



Inter-Agency Working Group (IAWG)  
on Disarmament, Demobilization and Reintegration (DDR)



COVID-19  
RESPONSE

# A Rapid Self-Assessment

for COVID-19 and Disarmament,  
Demobilization and Reintegration



## **The United Nations Inter-Agency Working Group on Disarmament, Demobilization and Reintegration**

The United Nations Inter-Agency Working Group (IAWG) on Disarmament, Demobilization and Reintegration (DDR) was established in March 2005 by the United Nations Executive Committee on Peace and Security (ECPS), with a mandate to improve the Organization's performance in the area of DDR. The IAWG was mandated to develop a coherent UN approach to DDR in both peacekeeping and non-peacekeeping environments.

The IAWG-DDR members are:

- Counter-Terrorism Committee Executive Directorate (CTED)
- Department of Global Communications (DGC)
- Department of Peace Operations (DPO)
- Department of Global Communications (DPI)
- Department of Political and Peacebuilding Affairs (DPPA)
- Peacebuilding Support Office (DPPA/PBSO)
- International Labour Organization (ILO)
- International Organization for Migration (IOM)
- Office for Disarmament Affairs (ODA)
- Office of the United Nations High Commissioner for Human Rights (OHCHR)
- Office of the Special Adviser on Africa (OSAA)
- Office of the Special Representative for Children and Armed Conflict (OSRSG CAAC)
- United Nations Joint Programme on HIV/AIDS (UNAIDS)
- United Nations Development Programme (UNDP)
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- United Nations Institute for Disarmament Research (UNIDIR)
- United Nations Institute for Training and Research (UNITAR)
- United Nations Office of Counter-Terrorism (UNOCT)
- United Nations Office on Drugs and Crime (UNODC)
- United Nations Office for Project Services (UNOPS)
- United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN)
- World Food Programme (WFP)
- World Health Organization (WHO)
- World Bank

DPO and UNDP are co-chairs of the IAWG-DDR. The Office of Legal Affairs (OLA) also participates in IAWG-DDR meetings and activities. The African Union has observer status with the IAWG-DDR.

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# Overview of the Rapid Self-Assessment

The World Health Organization (WHO) characterized the coronavirus disease (COVID-19) as a pandemic on 11 March 2020. The consequences of this global health crisis are still unfolding, with profound implications on the lives of all people in the world. In conflict and crisis-affected contexts, the pandemic makes an already insecure environment even more complex and increases insecurity where armed groups can exploit health vulnerabilities and movement restrictions as a war tactic. The secondary socio-economic impacts of measures imposed by governments to contain the pandemic may also have negative effects on social cohesion, create competition for already scarce resources, and increase violence of all kinds, not only armed conflict.

The implementation of disarmament, demobilization, and reintegration (DDR) processes at regional, national, and sub-national levels is also impacted by COVID-19. Beyond the direct impact of COVID-19, changes in the context may require halting implementation of activities or repurposing funds that are usually related to DDR. COVID-19 also impacts other initiatives relevant for DDR, such as security sector reform and transitional justice. Furthermore, the pandemic may aggravate the root causes of conflict and increase inter-communal tensions, which could endanger the success of DDR processes and peacebuilding at large.



At the same time, DDR practitioners can continue to implement critical activities and contribute to the COVID-19 response led by governments and public health authorities during the preparedness, response, and recovery stages. To ensure that no one is left behind, in particular persons with specific needs in the context of COVID-19, support to DDR processes should continue to be adapted and reinforced to protect and support participants in a gender-responsive manner.

This COVID-19 and DDR rapid self-assessment was formulated to equip DDR practitioners with a tool that identifies key steps and actions to be considered for national DDR processes and programmes and local projects currently under implementation in the context of COVID-19.

