

OG 5.70: Health and DDR

Objectives

This module will:

- ✓ provide key strategic elements and a framework to guide the planning and implementation of health actions during all the phases of the DDR process; and
- ✓ highlight key areas and specific challenges that are likely to emerge during the implementation of health interventions within the DDR process.

1. Introduction

Conflict has devastating effects on the health of populations and on national health systems. Breakdowns in the supply of clean water and lack of sanitation make populations more vulnerable to communicable diseases. Health facilities are usually destroyed, the health care workforce decimated and the provision of medical supplies interrupted, hampering the delivery of preventive and curative health services.

DDR programmes carried out in post-conflict environments usually generate large movements of combatants and their dependents within and across borders. These movements may bring communicable diseases into areas where they do not usually occur and also speed up the spread of outbreaks of diseases that can easily turn into epidemics. DDR practitioners have therefore an important responsibility to prevent or minimize the risk that diseases will spread by detecting and containing them early on in the process.

Another important area where health action may be needed is the delivery of health services to special groups. Participants in DDR programmes are not only male combatants, but increasingly women, children, disabled and chronically ill. These groups have special health needs that should be catered for during demobilization and reintegration.

Box 5.70.1: Key questions for identifying health interventions needed in DDR programmes

- Which armed forces and groups have committed themselves to the DDR process?
- What is their size and composition in terms of age and sex?
- Will there be women, children and/or disabled among DDR participants?
- Will there be large movements of DDR participants within and across borders?

Where initial assessments reveal that large movements of ex-combatants and their dependants are likely to occur and where special groups are likely to be among DDR participants, DDR programmes should call upon specialized health agencies to provide technical support in the planning and implementation stages.

2. Health in the DDR planning process

Where health actions are judged necessary during the DDR process, DDR practitioners should:

- identify who will coordinate health-related aspects of the integrated DDR approach;
- encourage the health sector to be represented in the national commission on DDR (NCDDR) or any other steering committee; and
- identify the health focal point within each armed force or group participating in the DDR process.

Once health actors have been identified, they should be brought together to plan and design health interventions. While every DDR programme is unique and will bring specific health implications, the following are actions that should usually be considered:

- setting standards for health screening and the delivery of health care and health-related services to DDR participants by non-governmental organizations (NGOs) and other implementing partners during demobilization, whether in cantonment, interim care centres (ICCs), mobile sites or a network of DDR offices;
- supporting the provision of health equipment and services during demobilization; and
- strengthening the health care system in expected areas of return and reintegration.

2.1. Health assessments

Two basic health assessments should be carried out as part of DDR planning and design:

- an assessment of the epidemiological profiles of DDR participants; and
- an assessment of the affected country's health system and the resources it has available.

Epidemiological profiles assess the health status of DDR participants with a view to identifying the health risks they face and whether they might pose health threats to communities in which they will reintegrate. To assess these epidemiological profiles, it is essential to consider:

- the age and sex of DDR participants and their general health status (including the presence of special group(s), such as pregnant and lactating women, children or disabled people, or others);
- locations where DDR participants will gather, such as assembly areas, transit centres, cantonment sites, mobile sites and DDR offices, and the health services available there;
- the communities to which DDR participants will return and the capacity of health services in these areas;
- the most prevalent health hazards in the areas of origin, transit and destination; and
- specific health concerns relating to armed forces and groups as opposed to the civilian population, such as HIV / AIDS.

Box 5.70.2: Key questions to assess the capacity of the affected country's health care system and its resources

- What is the location and state of existing health infrastructure? What can be done to upgrade it quickly, if necessary?
- Do adequate storage facilities for health supplies exist?
- Is there an adequate communications infrastructure/system with a good flow of health-related information?
- What human resources are there (numbers, qualification and experience levels, and geographical distribution)?
- Where is the closest humanitarian and/or health organization? Is it ready to participate or offer support?
- What material resources, including supplies, equipment and finances, have been established?
- What is the state of support systems, including transport, energy, logistics and administration?

2.2. Support in the selection and design of demobilization sites

DDR practitioners should seek the advice of specialized health agencies in the selection and design of demobilization sites. Locations and routes for medical and obstetric emergency referral must be pre-identified, and there should be sufficient capacity for referral or medical evacuation to cater for any emergencies that might arise. International humanitarian standards on camp design should apply, and gender-specific requirements should be taken into account.

 **Do you need to know more about minimum humanitarian standards? See the *Sphere Handbook*, which lays down minimum standards on water and sanitation, health services and other issues, at <http://www.sphereproject.com>.**

3. Health actions during demobilization

Health concerns will vary greatly according to the geographical area(s) where demobilization occurs. The following are health activities that will normally take place during demobilization:

- medical screening and counselling of DDR participants;
- establishing basic preventive and curative health services. Priority should go to acute and infectious diseases;
- establishing a referral system that can cover medical, surgical and obstetric emergencies, as well as laboratory confirmation at least for diseases that could cause epidemics;
- adopting and adapting national standard protocols for the treatment of the most common diseases;
- establishing systems to monitor potential epidemiological/nutritional problems within assembly areas, barracks, camps for dependants, etc. with the capacity for early warning and outbreak response;
- providing drugs and equipment, including a system for water quality control and biological sample management;
- organizing public health information campaigns on sexually transmitted infections (STIs) – including HIV/AIDS – waterborne disease, sanitation issues such as excreta disposal, food conservation and basic hygiene;
- establishing systems for coordination, communication and logistics in support of the delivery of preventive and curative health care;
- carrying out selective feeding interventions; and
- establishing systems for coordination with other sectors to ensure that all vital needs and support systems are in place and functioning.



