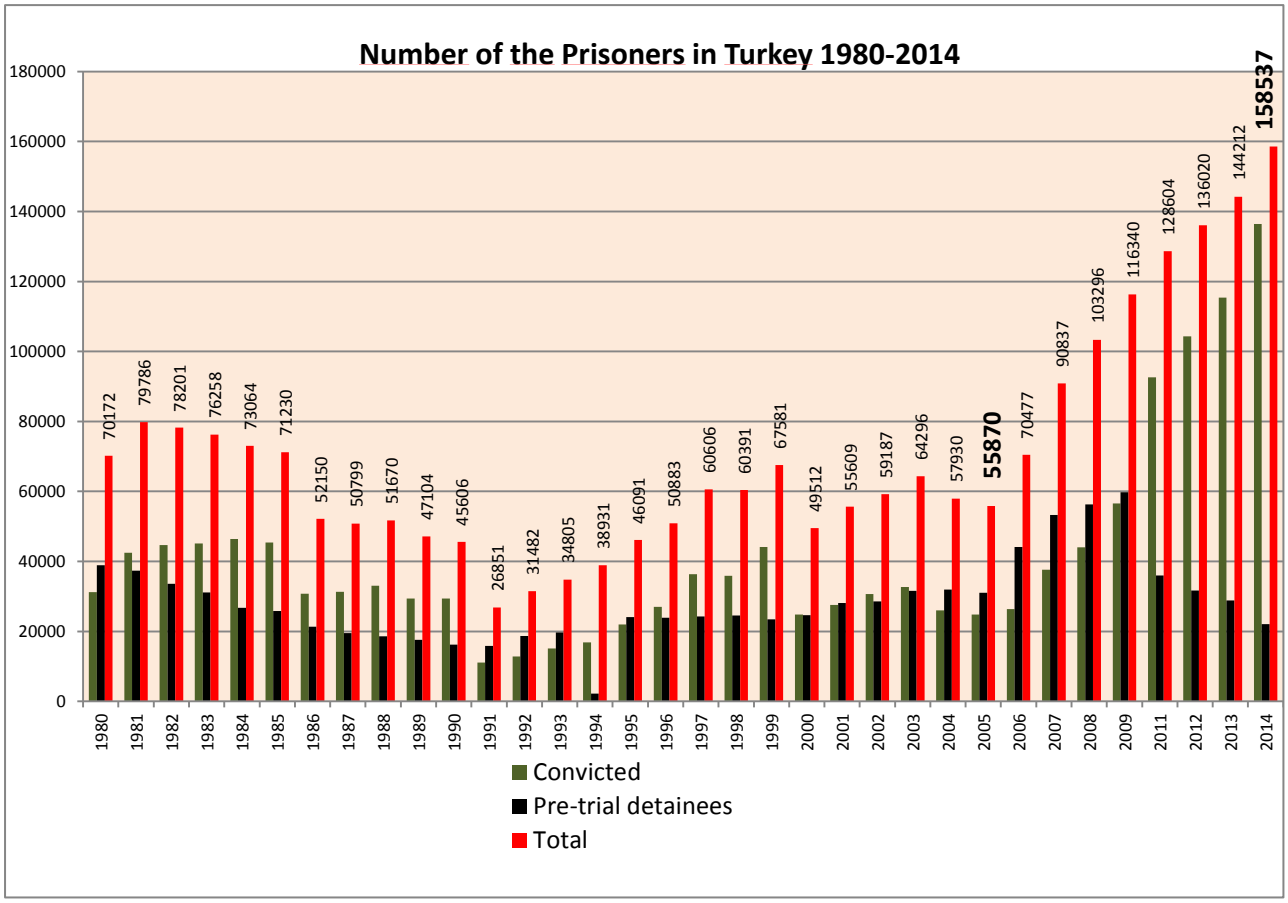
As mentioned by the UN Committee against Torture in its report dated 13 May 2016, there are still grave concerns about the situation in Turkey. The respondents in this evaluation confirmed that there is on-going ill-treatment in prisons and other state-run centres (e.g. mental health institutions, closed children's centres), such as naked search, unhealthy sanitary conditions, refusal to attend to medical needs, long term isolation, depravation of privacy and human dignity, psychological bullying, etc. In response to reports by the Bar Association in Izmir on the conditions in juvenile detention centres, the Bar Association was banned from visiting prisons. The national and local human rights monitoring mechanisms have become dysfunctional due to lack of independence and unwillingness to cooperate with the civil society.

In the past three years (since Gezi Park demonstrations), ill-treatment by the state has also moved outside of state institutions and is now more in the form of excessive violence against peaceful political protesters. Furthermore, the armed conflict in the southeast of Turkey demonstrates that the state is increasingly using methods of collective punishment, torture and ill-treatment of opponents, depravation of the right to life and liberty, refusal to carefully investigate cases of extra judicial killings, enforcing long 24-hour curfews that deprives civilians of food and medical care for months etc. Many of these actions are against international human rights and humanitarian law conventions (Venice Commission reports – Council of Europe).

Another negative trends is the ill-treatment of refugees. Closed centres for returned refugees from Europe are not open for Turkish human rights organisations to monitoring to ensure that refugees can access their asylum rights and are treated according to agreed standards. Similarly, the refugee camps for Syrians are kept out of monitoring reach of Turkish human rights organisations.

Finally, the coup d'état attempt in July 2016 has led to the arrest of thousands of persons, who are at risk of torture and ill-treatment. Reports of torture and ill-treatment have already been published. Ironically, this time the military and the police are the presumed victims of torture and ill-treatment.

After a period when the number of persons arrested and convicted declined, these incidences have dramatically increased in the past few years. Even before the 2016 attempted coup d'état (which has seen additional tens of thousands of arrests), the number of prisoners had tripled during the past 10 years, mainly due to politically related charges (insulting the state or the president, supporting terrorist organisations, etc.). In 2005 the number of persons in prisons was 55.800. In 2016, the latest figures point at 180.000. By 2017, 207 new prisons will be in place with a capacity to hold 245.000 persons (table below from Ministry of Justice web site). This development greatly raises the risk of torture and ill-treatment in state institutions.



Furthermore, there are an unknown number of security forces that operate without transparency or accountability, while legislation is passed to exonerate them from responsibility[9]. The government human rights monitoring mechanisms at national and local levels are not functioning according the agreed UN and European standards, which calls for intense and systematic engagement by CSOs and reaction from the international community. Finally, the state of emergency declared by the government on 20 July 2016 greatly increases the risk of arbitrary arrests and ill-treatment of citizens suspected of disloyalty.

There are huge challenges for HRFT and its international networks to develop and adapt the working methods to these negative contextual developments. Every year, around 10.000 new police officers and 1000 new prosecutors are recruited in Turkey and in 2016 all those fired by the government need to be replaced. The training and mandates presently given to these new cadres do not ensure respect for human rights

[9] https://www.hrw.org/news/2014/12/11/turkey-security-bill-undermines-rights

and accountability for torture and ill-treatment or prevention of it[10].

Awareness and attitudes of the public

According to respondents, the attitudes of the public and professionals regarding torture changed to the better during the period of review. Until very recently, it was no longer politically correct to state that torture is an acceptable method for punishment or interrogation. However, it seems that the political developments since 2015 have made it more acceptable to harass perceived "enemies of the state". One respondent stated that "security forces must not be softened by social issues". In July 2016, the Prime Minister and parts of the public are calling for reinstating of the death penalty. The call by the President to the public to help stopping the coup resulted in a number of mob killings and the rule of law seems to have a low status at the moment.

HRFT is communicating by means of press releases, daily web-bulletins (900 followers in Turkish and 90 in English), Facebook updates (around 8000 visitors) and Twitter messages (24.000 followers). Members of parliament from the opposition parties confirm that they make use of these sources to keep updated and as a basis for questions in the Parliament. Other CSOs are also monitoring the HRFT updates and some are making use of this information in their own reporting, e.g. Human Rights Watch.

The evaluators found that the daily up-dates were not making use of Internet search spiders or proactive, systematic reporting from partners, which could make them more comprehensive and less time consuming to prepare. There is sometimes a mix-up of the mandates of the HRFT and the IHD in the external communication. For example, annual human rights violation report (covering a range of human rights violations) is produced by HRFT rather than by IHD. Both organisations would benefit from more distinct identities.