The following areas are included in the checklist:

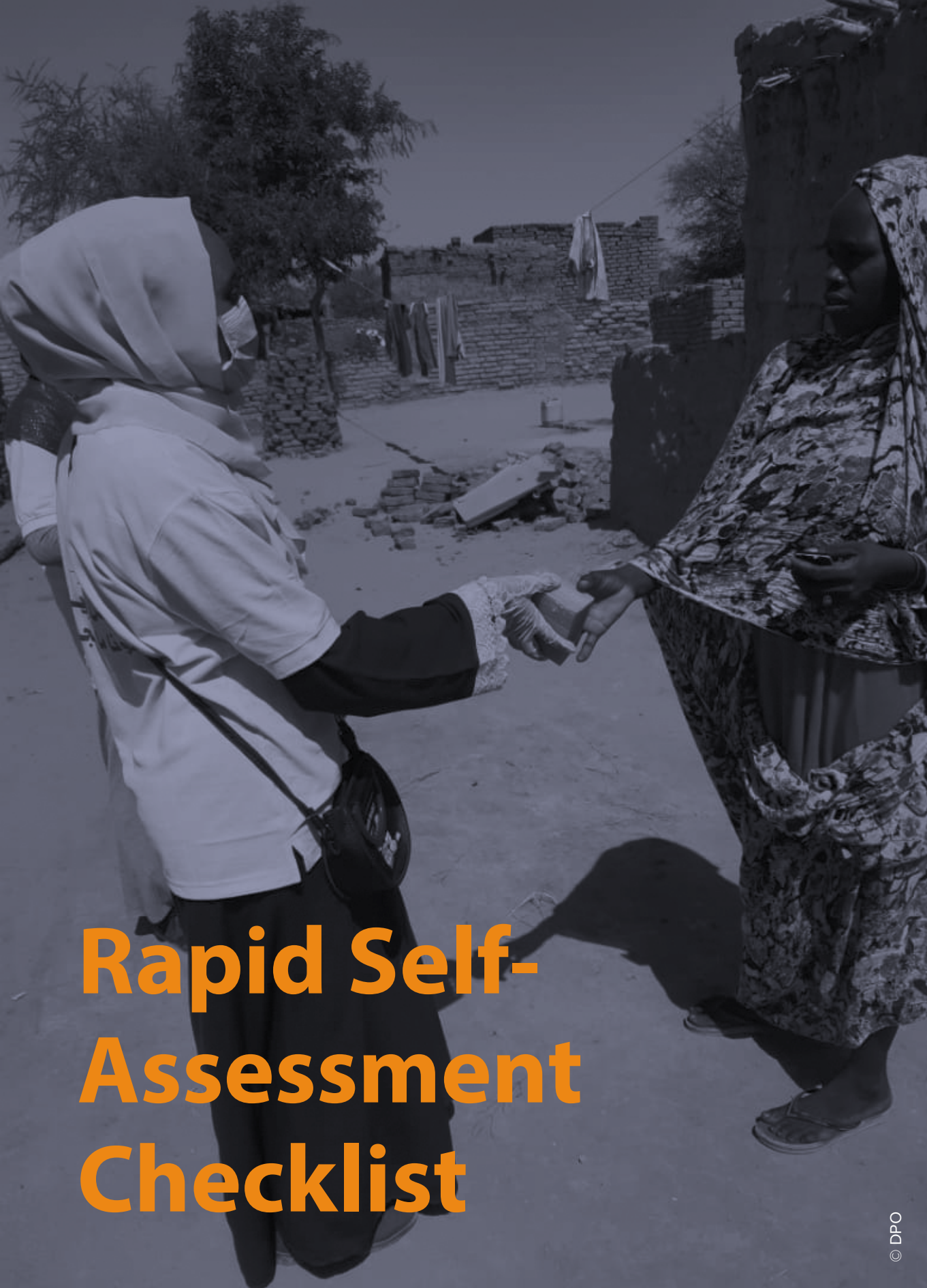
- A** National/local public health environment and organizational emergency preparedness plans
- B** Duty of care: occupational and safety, including gender and age considerations and protection against sexual exploitation and abuse;
- C** Programme criticality against risk levels;
- D** Operations/implementation continuity;
- E** Handling information and communication and safeguarding privacy;
- F** Planning DDR processes in times of COVID-19;
- G** COVID-19-sensitive disarmament and demobilization, including child-specific DDR;
- H** COVID-19-sensitive reintegration, including contributions to the COVID-19 recovery;
- I** COVID-19-sensitive implementation of DDR-related tools;
- J** Opportunities for DDR brought forward by the UN Secretary-General's appeal for global ceasefire.