When people are grouped together, apart from chronic communicable diseases, it is also important to monitor HIV/AIDS, violence and injuries, as well as mental health problems and substance abuse.

3.1. Health facilities, equipment and supplies

Health facilities, supplies and equipment should be inside, or a very short distance (a maximum of one kilometre) from, the demobilization site. The following should be present:

- essential medicines and equipment, including emergency reproductive health kits;
- rapid tests and combined treatment for *P. Falciparum* malaria;
- means of transport, easy procedures and pre-positioned facilities for medical/obstetric evacuation;

- options – either local or by referral – for the treatment of chronic conditions (at least TB and epilepsy should be covered); and
- back-up systems.

It is important to check the availability and adoption of national case definitions and case management protocols.

Box 5.70.3: Minimum health services that should be available at demobilization sites

These should include the following:

- early detection of and response to epidemic outbreaks;
- measles immunization + vitamin A for children aged 0–15 years;
- polio immunization for children under 5 years;
- treatment of severe, acute conditions;
- antenatal care, and uncomplicated deliveries carried out in clean areas and attended by skilled birth attendants;
- provision of long-lasting impregnated bed nets to prevent malaria;
- referral of serious cases to secondary/tertiary care facilities;
- voluntary counselling and testing of STIs, including HIV/AIDS; and
- care and treatment for survivors of sexual violence, including testing and treatment for STIs and post-exposure prophylaxis (PEP) kits.



OG 5.60 on HIV/AIDS and DDR



For more detailed information on dealing with HIV/AIDS during demobilization, see section 8 of IDDRS 5.60 on HIV/AIDS and DDR.

3.2. Health personnel

DDR programmes should determine the kinds of capacity and number of health personnel – doctors, mid-level technicians, public health care nurses and a mid-wife – that are required at each health service delivery point. DDR programmes

Box 5.70.4: Responding to the needs of special groups (women, children and the disabled or chronically ill)

- What are the specific health needs of these groups?
- Do they require special interventions, and if so, is there a referral system in place?
- Are health personnel aware of the specific needs of these groups?
- Are health personnel trained to assist those with special needs?

should rely as much as possible on health personnel among DDR participants, NGOs and other implementing partners in the delivery of health services during demobilization.

4. Health services during reintegration

Following demobilization, DDR participants come under the responsibility of the national health system. It is vital, therefore, for all the health actions carried out during the demobilization phase to be consistent with national protocols and regulation (e.g. the administration of TB drugs).

4.1. The provision of health services at the community level

National health systems in post-conflict countries take time to be restored, and the provision of health services at the community level is often of poor quality. DDR programmes should ensure that the return of ex-combatants and their dependants to communities will not overstretch even more the delivery of health in their communities. This may create tensions between returning ex-combatants and local populations that will adversely affect the socio-economic reintegration of ex-combatants and their dependants.

DDR practitioners should encourage links between the DDR programme and the re-establishment of the national health system. This can be done by supporting quick-impact projects and other initiatives to rehabilitate health services in those communities that will receive large numbers of ex-combatants and their dependants.

Preferential or subsidized access to health care for ex-combatants and others associated with armed forces and groups may be provided if possible. However, it should be stressed that the decision to create positive discrimination for ex-combatants is a political one.

4.2. Integration of demobilized health personnel into the national health system

Armed forces and groups usually have health personnel in their ranks. With the support of specialized health agencies, the DDR programme should facilitate the integration of demobilized health personnel into the national health workforce. The following actions should be taken:

- the negotiation of an agreement on the integration of demobilized health personnel into the national health workforce;
- the establishment of equivalence charts for health personnel categories;
- the identification of the demobilized health personnel to be integrated and their respective health education;
- the formalization of the recognition of categories in the ministry of health or any other relevant organ;

- the registration of the demobilized health personnel in the ministry of health or any other relevant organ; and
- the placement of the demobilized health personnel in health structures at the community level.

5. Summary of key guidance on health and DDR

- ✓ DDR practitioners should prevent the spread of communicable diseases that usually accompany large movements of populations such as those that usually occur following the demobilization of combatants from armed forces and groups.
- ✓ Participants in DDR programmes, in particular women, children and persons with disabilities, have special health needs. Specialized health agencies can assist DDR programmes in catering for these special health needs.
- ✓ Planning for health interventions should be an integral part of the DDR planning process. Health planning should begin as early as possible, and cover both the demobilization and reintegration components.