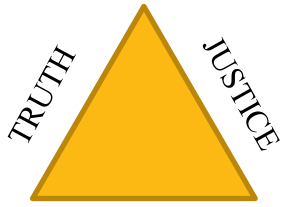
HRFT is advertising its services on its web site, which is mainly read by other human rights defenders. HRFT also publishes reports that are rather long, complex and scientific. The circle of readers is small. Also the human rights week is mostly for the already well-informed. This means that the awareness of HRFT among the general public and among those who are torture survivors or potential volunteers is limited. HRFT has not managed to make itself widely known to the public. Despite this, some 15-30 volunteers and around 500 applicants find their way to HRFT every year, mainly through referrals by human rights or professional organisations. HRFT needs to reflect on how it can become more accessible, both as service providers and as information providers. A very small share of the budget goes to this outcome area.

[10] According to a study cited by many respondents, 80 per cent of prosecutors are ready to put the "interest of the state" before the rule of law.

Expected outcomes	Findings – summary
Policy and decision makers' awareness about torture prevention and their willingness to take action to address the issue is increased	Policy makers are aware, have singed the CAT optional protocol and adopted laws against torture. However, political will is lacking, impunity is increasing and law reforms are no longer a priority. MPs (from opposition parties) confirm that they use HRFT reports and updates. Good quality (but long and detailed) reports have been submitted to UNCAT and UPR. These have been highly valued and resulted in recommendations to Turkey from the UN. There has been lot of focus recently on the conflict in the southeast. Amnesty and Human Rights Watch make their own reports.
Public awareness and participation on prevention of torture is generated or/and increased	After the increase of human rights violations in 2013, the number of volunteers has increased year by year (no reporting on how many that withdraws). The social media (FB and twitter) which have been developed in the past few years is a good tool to reach out and the daily updates on the web page are widely viewed and used. Some respondents would like to see reporting on a wider range of torture issues and from both sides of conflict. The press releases are also mentioned as good tools (if they are published – media is now more careful on reporting on human rights violations). Generally, the activities on human rights week only reach a few and do not seem to reach a wider audience of the public.

3.2.4 A holistic programme is produced for coping with on-going social trauma

"The coping with social trauma" component was originally designed to deal with the grave violations that occurred in the past in the southeast of Turkey against the Kurdish population. This included awareness and recognition of the mass graves and the forced disappearances as well as efforts to achieve justice for communities and individuals affected. To work with society level healing, a holistic/multi-dimensional component was designed (below) and many capacity development efforts were initiated.



HEALING

Overall, the political developments since 2013 have made it increasingly difficult for human rights defenders to address the social traumas of the past as new social traumas keep appearing at an alarming rate. The armed conflict has reopened in the southeast and instead of healing, there are new grave violations taking place. The distrust between various groups in society is deepening. The situation has worsened dramatically after the coup attempt, and divisions in society are increasing rather than

decreasing. Any criticism of the authorities may be taken as disloyalty and can put organisations and individual at risk. This negatively affects the working climate of activists, including HRFT staff and volunteers, who increasingly risk their freedom and life.

There have however been some efforts by HRFT to adapt and respond to the new challenges of social trauma. The main findings are:

1. In the Gezi Park protests, HRFT staff and volunteers were the forefront to assist victims of the police brutality. Also after the Ankara bombing, HRFT was able to come to the scene early to assist the victims. This shows that HRFT has the capacity to react quickly to crisis situations.
2. After the bombings in Suruc, Ankara and Istanbul in 2015 a national solidarity network of professional organisations (doctors, social workers, psychologists etc.) was formed to support victims and their families on a voluntary basis[11]. HRFT has been selected as the coordinator of the network. This provides a good opportunity for future development of programmes and services of HRFT.
3. HRFT has opened a representation in Cizre and engaged a mobile unit in the southeast to increase access to independent monitors and to rehabilitation services. Distrust and fear of both the government and PKK is however hampering the willingness of people to report on any violations. One of HRFT's volunteers was killed and the security of staff is at risk.
4. Before the conflict in the southeast re-emerged in 2015, HRFT had produced one brochure on the mass graves and monitored the opening of one of them. HRFT had also started one legal process. Both these efforts are stalled at the moment.
5. A care for care givers programme was initiated and helped staff and volunteers to cope better to some extent. However, many staff members are driven by their commitment and do not use sufficient time for personal rest and healing. Also the context is increasingly stressful for everybody. There is great risk of burn out.

[11] HRFT (Türkiye İnsan Hakları Vakfı), Turkish Psychiatry Association (Türkiye Psikiyatri Derneği), Turkish Psychologists Association (Türk Psikologlar Derneği), Psychologists for Social Solidarity Association (Toplumsal Dayanışma için Psikologlar Derneği), Turkish Medical Association (Türk Tabipleri Birliği), Experts of Social Service Association (Sosyal Hizmet Uzmanları Derneği) and Trauma Studies Association (Travma Çalışmaları Derneği)

Expected outcomes	Findings – summary
Those who were subjected to gross/serious human rights violations are able to make use of treatment and rehabilitation services	There is limited access to treatment and rehabilitation services e.g. in conflict areas in the southeast. There are some suggestions on how to address this through mobile units, hotlines, close cooperation with organizations that are already working in these communities etc. It is clear that the armed conflict is putting limitations to this. A solidarity network of professional organisations was created after the Gezi park demonstrations. It has a great potential that could be further explored. Care for care givers programme was initiated and helped staff and volunteers to cope better, to some extent.
Effective programme for realization of right to truth in line with international human rights norms will be produced	In the present circumstances this is difficult unless the international community helps out. Even the UN agencies are silent, because they are afraid to be kicked out. Mass graves not yet embarked on, except a brochure.
Positive steps ensuring right to justice for those who were subjected to gross/serious human rights violations are taken in line with international human rights norms	Legal processes have been started but there is no progress.
Coping with the ongoing social trauma is included into the public agenda	Not implemented due to the armed conflict and increasing political tensions. (There is however potential to start working on peace building, reconciliation and social trauma healing, based on models developed in e.g. ex-Yugoslavia and Palestine.)

3.2.5 Sustainable and effective programmes are developed at international level

One of the most prominent outcomes of HRFT work over the years is the development of *The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, commonly known as the ***Istanbul Protocol***, which outlines international, legal standards on protection against torture and sets out specific guidelines on how effective legal and medical investigations into allegations of torture should be conducted. The Istanbul Protocol is not only influencing Turkey but also has the status of an official UN manual that is applicable all over the world. It was adopted in 1999.

HRFT played a key role in developing and advocating for the adoption of the Istanbul Protocol together with the Turkish Forensic Medicine Association and Physicians for Human Rights. HRFT has played a significant role in backstopping and providing expertise and training materials on the Istanbul Protocol and other related topics. Based on its good international reputation and respected knowledge base, HRFT staff and volunteers have also participated in trainings on the Istanbul Protocol and other related topics at international conferences and in several countries such as Algeria, Georgia, Mexico, Sri Lanka, Uganda, Serbia, Egypt, Philippines, Moldavia, Greece,

Palestine and Israel. According to HRFT reports, the Israeli partners have managed to make use of the knowledge and brought two cases to court successfully. There are no reports from results in other countries.

HRFT attempted to develop an e-learning module for on-line training on the Istanbul Protocol, but the technical design was quickly outdated and the tool is no longer available on the HRFT web site.

HRFT has also played an important role as active member of the International Rehabilitation Council for Torture Victims (IRCT). Many international conferences on torture have been organised in Turkey. Together with other key actors, such as the Physicians for Human Rights, HRFT is now taking the lead to up-date the Istanbul protocol.

Expected outcomes	Findings – summary
Efforts, awareness, and interest on prevention of gross/serious human rights violations, particularly torture and other forms of ill-treatment outside Turkey will increase	HRFT has played a key role in the development and UN adoption of the Istanbul Protocol (IP). HRFT has contributed to the development of IP training tools and participated in the training in 12 other countries, leading to enhanced knowledge and examples of successful actions taken by participants from Israel. HRFT is now taking the lead in the up-dating of the Istanbul Protocol. HRFT has also played an important role as active member of the International Rehabilitation Council for Torture Victims (IRCT). Many international conferences on torture have been organised in Turkey.