All steps should be considered and adapted to the preparedness, response, or recovery phases of the pandemic and local context.

# Principles Guiding the Rapid Self-Assessment

1. DDR processes shall support immediate cessation of hostilities, in line with the UN Secretary-General's Appeal for global ceasefire and peacebuilding efforts, to allow public health containment, control, and unhindered implementation of mitigation measures.
2. DDR processes and children's release and reintegration are critical life-saving interventions and should continue without any preconditions during the COVID-19 pandemic in accordance with international humanitarian and human rights law and principles. The best interests of the children should be a primary consideration in all decisions affecting children.
3. DDR personnel and programmatic activities shall take steps to implement infection prevention and control measures as recommended by health authorities to minimize the risk of them becoming vectors of transmission of the virus.
4. DDR processes shall support local efforts and resilience measures including local solutions and support for the protection of and support for individuals and communities, including sources of economic activity and livelihoods.
5. The rapid self-assessment takes place within the context of national/local public health measures and broader organizational emergency preparedness plans. It may therefore need to be customized to social protection measures and economic rescue packages adopted by governments in a gender-responsive manner.
6. The self-assessment is to be used along with the Integrated Disarmament and Demobilization Standards (IDDRS), including the Module 5.70 on Health and DDR, and national DDR normative and policy frameworks and related measures. The rapid self-assessment steps are also to be applied consistently with the WHO guidelines.
7. Risks associated with ensuring the continuity of DDR operations should not be transferred from programme entities to implementing partners or from international to national or local partners. Local implementing partners' continued operation should be contingent to the adoption of acceptable risks and appropriate mitigation strategies.
8. DDR contributions to COVID-19 preparedness require engaging with country-level multi-sectoral and multi-partner coordination mechanisms to support response at all levels - whole-of-government; whole-of-society and whole-of-UN - across the humanitarian-development-peace nexus.





# Rapid Self- Assessment Checklist

Use the checklist below to track if the DDR process has taken the recommended actions in each area during the preparation, response, and recovery phases of the pandemic.

A Rapid Self-Assessment for COVID-19 and DDR				
A National/local public health environment and organizational emergency preparedness plans (i.e. measures by governments and institutions that affect DDR processes and programmes and broader emergency preparedness plans beyond DDR contingency plans)				
ACTIONS		PREPARE	RESPOND	RECOVER
1	Customize this rapid self-assessment to national and state/ local public health measures and the geographical dimension of DDR, integrating coordination structures with health and relevant non-health actors, and ensuring coherence with broader organizational emergency preparedness plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Undertake all actions without discrimination on the basis of sex, race, religion, language, nationality, disability, migrant status, sexual orientation, gender identity, or any other status or membership in a social group facing marginalization/stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Adapt all actions to consider the gender and age of participants and beneficiaries, tailored to their specific needs and perspectives in accordance with international human rights standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Consult with stakeholders (staff and partners as well as programme participants and beneficiaries) for the validation of the self-assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**B Duty of care: Occupational health and safety of all personnel (programme personnel, partner organizations personnel, implementing partners personnel) and programme participants and beneficiaries (to avoid the spread and contamination between and among stakeholders)**