3.2.6 Organisational capacity of HRFT is strengthened

Regarding the strengthening of the organisational capacity of HRFT, no particular milestones or outcomes have been set to measure this aspect of the Swedish support. This means that there is no reporting on progress and challenges related to organisational strengthening. The findings in this section are based on:

- SWOT analysis from 2012 compared with situation 2016;
- staff interviews and
- self-assessment workshops and survey carried out during this evaluation.

An overview of 21 weaknesses identified in the 2012 SWOT analysis shows that five of these weaknesses have been addressed totally, while 14 have been addressed to some extent and four remain unaddressed. This demonstrates that HRFT has made efforts to develop its capacity, but that these efforts have not been sufficient. Respondents in this evaluation describe the main strengths and weaknesses of HRFT as follows:

Main strengths	Main weaknesses
Being a stable, committed, reliable, reputable organisation and a reference centre for experts, both nationally and internationally.	The human and financial resources that are too small to meet the increasing needs of women, men and children being subjected to torture and other severe human rights violations. The salary levels of staff are low and there is not sufficient social security.
The high level expertise of staff and volunteers, the emerging multidisciplinary approaches to treatment, the scientific quality of methods of diagnosing and documentation torture, the good team work within each centre.	There is not sufficient attention to the psychological wellbeing of staff which risks burn-out due to work load, secondary trauma, risking their own freedom/life and too little time for care for caregivers support – in combination with the bleak contextual developments.
Having a large network of professional volunteers that can be called on, also with short notice.	The transfer of knowledge between generations is not sufficient (both ways), the roles and expectations on founding members, board members, volunteers and staff are not clear. Volunteer networks are not sufficiently maintained and managed for effective use.
Trust and satisfaction by the applicants.	There is limited sharing and learning between the four HRFT centres and there is limited scientific visibility. The management systems and structures have not been developed to meet new challenges and opportunities. There is too much dependence on a few individuals, who are ageing.

These weaknesses are quite similar to those identified already in the SWOT analysis from 2012. Another weakness mentioned both in 2012 and 2016 is the poor relationship and cooperation with the government authorities, making it difficult to achieve long term sustainable changes and accountability of duty bearers. This is mainly a result of positions taken by the government, but may require some additional measures also from HRFT. The few government representatives met by the evaluation team had a very respectful view on HRFT, but they may not be representative of the general government views. Some respondents mentioned that HRFT needs to make more efforts to demonstrate political neutrality in reporting. For example, HRFT should report on violations from both sides of the conflict in the southeast, and to focus more on torture survivors that are not related to political organisations.

External observers also mention that HRFT could achieve more if organising its work differently, sharing their expertise and working more in partnership with other CSOs. In this way, new groups of torture survivors, such as children, women, mental health

patients, refugees, LGBTI persons, etc. could access support and be included in the daily monitoring updates and reports of HRFT. It would also prevent isolation of HRFT on its work against torture. Otherwise they will be alone in the field and they might be targeted easily. Moreover, it would also help to mainstream the work against torture.

The evaluation team noticed that the approaches to work and the staff composition were different in all centres. For example, the multidisciplinary treatment method, combining medical, psychological, social and legal/restorative efforts is mainly spearheaded in Istanbul, where a volunteer network of psychologists is effectively managed and maintained. Also, in Istanbul the staff members were mostly women. In Izmir, due to limitation of staff resources, the centre operates mainly as a referral centre and does not provide services. In Ankara, the national monitoring, documentation, litigation and advocacy is in the forefront, while there is a more limited focus on the treatment aspects. In Diyarbakir, almost all staff are male. The centre is struggling to find ways of operating and to stay accessible to those in need in the midst of the armed conflict. Some of these differences depend on the context, but some reflect the insufficient efforts taken to systematically develop the organisational capacity, strategic approaches and gender equality.

The staff survey which was answered by 34 persons in the four centres and provides the following assessment of the capacity of HRFT:

The four HRFT centres answer quite similarly, with the Diyarbakir centre being the most self-critical and Ankara the least self-critical. It should be noted that on many statements staff agreed “to some extent”.

The overall findings are that HRFT’s organisational capacity has been strengthened to some extent, but not sufficiently to respond to internal and external challenges identified and the opportunities at hand. HRFT has not been able to fully transform from an organisation of volunteering activists to an institutionalised professional organisation. The role of founding members, board members, staff and volunteers is not clearly defined and the work in the four centres are differently organised and managed.

The good reputation and the access to a large volunteer network of professional experts are valuable assets of HRFT in its future work.

4 Conclusions – evaluation questions

4.1 RELEVANCE

HRFT has managed to stay relevant over the years and adapt its strategies to political contextual developments, but is now facing serious contextual challenges which require new prioritisation and strategic and methodological considerations. The increasing needs and demands for HRFT competency and support remains largely unmet. This requires a fresh look at resource allocation, organisation and working methods.

Evaluation question	Conclusion
Are HRFT activities adapted to new types of torture and new target groups (alleged terrorism, violence outside prisons and police custody, need of relatives, refugees, women, LGBTI persons etc.)?	HRFT has made efforts to adapt to the contextual situation as it has developed over the years. For example, the methods developed to assist persons on hunger strike, the methods developed to assist victims of terrorism or excessive police force at demonstrations, responding to the armed conflict in the southeast by e.g. means of mobile units, treatment of women who report gender based violence (in cooperation with Kamer in Diyarbakir), some efforts in Istanbul to support the LGBTI community and a special project for Yazidi women. These adaptations are mainly related to Turkish political developments or donor pressure (LGBTI and Yazidi women). There is no ***proactive or strategic*** development of thematic competencies in HRFT, making its expertise available to other civil society organisations and to non-political survivors of torture. This is partly due to limitations in HRFT human and financial resources, but is also due to the history and mind-set of HRFT founding members, mainly coming from a political background. The proposals made in the EU evaluation to develop an institute for method development and to increase the proactive cooperation with other CSOs have not yet been realised. There is great potential to make HRFT more relevant and visible. Expertise on torture and ill-treatment is, for example, needed in the following thematic (also non-political) areas: - Children in closed state institutions, juvenile detention, education system - Persons with mental health conditions or intellectual

	disabilities who are held in mental health institutions - Refugees from Syria and other countries who are survivors of torture (large numbers) - LGBTI persons and harassment and ill-treatment by law enforcement officers - Prisoners (both criminal and political) and ill-treatment in prisons - Survivors of torture and ill-treatment as a result of the armed conflict (collective punishments, deprivation of food, water and health care, torture, forced disappearances, recruitment of child soldiers etc.) - Women and the increase of gender based violence as a means of torture, a weapon in armed conflict and a consequence of unsafe refugee conditions
Does HRFT play a relevant role in the Turkish context? What is this role?	HRFT is considered as one of the most reliable, credible human rights organisation in Turkey. It provides medical evidence on torture and daily updates (on their web site) on human rights violations to MPs, government officials, lawyers and other human rights actors. Compared to some other human rights organisations, it is still respected by some government departments due to its scientific, evidence-based approach. The relationship with the government is, however, generally getting more strained. HRFT has managed to develop methods and to take action in relation to the new situation of excessive force against demonstrators (since 2013) and is currently adapting its approach to the armed conflict situation in the south-eastern part of the country (since mid-2015) and now efforts are made to remain relevant to the situation after the attempted coup (2016). HRFT is, however, struggling to adapt its approaches to a) develop and offer more multi-disciplinary treatment services (still the medical assessments and treatments are the dominating approach) b) respond to the great demands on its technical expertise by other organisations and UN agencies and reach out to a wider group of torture survivors (geographically and thematically) c) find a balanced way to continue and increase its accountability and prevention work, considering that engagement with the government (duty bearers) is an essential part of such work

Does HRFT seek synergies with other actors to enhance outcomes?	There are some good examples of synergies being developed, such as the cooperation with the Agenda Child in Ankara, the organisation Kamer in Diyarbakir (addressing the traumas of families in Sur) and the establishment of the network of professional organisations, led by HRFT, set up after the 2015 bombings to respond in emergency situations. There is, however, no proactive and strategic approach development of synergies to enhance outcomes and reach out to larger populations. HRFT was a founding member of the Turkish umbrella organisation for human rights defender organisations (IHOP), but is not taking an active role in its work presently.
Are HRFT activities relevant to Swedish and international policy?	HRFT activities are very relevant to Swedish strategic priorities in Turkey and to international policies on civil and political rights in general and torture in particular. HRFT bases its work on the UN Istanbul Protocol and has even taken the initiative to update this tool.

EFFECTIVENESS

As outlined in section 3, HRFT has achieved substantial results during the 23 years of Swedish support. It is viewed as a strong, credible and professional organisation by external observers (international and national CSOs) and even by some government representatives and politicians (opposition party). The efforts to maintain dialogue with the duty bearers and to present findings on torture and ill-treatment in a scientific, rather than political framework was appreciated by the two government departments met by the evaluation team (although some referred to "exaggerations"). The systematic documentation, based on scientific evidence, is mentioned as one of the reasons for the good reputation of the organisations. Furthermore, the long term presence, more than 25 years, and the consistent work against torture has contributed to the respect for the organisation in the human rights field. The rehabilitation services offered by HRFT to thousands of applicants have served as a basis for method development and learning, which has been shared internationally. The consistent and committed financial support from Sweden (first through the Swedish Red Cross and later through the Embassy) is a great contributor to these successes. Around 80 per cent of the budget has been provided by Sweden over the years, with the Norwegian Medical Association and the EU as other stable funders. The moral and technical support from the Swedish Red Cross and the Physicians for Human Rights has also helped HRFT to develop technical capacity and become an important international actor within its field.

Evaluation questions	Conclusion
Results in terms of organisational capacity of HRFT?	The organisational capacity of HRFT is not sufficient in relation to the demands on the organisation and the needs for its services and competencies, despite a cadre of volunteers offering their expertise. Although steps have been taken to address the weaknesses identified in the staff SWOT analysis undertaken in 2012, many of these problems still exist. New challenges have also occurred as a result of the recent contextual developments. Despite good team work and commitment among staff, many express a feeling of being overburdened and underpaid. Staff turn-over has also been high. There have been no targets or objectives set regarding organisational development and efficiency of the organisation. Performance monitoring is not undertaken in the organisation. There is a need to review the way the organisation is organised, managed and resourced.
Quality and accessibility of rehabilitation services provided by HRFT as perceived by the applicants (men, women, girls, boys, refugees, LGBTI persons, persons with disabilities, etc.)	The quality of rehabilitation services, especially the medical support (documentation of trauma and physical/medical treatment), is highly rated by applicants and external observers. However, there is a lack of systematic and reliable follow-up of treatment results. There is a significant drop-out rate and refusal to accept psychological assessment and treatment is common among applicants. The reasons for this need to be looked at. Joint learning and discussion among staff at the various centres is a good way to develop methodology and improve services. This could serve as a basis for documentation and sharing of experiences within and outside HRFT. The HRFT services largely remain unknown and inaccessible to many potential applicants in geographical areas that are not reached by HRFT, among mental health patients in hospitals, prisoners, refugees, LGBTI persons, children in institutions etc. Applicants mainly find HRFT through the advice of their lawyers. Due to the present system and organisation of services, HRFT has also been cautious to publicise their services as there is a fear of being overburdened. There is great potential for HRFT to adapt its organisation and become more proactive to reach out.

Ability, willingness and concrete actions taken by health and legal professionals trained/engaged by HRFT to document and address torture and impunity	Inspired by HRFT, the Medical Chambers and the Bar Associations have increased their capacity and commitment to take action on torture and impunity. Some local branches are very active, such as the Istanbul Medical Chamber (which is on constant standby), the Ankara Bar Association and the Diyarbakir Bar Association (which has carried out a fact finding mission in the conflict areas). Thus, HRFT has a large network of supportive lawyers, doctors and psychologists who work for free or for a small fee to assist applicants. Recent political polarisation has however affected some local branches of these professional associations, which have become more loyal to the regime. Also the ability of state hospitals to assist has been restricted.
Ability, willingness and concrete actions taken by policy makers at national and local level approached by HRFT to prevent and take action against torture	MPs from political opposition parties CHP and HDP make effective use of HRFT reports in their political work, especially reports on violations related to the conflict in the south east and issues related to political prisoners, excessive violence by the police and restrictions on human right defenders. They read the daily reports from HRFT closely and request details of cases when needed. As indicated above, the government initially took some positive steps to prevent torture through legislation and trainings on the Istanbul Protocol, influenced by HRFT advocacy and technical support. However, since around 2011, there is no longer a political will to continue developing the human rights situation in Turkey. During the 57th Session of the Committee against Torture in May 2016, government representatives publicly dismissed the HRFT alternative report, referring to "interference of foreign countries" in the reporting. MHP and AKP party members are presently not using information from HRFT in their political work. The team concludes that there is ability, but not willingness and concrete actions, from decision makers in power. This raises important questions on the future strategies of HRFT. To stay relevant to the government in power it is important to find a way to keep the dialogue open without compromising human rights values. This is indeed difficult, but the evaluation team believes that HRFT could perhaps benefit from broadening its scope and engage in non-political torture/ill-treatment issues (e.g. mental health institutions, non-political prisoners, children in institutions, refugees, LGBT persons etc.) and report on

	violations from both sides of the conflict in the southeast. The emerging context after the coup attempt will make HRFT work even more sensitive. Defending the human rights of the military and police that participated in the coup attempt could be seen as siding with the "traitors". At the same time it shows that HRFT is against torture in all circumstances and that even those who were seen as perpetrators at one stage deserve justice and treatment according to international and national law.
Significance of networking and joint actions taken by like-minded stakeholders to hold duty bearers to account and to improve access to quality treatment and justice for torture survivors throughout Turkey.	The HRFT networking with professional organisations, such as Medical Chambers, Bar Associations, lawyers associations, psychologists and social workers associations is very strong. HRFT is even selected as the coordinator of the recently created Solidarity Network. There are also examples of effective cooperation with some CSOs such as Agenda Child and the Human Rights Association. However, there is limited proactive and strategic cooperation with other CSOs to reach out to a wider group of survivors of torture, to share experiences and enhance the outreach of the documentation and treatment work. For example, there is already some work on counselling of survivors of torture among organisations working with refugees, among women's organisations and among LGBTI organisations. HRFT could make a big difference by supporting these organisations with expertise and network contacts, rather than thinking that all treatment has to be conducted within the framework of HRFT. At the same time, it might be a good idea for HRFT to take a different and more technical role than Amnesty and Human Rights Watch in their advocacy in order not to be accused of being "driven by the agenda of foreign countries". HRFT reports to the UN could be simplified to reach a broader audience.
To what extent is HRFT able to provide quality rehabilitation to survivors of torture?	The evaluation team concludes that the medical quality is good and new multi-sectorial approaches are slowly being developed to further improve quality of rehabilitation services. The main problems are a) the drop-outs and refusals to participate in psychological assessments and treatments b) the limited geographical/thematic coverage and the increasing unmet needs, which require new approaches and strategies in addition to those so far used by HRFT, and c) the limited joint strategizing and method development within HRFT, leaving each centre to fare for themselves – within the limits set by the head office.

To what extent has HRFT influenced conditions and awareness of duty bearers and empower survivors of torture so that perpetrators are brought to justice?	Awareness has been raised among doctors and lawyers. However, impunity is increasing and continues to be one of the main problems. Rulings by the European Court of Human Rights are ignored or result in a symbolic payment of compensation. A law was passed in 2014 to remove high court judges, who were replaced by those loyal to the regime. Independent judges and prosecutors at lower levels are also being fired and appointment of new incumbents is taking place without transparency. Instead of bringing perpetrators to justice, the recent practice is to press counter charges on those who dare to report violations. It is important that HRFT can guarantee complete anonymity to those who wish, including secure record keeping.
To what extent is HRFT able to influence prevention of torture?	HRFT has played a key role in preventing torture by influencing international protocols, ECHR rulings, UN recommendations to Turkey, as well as the national legislation and practices in Turkey. However, the influence in Turkey has diminished since 2011 when the political situation changed. HRFT is still considered a global expert, and is taking the lead in a updating of the Istanbul Protocol.