ACTIONS		PREPARE	RESPOND	RECOVER
1	Support physical and mental health and safety of personnel, participants, and beneficiaries (e.g. access to epidemiological tests as appropriate, medication, and vaccines when available; if teleworking is in place, check that all are healthy and safe through managers and peer/buddy system, facilitate contacts with families and friends for continued reliance on their own support networks; factor the burden of care in the home allowing flexible working hours; access to services for survivors of sexual and gender-based violence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Train personnel in proper infection and prevention control measures; provide education and awareness to programme participants and beneficiaries on infection prevention and control measures, including respiratory and hand hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Provide access to cleaning supplies and disinfectant to personnel, participants and beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Where appropriate and according to established guidelines, provide protective equipment, such as face masks, gloves garments, etc. (and have a plan for their environmentally safe disposal and sustainable re-supply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Prevent at-risk persons – older people, pregnant women, those with underlying physical and mental health conditions – from exposure to unsafe or harmful working environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Take additional disinfection measures of physical spaces (work or community spaces as appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Re-organize spaces to allow for physical distancing, good ventilation, and other measures required/recommended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C Programme criticality and risk levels (see Annex I and ensure this is reviewed by programme criticality coordinator and/or staff of mechanisms charged with this function)**

ACTIONS		PREPARE	RESPOND	RECOVER
1	Assess programme criticality for all activities at the output level that require physical staff presence (own entity and implementing partners) by listing rated outputs as (PC1-PC4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Review/adjust delivery and risk management strategies based on acceptable risk (implement additional security risk management measures to lower the risk or employ alternative delivery modalities for this output to ensure personnel are not exposed to unacceptable risk; recall that risks should not be only transferred to local partners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Enable remote implementation and monitoring of critical activities (e.g. those identified as P1 and not requiring physical interaction to be implemented)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	In coordination with donors and partners, re-purpose and re-programme funds from non-critical activities to strengthen critical activities and existing capacities with potential to contribute to the COVID-19 response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## D Operational continuity

ACTIONS		PREPARE	RESPOND	RECOVER
1	Appropriately equip and train programme personnel (international and local), partners staff (DDR commissions, relevant governments agencies, CSOs as stakeholders and implementing partners) and implementing partners for teleworking (IT equipment, WIFI access, teleconferencing app, remote access to documentation, and e-signature) whenever access to office space is not possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Establish access to IT support (while supporting IT service personnel with appropriate protection in line with WHO recommendations where face-to-face contact is required and adopting physical distancing measures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Adapt and strengthen tools and ensure training that enable remote implementation, monitoring and evaluation (e.g. Apps such e-workspaces, meeting and conferencing, e-cash transfers, information, counseling, and referral services through telephone hotlines/webchat for physical, mental/psychosocial, sexual and gender-based violence (SGBV) support etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## E Information handling, communication and safeguarding of privacy

ACTIONS		PREPARE	RESPOND	RECOVER
1	Communicate regularly and promote transparency around programme decisions and information related to COVID-19 to all internal and external stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Adapt information and communication on COVID-19 public health measures to specific audiences (staff, partners, participants); counter the spread of false or misleading information; set up grievance or complaint mechanisms to track and respond to grievances; include liaison and communication with armed groups not yet involved in DDR process, where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Promote the responsible use of social media to promote official information as well as to counter the spread of misinformation, fear, and prejudice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Only disclose personal identification information collected by the programme to governments for the purposes of, and while responding to, the COVID-19 pandemic and in accordance with relevant legal frameworks and data privacy standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Do not disclose names and contact information of those found to have been infected with COVID-19 to the workforce or public at large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## F Planning DDR processes in times of COVID-19