4.2 EFFICIENCY

HRFT could improve its efficiency with a more effective organisation and management, including better management of the volunteer network, clear job descriptions for staff, performance monitoring systems, and systematic care for caregivers programme. At the same time it should be acknowledged that HRFT has operated within a very tight budget. Sweden has provided between 2 MSEK-5 MSEK per year since the start of the cooperation. These contributions have represented the bulk of the HRFT funding (around 80 per cent) and fluctuations between the years have been hard for HRFT to handle, as most of the costs are related to salaries of the experts and the management. Since 1993, the general cost and salary levels in Turkey have tripled, while the Swedish support has remained almost at the same level. Resource mobilisation and finding alternative ways of working have not been sufficiently explored by HRFT. The core funding from Sida for five years (2015-2019) is a good basis for developing a more secure funding base in the future.

Evaluation questions	Conclusions
Is it possible to determine the relationship between costs and outcomes?	The impressive scale of services and outcomes in relation to the overall running costs of HRFT suggests that efficiency is good, even if the financial reporting (accounting system) does not allow a direct comparison. Presently the accounting system does not allow for sophisticated analyses of costs per outcome or output. It merely allows analyses of type of cost and donor. It can, however, be concluded that 80-90 per cent of all funding goes to the rehabilitation and treatment of applicants. The budgeting and financial reporting could be further developed to allow more analyses of cost efficiency. An organisation such as HRFT, building its work on the expertise of human resources (staff, external experts and consultants such as doctors, lawyers, psychologists, social workers) spends almost all funding on salaries or fees for services. To justify these expenditures it would be of interest to HRFT and donors to link them to various outcome areas.
Are costs for salaries and activities reasonable compared to similar work done by other CSOs?	There is a high level of cost consciousness and financial control in HRFT. The use of volunteers for academically advanced services reduces the costs substantially. The salary levels are lower in HRFT, sometimes only half of the government level salaries. Since HRFT is dependent on medical, legal, social and psychology expertise, salary levels and fees for services are high.

4.3 SUSTAINABILITY

The expertise and reputation built and the results achieved by HRFT at the international level are highly sustainable. The Istanbul Protocol will continue to serve as a manual and guideline for addressing torture around the world. HRFT is already engaged in the updating of its contents. Other countries call on HRFT expertise in matters related to verification and documentation of torture. The challenge is to expand the knowledge base so that it does not remain in the hands of a cadre of ageing experts. HRFT has started a process of recruiting younger staff and inviting new founding members, but the exchange of knowledge between generations and the handing over of responsibilities to the younger generation is not yet systematically undertaken. There is urgent need for planning and managing the succession process.

Nonetheless, the sustainability of the results of HRFTs work in Turkey is at risk due to the limited political will to adhere to policies and laws on human rights adopted previously. The weakening of the rule of law and the independence of the judiciary

and the human rights institutions all work against the efforts of HRFT to hold duty bearers to account and to build their capacity. Also, HRFT as an organisation is at risk due to limitations set by the government regarding permits to perform medical treatment, permits to perform monitoring in state institutions, restrictions on advocacy for human rights and administrative regulations. These contextual developments call for new approaches to work and learning from human rights defenders in other oppressive contexts. The Danish Institute for Human Rights is supporting national human rights institutions in, for example, Egypt and Libya and could provide useful support and lessons[12].

The high level of staff turn-over due to stress and low payment also affect the sustainability of HRFT.

Evaluation questions	Conclusions
To what extent is the Turkish government ready to support rehabilitation services (as outlined in international treaties)	The Turkish government is not ready to engage in such work. On the contrary, it is pressing counter charges on persons who report torture. It is also preventing treatment by imposing penalties for doctors who treat survivors of torture. Therefore, treatment is now provided by HRFT as "consultancies" not "medical treatment".
Does HRFT have a diverse funding base?	The dependence on Sweden is high, although Norway and the EU are also large financial contributors. UNHCR has expressed an interest in supporting HRFT (to engage with refugees who are torture survivors), but HRFT has been hesitant to take on new areas of work due to management limitations. Considering the context, continued and expanded core support from Sweden and other likeminded donors is essential.

[12] http://www.humanrights.dk/where-we-work

5 Recommendations

It can be concluded that the results over the 23 years of Swedish support to HRFT have been substantial. The long term consistent support from Sweden to the core costs of the organisation (also before it was officially named core support) has allowed HRFT to stick to its vision, mission and strategy and to develop its competencies and relationships.

The combination of committed staff and leaders, and a large network of volunteer experts have enabled HRFT to perform beyond its formal capacity.

The main challenges now are to improve the management structures and systems to make more efficient use of volunteers and staff, while ensuring their safety and well-being and to develop methods and approaches so that new opportunities are identified and the contextual challenges addressed.

Considering the changing and volatile situation in Turkey, with state of emergency declared, it is not easy to make recommendations to a human rights organisation like HRFT. Some of the recommendations need to be reviewed as the situation evolves to ensure that contextual risks and opportunities are sufficiently taken into consideration.

1.2 RECOMMENDATIONS TO HRFT

It is recommended that HRFT continue to base its work on its original cornerstones: documenting evidence of torture, holistic and multi-sectoral treatment of survivors of torture and ill-treatment, working for accountability and prevention of torture and providing systematic daily reporting on grave human rights violations. To make its work more effective HRFT should consider to:

- Further underline its neutral and scientific approach by including more non-political torture survivors in their work and systematically offer expertise and services to CSOs working with e.g. children, women, prisoners, LGBTI persons, persons in mental health institutions and refugees. The daily up-dates on violations should cover all types of violations, regardless of the background of the survivors and perpetrators – e.g. both sides of the conflict.
- Further develop its dialogue approach towards the government and focus mainly on the issue of torture and ill-treatment, as technical experts. Make use of the international community and international organisations for sensitive human rights monitoring and advocacy.
- Continue to support the establishment and capacity development of a Turkish National Preventative Mechanism, despite its present limitations. Seek experiences from approaches taken in other countries where such institutions are not independent from the government.

- Develop its role as a capacity builder, knowledge hub, monitor, referral centre and facilitator, making more proactive and systematic use of volunteers and partner organisations for the actual treatment services.
- Reinforce and systematize its method development work, building on the pilot models developed in Istanbul (with special focus on psychological and social approaches) and in Diyarbakir (with special focus on approaches that work in conflict contexts). These two centres could form the cornerstone in a future institute, with a special mandate to develop competency and models of good practice. It could also be the basis for more scientific research and publications. Ankara and Izmir could also be given specific roles based on their specific skills and opportunities. E.g. Ankara is well placed for dialogue with the government and Izmir is well placed for work with refugees.
- Develop its competency and prepare for reconciliation and social trauma healing by making use of the wealth of experiences from e.g. ex-Yugoslavia and Palestine.
- Review and develop its results framework and its monitoring and evaluation system and make it more clear what the expected outcomes are in terms of
    a. Survivors of torture (rights holders) – e.g. annual monitoring of retention rate and completion rate in rehabilitation process, physical well-being, psychosocial well-being, legal redress
    b. Government authorities (duty bearers) – e.g. steps taken towards reducing impunity and reducing oppressive laws, steps taken towards improving laws, monitoring mechanisms, policies and practices in line with international standards
    c. Partners (CSOs and professional organisations) – e.g. improved ability to contribute to the well-being of applicants and the improvement of government practices
    d. HRFT internal capacity – e.g. ability to secure financial resources, ability to secure the relevant human resources (competency of staff, staff turnover, staff well-being), ability to engage founding members and volunteers constructively and sufficiently, ability to communicate effectively with various target groups, ability to strategize effectively and to make use of emerging opportunities etc.
- Review the organisational and management set-up, creating senior advisory positions for experts from the older generation and employing a new management responsible for developing the new set up. Areas of particular importance are:
    a. Defining the roles and responsibilities for staff, for board members, for founding members (including expectations and conditions for membership) and for volunteers
    b. Improved staff conditions e.g. salaries, security, clear job descriptions, time for reflection and care for care givers, performance monitoring and

feed-back on performance of staff

c. Continuous encouragement, training and management of volunteer networks
d. Increasing support to and through other CSOs, to reach new groups of torture survivors and new geographical areas

e. Establishment of more representations and mobile units in conflict areas with ability to monitor the situation and assess and refer applicants

f. Development of security measures and risk prevention strategies for staff and sensitive information and communication

g. Creating a more stable funding base for HRFT, building on long term agreements with selected European countries (who might want to compensate for their compromises with Turkey in the refugee deal, by doing something good) and soliciting funds from supporters in Turkey.

h. Increased visibility through continued development of the web-page and social media, more systematic and wider coverage of daily human rights news, more effective marketing of HRFT work and services, including a Hotline

5.2 RECOMMENDATIONS TO SWEDEN

Sweden should consider to:

1. Substantially increase the financial support to HRFT and require that it makes the necessary adjustments in management structures and systems, pay reasonable salaries, further develop the multi-sectoral approaches, and improve visibility and outreach (as discussed above).
2. Develop synergies with other donors and continue to provide core funding, as it helps HRFT to keep its strategic direction and develop its independence.
3. Facilitate security training for HRFT and all human rights defender partners, including internet and physical safety.
4. Participate in trials against HR activists and make regular visits to human rights defenders offices for moral support.
5. Engage actively in EU pressure on Turkey’s human rights compliance.
6. Facilitate exchange programmes for HRFT staff and active volunteers to strengthen their professional abilities.

Annex 1 – List of persons met

ISTANBUL	
Mr. Yalçın Büyük, Mr. Ömer Müslümanoğlu	Forensic Medicine Institution
Ms. Şehnaz Layıkel Antalya	Human Rights for Mental Health Initiative (RUSIHAK)
Ms. İncilay Erdoğan	Istanbul Medical Chamber
Mr. Andrew Gardner	Amnesty International
Mr. Nadir Arıcan	Forensic Medicine Association
Ms. Emma Sinclair-Webb	Human Rights Watch
Ms. Hatice Ödemiş	Foundation for Society and Legal Studies (TO-HAV)
Ms. Maral Çıldır, Ms. Ayşe Panuş	Human Rights Association (IHD)
Mr. Sezgin Tanrıkulu	CHP MP
Mr. Alp Biricik	Human Resource Development Foundation (HRDF)
Ms. Ezgi Karaoğlu	The Association for Solidarity with Asylum Seekers and Migrants (ASAM)
Mr. Hüseyin Demir	International Middle East Peace Research Center - IMPR
Ms. Şebnem Korur Fincancı, Ms. Canan Korkmaz Coşkun, Ms. Ceren Aslan, Mr. İlker Özyıldırım Ms. Banu Aslantaş, Ms. Ümit Efe, Ms. Cansu Turan, E.Baran Gür-sel, Ms. Deniz Akyıl, Ms. Ayşe Çetintaş Yüksel, Ms. Elçin Türk-doğan	Staff members, representative and chairperson of HRFT
DIYARBAKIR	
Mr. Mehmet Şerif Demir	Diyarbakır Medical Chamber
Ms. Gülşen Özbek	Mesopotamia Lawyers Association
Ms. Bahar Oktay, Mr. Salih Tekin	The Federation of the Association of Solidarity with Families of Detainees and Convicts (TUHAD-FED)
Mr. Yavuz Binbay	Association of Social Service, Rehabilitation and Adaptation for Violence of victims (SOHRAM)

Mr. Ali İhsan Gültekin, Mr. Recep Yavuz, Mr. Cahit Çiftçi	The Association for Human Rights and Solidarity for the Oppressed (Mazlum-der)
Mr. Cahit Demirkan, Mr. Saliha Bakır	Detainee Rights Association (TUHAD DER)
Mr. Raci Bilici	Human Rights Association (IHD)
Ms. Nebahat Akkoç, Ms. Ayten Yakut	KAMER Foundation
Mr. Ahmet Özmen	Diyarbakır Bar Association
Ms. Nurcan Baysal	Writer
Ms. Selim Ölçmer	Ex-representative of HRFT Diyarbakir
Mr. Barış Yavuz, Ms. Murat Aba Mr. Zeki Parlak, Mr. İlham Yılmaz, Mr. Serkan Delidere, Ms. Rengin Ergül, Mr. Mehmet Vural, Ms. Semra Güler, Mr. Basri Çelik, Mr. Veysi Ülgen	Staff members and volunteers HRFT
ANKARA	
Ms. Ezgi Kiran, Ms. Emrah Kirimsoy	Agenda Child
Mr. Umut Guner	KAOS GL
Ms. Sanal Saruhan	CHP MP
Mr. Ege Erkocak	Political Affair Directorate EU Ministry
Ms. Eser Canalioglu	European Delegation
Mr. Sabri Okcuoglu	Founder Member of the HRFT
Mr. Bulent Peker	UNHCR
Ms. Evin Konuk, Mr. Eylem Hakverdi	Contemporary Lawyer's Association
Mr. Mithat Sancar	HDP MP and Founder member of the HRFT
Ms. Meral Daniş Bektaş	HDP MP
Mr. Bayazit Ilhan, Ms. Hande Arpat, Ms. Deniz Erdogu	Turkish Medical Association
Mr. Ömer Faruk Gergerlioglu	The Association for Human Rights and Solidarity for the Oppressed (Mazlum-der)
Mr. Deniz Ozbilgin	Ankara Bar Association
Ms. Feray Salman	Human Rights Joint Platform IHOP
Mr. Hüsnü Öndül, Okan Akhan, Yavuz Önen	Founder members of the HRFT
Mr. Ozturk Turkdogan	Human Rights Association (IHD)
Mr. Metin Bakkalci, Ms.Berna Arda, Mr. Sezai Berber, Mr. Hasan, Ms. Rüya Eş, Ms.Hülya Aras Ms. Handan Taze, Ms. Oznur	Staff members, HRFT

Boztaş Ms. Senem Doganoglu, Ms. Cankız Mr. Evren Özer, Mr.Levent Kutlu, Ms. Melahat Buyuktanır	
IZMIR	
Ms. Nuriye Kadan, Devrim Cengiz	Izmir Bar Association
Mr. Mecit Yıldırım	Libertarian Lawyer's Association
Mr. Serdar Gultekin	Contemporary Lawyer's Association
Mr. Serdar Gültekin, Mr. Alihan Pilaf Ms. Berrin Kaya	Human Rights Association (IHD)
Mr. Taner Kilic	Amnesty International
Ms. Gunseli Kaya, MsTürkcan Baykal	Founder Members of HRFT
Mr Zafer Kirac	Civil Society in the Penal System (CiSST)
Ms. Aytül Uçar, Mr. Coşkun Üsterci, Ms. Mediha Özenmiş, Mr.Veli Lök	Staff members and representative HRFT
SWEDEN	
Ms. Monica Brendler Lindqvist, Mr. Per Stadig	Red Cross Centre, Stockholm
Ms. Annika Palo, Mr. Axel Nyström	Sida, Stockholm
Ms. Öykü Ulucay	Embassy of Sweden, Ankara

Annex 2 – List of documents reviewed

Annual Work plans

- HRFT Annual Work Plan 2016
- HRFT Annual Work Plan 2015
- HRFT Two-Year Work Plan for 2013-2014

Progress and Financial Reports

- Annual Result Progress Report for the years 2006-2015
- Annual Financial Reports for the years 2006-2015

Result Assessments

- Result Assessment Framework 2015
- Result Assessment for 2014
- Result Assessment Framework_2013_2014

Strategic Plans

- HRFT Strategic Plan for 215-2019

Conclusion Reports

- Conclusion on Performance - to approval, Core Support to HRFT 2015-2019,
- Conclusion on Performance 2014

Minutes of the Meetings/Meeting Points

- HRFT Annual Review Meeting, Annual Review Meeting Minutes, 29 January 2016
- Core Funding to HRFT, Annual Review Meeting Points of Discussion 29 January 2016

HRFT reports

- HRFT annual treatment reports 1993-2015
- UPR Alternative Report, 2014
- CAT Alternative report, 2010 and 2016
- External evaluation, 2007
- External evaluation 2010, A.Ufuk Sezgin
- External evaluation 2015, A.Ufuk Sezgin
- Coping with on-going social trauma, 2012
- Study on time trends for torture, 2014
- Comparative Study Turkey –Israel, 2015
- The Torture Rehabilitation System in Turkey, Loes H.M. van Willigen, 2007

Annex 3 – Terms of Reference

Terms of Reference for the Evaluation of the **"Core Support to Human Rights Foundation of Turkey"**

Date: 29.03.2016
Case number: 55020258 - 02

1. Background

The human rights situation grew increasingly difficult in Turkey in the 1980 coup d'état when human rights abuses, mainly torture and other forms of ill-treatment occurred intensively. This picture was compounded by the war in the Kurdish populated southeast of Turkey especially in the first half of 1990s, where torture and arbitrary detention was widespread. This picture continued uninterrupted well into 2000s when various important developments took place. First was the candidacy of Turkey into EU. Second was the single party rule that Turkey enjoyed after decades of coalition governments. With EU accession process being one of the foreign policy objectives of AKP government, several reforms occurred in 2000s in terms of the relevant legal framework and its implementations for protection of human rights as compared to the 1980s and 1990s.