ACTIONS		PREPARE	RESPOND	RECOVER
1	Following identification of critical outputs for continued implementation (PC1) requiring physical presence, set up COVID-19 sensitive plan of action for each activity (e.g. disarmament, demobilization, reintegration, interim care for children, family tracing, and reunification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Conduct all DDR planning and preparatory assessments with key stakeholders remotely (e.g. phone interviews, online meetings), considering face-to-face meetings on a case-by-case basis depending on sensitivities involved around the nature of the data collected or discussion needed with stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Conduct training of essential, frontline personnel on infection prevention and control measures prior to deployment, including with a gender perspective: reception/security, health, food security, sanitation/cleaning personnel, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Conduct all possible activities remotely ahead of any physical deployment to minimize duration of operation and physical contact between personnel and participants (e.g. advance phone/web chat registration, including photo and fingerprint capturing; health check-up and collection of personal information in accordance with data privacy standards, etc.); keep in mind that interviews may not be able to be conducted remotely for the verification of women and children due to the presence of commanders or others who could cause pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## G COVID-19 sensitive disarmament and demobilization, including child-specific DDR

ACTIONS		PREPARE	RESPOND	RECOVER
1	Reconsider plans for stationing combatants in cantonment sites and transit centers; adopt alternative mobile disarmament/ demobilization sites with physical distancing measures; organize with armed group leadership for staggered/limited number of combatants coming forward per day; and any other measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Where combatants are already stationed in cantonment sites and transit centers, fast-track demobilization and return to communities in consultation with authorities and in accordance with WHO guidance on institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Coordinate reception with relevant authorities at the community level to ensure 'quarantine'/physical distance measures are implemented where deemed necessary, in accordance with WHO considerations and in consultation with medical professionals; in the case of children, quarantine, and isolation, consider their best interests as a primary consideration; special measures to avoid increasing levels of violence against women in quarantine or restricted mobility situations must be envisaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## H COVID-19 sensitive implementation of DDR-related tools

ACTIONS		PREPARE	RESPOND	RECOVER
1	Ensure that gathering of participants, beneficiaries, and community members as part of DDR-related tools comply with host government regulations and WHO infection prevention and control measures with regard to group sizes and physical distancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Assess which programmatic activities, especially as part of community violence reduction (CVR), can be adjusted to contribute to the COVID-19 response (production of soap, water distributors, masks, garments, sensitization, and education of participants and beneficiaries at the community level, etc.), while continuing to provide livelihoods for participants, beneficiaries and communities in a gender-responsive manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Ensure that local implementing partners have the means, including equipment to minimize the possibility of virus transmission, and procedures to comply with infection prevention and control protocols where implementation continues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# I COVID-19 sensitive reintegration, including contributions to the COVID-19 recovery

ACTIONS		PREPARE	RESPOND	RECOVER
1	Continue to provide information, counselling, and referral services using remote mechanisms, where possible, recognizing that some activities may require in-person meetings (referrals to clinics and hospitals, mental health and psychosocial support, case management, and gender-based violence (GBV) counselling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Ensure continuity and extension of mental health and psychosocial support (MHPSS) and protection services to ex-combatants and their families during confinement/physical distancing (given the increase of all forms of violence rates during confinement – SGBV, intimate partner violence, child abuse, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Support livelihoods/economic reintegration activities undertaken by ex-combatants, persons formerly associated, and other programme participants through businesses and associations where possible in essential services (e.g. food, soap, hand sanitizers, facemasks, face shields, protective garments production, distribution, delivery) as well as the recovery of livelihoods/economic reintegration activities affected by restrictions taken to curb the pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Coordinate with other sectors – MHPSS, SGBV, child protection, social protection, job creation – considering their issuance of specific guidance on the COVID-19 response and the need to offer comprehensive reintegration solutions in the midst of the pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## J Opportunities for DDR brought forward by the UN Secretary-General's appeal on global ceasefire