Two external dynamics drive Turkey's human rights landscape at the moment, one being the European Union (EU) Accession Process and the other being the cases decided against Turkey by the European Court of Human Rights (ECtHR). While the former is a process of conditionality whereby Turkey is required to fulfill the requirements of harmonizing its legislation and the implementation of this legislation according to Chapter 23 of the EU Acquis entitled "Judiciary and fundamental rights", the latter is an obligation under international law due to Turkey's membership to the Council of Europe and its acceptance of the jurisdiction of the Court on 28 January 1987. The fact remains, however, that Chapter 23 is, at present, closed off due to vetoes by France and Cyprus. In addition, as of 31 December 2014, per cent 13.6 per cent of the pending files in front of the Court are cases brought against Turkey, placing it fourth on the list of CoE member states in this regard, while Turkey places first in terms of decisions of the Court in which Turkey is seen to have violated the European Convention on Human Rights (ECHR).

Despite these commitments to EU and ECtHR, currently the tide seems to have reversed in the area of human rights. There has been an increase in violence against opponents in society and legal regulations allowing the use of violence. Turkey went through a period of increased violations of human rights in 2015 due to the larger political trends in the country indicating a more authoritarian turn. The long lasting curfews in the southeast starting right after general

elections on June 7, due to military operations against PKK caused significant loss of civilian lives. According to the documentation center of Human Rights Foundation of Turkey, since the start of curfews in 16 August 2015 to 18 March 2016, at least 310 civilians were killed. What is more, within the area where curfews were declared that encompasses 22 districts of 7 provinces, 1.642.000 people live and it is estimated that at least a quarter of this population was forced to leave.[13] Given this picture, it is not surprising to say that Turkey had a very poor record of fulfilling its human rights commitments in 2015.

On top of these violations in the southeast, introduction of certain policies and laws also contributed to additional human rights violations as well. The enactment of the "Internal Security Package" in April 2015 was among the first steps to restrict freedoms, to suppress social opposition, to broaden the powers of the police. The law gives security officials very broad powers. The most problematic ones include giving security chiefs the authority to detain people for up to 48 hours without the authorization of a prosecutor, broadening the police's existing power to use firearms other than an attack on the police officer or another civilian; broadening police powers to search people and vehicles by removing the current requirement of prior authorization by a prosecutor or court; giving governor the authority to issue direct orders to security chiefs to take urgent measures "to throw light upon the crime and find the perpetrators". All in all, these powers also mean a breaching of the separation of powers between legislative, executive, and judicial organs of state. The law takes away those powers that should belong to judiciary and allocates them to the executive arm of the state.

Given this picture, the current atmosphere in Turkey is overly restrictive both in law and in practice when it comes to freedom of assembly. The disproportionate use of force in policing demonstrations and lack of sanctions for law enforcement officers makes it increasingly difficult for human rights defenders to exercise their right to assembly. On top of that, there is significant backsliding in the area of freedom of expression as well. As has been noted by EU Progress Report (page 22) "*freedom of expression is frequently challenged, in particular through arbitrary and restrictive interpretation of the legislation, political pressure, dismissals and frequent court cases against journalists which also lead to self-censorship".* Those who engage in journalistic activities can easily be tried on anti-terror charges which are loosely defined in order to intimidate opposition media. Anti-terror legislation needs a more sound definition in order not to confuse journalists who are doing their job with terrorists.

These developments run against the objective of enforcement of rights stemming from the European Convention on Human Rights (ECHR) and the case law of the European Court of Human Rights (ECtHR). EU Progress Report specifically asks the Turkish state to widen the scope and improve the monitoring of the implementation of the action plan to cover all rights and the case law of the ECtHR..

History of HRFT

HRFT was founded in the dim atmosphere of 1990s where human rights violations were very widespread. Since its establishment, 15,000 torture survivors and their relatives were provided with high-quality treatment and rehabilitation services in its five treatment and rehabilita-

[13] http://en.tihv.org.tr/fact-sheet-on-declared-curfews-between-august-16th-2015-and-march-18th-2016-and-civilians-who-lost-their-lives/

tion centers in Adana, Ankara, Diyarbakır, İstanbul and İzmir. The HRFT, through providing treatment and rehabilitation services have proven to help these individuals re-establish dignity and self-esteem. HRFT has also carried out trainings, scientific researches, and activities aimed at increasing the quality of treatment and rehabilitation services.

HRFT had a pioneering role in the preparation of the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the "Istanbul Protocol"), which is the only international guide on the effective investigation and documentation of torture and ill-treatment. HRFT has also been one of the main organisers of Istanbul Protocol trainings in Turkey and elsewhere in the world and became an internationally recognised reference centre for medical evaluations of torture survivors under Istanbul Protocol.

Moreover, based on their scientific studies and the vast number of individual torture survivors that they have offered treatment and rehabilitation services, HRFT has also prepared a Medical Atlas on Torture, which is the first of its kind in the world. Besides, since its establishment, HRFT has carried out lobbying and advocacy activities with the aim of establishing and/or improving prevention mechanisms at the national and international level.

Since 2007, HRFT has adopted the perspective of "Health as a Bridge for Peace", with a focus particularly on the Middle East. Within this framework, two special meetings were held in Turkey with participants from the countries in the Middle East in 2009 and 2010.

Lastly, HRFT has worked towards a comprehensive programme for coping with on-going social trauma. Since the beginning of 2000, it has carried out activities (i.e. national and international training programs, exhibitions, panels, etc.) in order to identify the best framework for addressing social trauma.

Over time, HRFT became increasingly convinced that the treatment and rehabilitation services they offered need to be accompanied by other restorative mechanisms like legal support such as helping their applicants seek justice through the prosecution of perpetrators. Alternative medical forensic reports and strategic litigation has become an area, in the last couple of years, which HRFT wants to excel in.

HRFT has been receiving funding from Sida since 1993. Until 2015 the main modality of funding was through the intermediary of Red Cross Centre for Tortured Refugees (RCC) based in Stockholm. RCC was responsible for handling financial and administrative reporting as well as knowledge transfer while HRFT was responsible with undertaking the rehabilitation services for tortured citizens. The majority of the funds from Sida have so far been used for the running of 5 rehabilitation centers. In 2014, HRFT has asked for a five year core support to undertake its strategic plan between 2015 and 2019. The current core support is carried out under the following headings:

- Torture survivors and their relatives achieve "a state of complete physical, psychological and social well-being"
- Accountability for torture and other forms of ill-treatment is achieved
- Preventive measures against torture and other forms of ill-treatment in Turkey are improved and brought in line with international human rights norms
- A holistic programme is produced for coping with on-going social trauma caused by gross/serious human rights violations

2. Evaluation Purpose and Objective

The objective of the evaluation is to assess the performance of HRFT for the period 1993-2014. Focus of the evaluation should be on how the support from Sida for two decades has

contributed to the overall capacity of HRFT and how effectively the activities were carried out in this time frame. Another important topic for evaluation is an analysis of different types of activities covered under HRFT projects and what each type of activity means for the organization's priorities, expertise, capacity and workload. The evaluation will be used to inform Sida decision making on human rights portfolio. It is also intended to benefit HRFT itself in setting its strategic priorities for the next term.

3. Scope and Delimitations

The evaluation object are the activities/programmes carried out by HRFT from 1993 to 2014. Although support to HRFT started in 1993, until 2008, operations were managed from Sida headquarters in Stockholm. After that date, Sida staff at the Embassy in Ankara took over.

The geographical area to be covered officially spans over 5 provinces where there are/were rehabilitation centers, namely İstanbul, Adana, İzmir, Diyarbakır and Ankara[14]. Currently the most prominent and active centers (in terms of provision of rehabilitation services) happen to be İstanbul and Diyarbakır.

In terms of scope of programmes to be covered, the evaluator should limit himself/herself to the activities stated in project documents since 1993 which include but are not limited to:

- Activities for the rehabilitation of torture survivors
- Activities for achieving accountability for torture and other forms of ill-treatment
- Activities for prevention of torture and other forms of ill-treatment and alignment with international human rights norms
- Activities for a holistic programme to cope with on-going social trauma

4. Organisation, Management and Stakeholders

The main stakeholders of the evaluation are Sida team in Ankara as well as in Stockholm and HRFT itself. For this reason, HRFT will be encouraged to give comments to this ToR as well as inception and draft final reports. Evaluators, in their bid, are expected to elaborate how the main stakeholders will participate in and contribute to the evaluation process including providing on-going feedback, comments on the draft reports etc…

5. Evaluation Questions and Criteria

Sida has been supporting HRFT for two decades now. So far the cooperation has been such that Red Cross Centre for Tortured Refugees in Stockholm had been responsible for transferring funds to HRFT and managing the reporting cycle while HRFT undertook main activities of the project. HRFT has started receiving direct funding for the first time since 2015 with the current core support. Given this context, the sub-headings to the evaluation may include, *inter alia*, the following dimensions:

i. Has HRFT been effectively managing its outcome objectives at different levels between 1993-2014?
ii. What weight do different types of activities spanning from rehabilitation services to strategic litigation, alternative forensic reporting and awareness raising carry for HRFT's priorities, capacity and workload during 1993-2014?

[14] It should be noted that HRFT Adana Center activities have been suspended since August 2015.

iii. Which activities were more effectively carried out and why?

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6. Conclusions, Recommendations and Lessons Learned

- The evaluation is supposed to deliver conclusions with respect to whether long term collaboration with HRFT increased the capacity of the organization to deliver its outcome objectives.
- Lessons learned with respect to which outcome objectives deliver more tangible results and which outcome objectives are more effectively carried out are also highly pertinent.
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7. Approach and Methodology

The evaluators will be responsible for choosing the appropriate research method. The chosen method should be described and justified in relation to possible alternatives in the inception report. The Consultant is expected to be familiar with Swedish key steering documents for development/reform cooperation and methodological approaches.

The assignment will be carried out during May-June 2016 and will take up to 60 person-days. The team is expected to include two-three persons. The Consultant shall be responsible for all logistics during the assignment.

The evaluation and the reporting must follow DAC's evaluation quality standards. The Consultants shall take care to establish the reliability and consistency of the information by triangulation, i.e. comparing and checking similar information from various sources. Investigation of the potential and actual synergy effects in the portfolio will be highlighted wherever relevant. A mixed method (qualitative and quantitative) approach is envisaged for this evaluation. The evaluation team will outline a well-developed inception report and propose an appropriate methodology to ensure a transparent and objective assessment of the issues to be analyzed in this evaluation.

The evaluation team will make use of secondary and primary data which will be analyzed using suitably defined qualitative and quantitative performance indicators. Primary data may be collected using empirical methods through interviews and focus groups. The field-study will be an important part of this assignment. Another field visit is envisaged for the presentation of the findings in a workshop.

8. Time Schedule

The evaluation is 60 man/days. It is expected to start in the first week of May,2016 upon signing of the contract and the final report is expected to be delivered no later than 31 June 2016. The consultants shall in their tender propose a suitable time and work plan.

9. Reporting and Communication

Inception Report:

The Team Leader will present an Inception Report (please see section entitled "Reporting" for details) at the beginning of the evaluation mission. The Consultant is asked to begin the assignment by preparing an inception report elaborating on the feasibility of the scope of evaluation, the description of methodological choices, design of causal analysis, data collection methods, instruments for data collection and analysis, the detailed and operational evaluation work plan (including feedback workshops), activities and deliverables along with assigned responsibilities for the team members. The Consultant is asked to make an interpretation of the evaluation questions and how they will be researched. The Consultant shall propose the methodology, time plan and division of labour in an Inception report (maximum 10 pages) submitted to the Embassy **no later than 15 May 2016**.

Start-up meeting
The Consultant, Sida and the Embassy will have a start-up meeting in the first week of May 2016 via video/telephone conference. During the start-up meeting the methodology, time plan and budget in the inception report will be discussed and agreed.

Implementation
The assessment shall be performed through studies and analysis of existing reports, evaluations, and other relevant documents as well as through interviews, focus groups, etc. with relevant stakeholders which will include implementing partner, beneficiaries and other donors. The work thus includes a field visit. The Consultant is expected to present a proposal on the division of days between field visit and desk study.

Draft Evaluation Report
The consultants will submit a draft evaluation report of the Core Support to HRFT highlighting achievements, constraints and lessons learned as well as the corrective measures required **by 15 June 2016**, in electronic form. Feedback from stakeholders will be sent to the Consultants by **25 June 2016**. The report shall be written in English and shall not exceed 30 pages, excluding annexes.

Final Evaluation Report
The final evaluation report incorporating Sida and HRFT feedback to the Draft Evaluation Report will be submitted by the Team Leader to the Embassy, electronically and in two hard-copies by **31 June 2016**. The report shall be written in English and shall not exceed 30 pages, excluding annexes.

The evaluators shall, upon approval of the final report, insert the report into the Sida template for decentralised evaluations (a layout template for Sida's publication database).

Approval of the Final Report will be based on its adherence to the OECD/DAC Evaluation Quality Standards. Contact person at the Embassy in Ankara will be Tomas Bergenholtz (tomas.bergenholtz@gov.se) and Öykü Uluçay (oyku.ulucay@gov.se)

Debriefing Meeting
The consultants will present a summary of evaluation findings, conclusions and recommendations at a debriefing meeting with the participation of Sida and HRFT representatives. The debriefing meeting shall take place in the week following the submission of the final evaluation report.

10. Resources
The consultants shall in the inception report propose a timeframe that indicates number of days per consultant engaged for the assignment. The inception report shall include a full budget for the assignment, including reimbursement costs.

11. Evaluation Team Qualification
The assignment is expected to be carried out by two-three persons. At least one of the three needs to fulfil the required qualifications for Level I (according to the Call off Instructions for Sida's Framework Agreement for Evaluation Services). The team leader should be an experienced evaluator and shall have an advanced academic degree, i.e. a minimum of a Master's Degree or equivalent. The team in combination should have the needed experience and knowledge to perform the tasks foreseen in this assignment including:

- Experience in the country and Turkish-speaking
- Experience on human rights issues

- Experience on efficiency analysis and evaluation of strategies
- At least one team member shall possess experience on evaluation in a development context
- Experience in utilisation-focused evaluation, experience from facilitating participatory processes, seminars and workshops

Evaluation of the Swedish Core Support to the Human Rights Foundation in Turkey

The Human Rights Foundation in Turkey (HRFT) documents evidence of torture, offers treatment to survivors of torture and combats torture and other serious human rights violations. The evaluation assessed the performance of HRFT (1993-2015) and the capacity to implement its strategic plan for the next five years.

The evaluation found that HRFT has improved wellbeing of thousands of torture survivors and has influenced policy and practice of the Turkish government and the international community. HRFT faces extraordinary contextual challenges that will require increased organisational capacity and revised strategies and approaches. The evaluation recommends that Sweden continue and substantially increase its support to HRFT.

SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
Address: SE-105 25 Stockholm, Sweden. Office: Valhallavägen 199, Stockholm
Telephone: +46 (0)8-698 50 00. Telefax: +46 (0)8-20 88 64
E-mail: info@sida.se. Homepage: http://www.sida.se

Sida