ACTIONS		PREPARE	RESPOND	RECOVER
1	Make use of contacts with parties to the conflict and other influencers who are currently not part of an existing DDR Programme to explore and pave the way for adherence to the Secretary-General's appeal on global ceasefire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Prepare contingency plans for the rapid pre-DDR of members of armed forces and groups and other DDR-related confidence-building measures to facilitate humanitarian and health personnel access to areas controlled by armed groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Train and equip health personnel in areas controlled by armed groups as confidence-building measures in partnership with health actors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Make use of the appeal to advocate with adhering armed groups to commit to halt child recruitment as an accompanying measure to the ceasefire to facilitate the release of children and identification processes as rapidly as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Make use of the appeal to call on all parties to conflicts to commit to ceasing the use of sexual violence as a tactic of war and ensure prompt access to services for survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Annex I

Programme Criticality and Risk (excerpts from the UN Programme Criticality Framework (CEB/2016/HLCM/23, 9 September 2016, which is conducted with other members of the UNCT/HCT)

Two key principles must be adhered to in order for the process to be completed correctly:

- a.** Security risk has no impact on programme criticality. There must be no consideration of security risk when determining programme criticality.
- b.** Programme criticality has no impact on security risk. There must be no consideration of programme criticality when determining security risk.

A programme criticality (PC) assessment is undertaken when there is a change in existing strategic plans or a significant change in the programmatic conditions, specific to a geographical location. The Programme Criticality Methodology and Tool assigns one of the four Programme Criticality Levels (PC1, PC2, PC3 or PC4) to each output.





The security risk management process provides risk levels and advises risk mitigation measures to lower risk. Accordingly, it is permissible to implement:

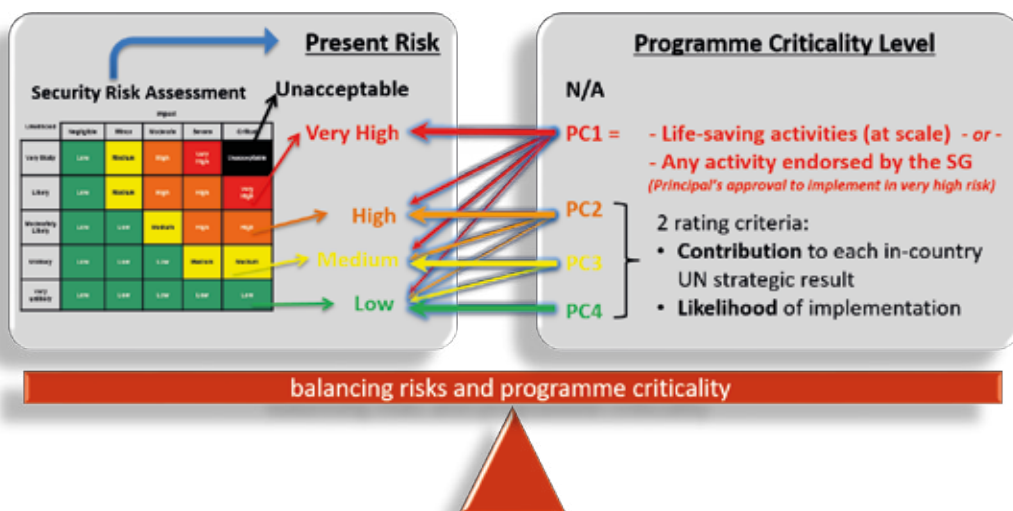
PC1 activities only in **very high** present risk environments;

PC1 - PC2 in **high** present risk environments;

PC1 - PC2 - PC3 in **medium** present risk environments;

PC1 - PC2 - PC3 - PC4 in **low** present risk environments.

It is then necessary to compare the established PC level for each output to the present risk level, as determined through the security risk management process, for each operational area where the output is conducted as shown below.



# Annex II

## Resources

### UN Entities

#### Inter-Agency Standing Committee (IASC)

- ▶ [Interim guidance, public health, and social measures for COVID-19 preparedness and response in low capacity and humanitarian settings \(v. 1\)](#)
- ▶ [Interim technical note protection of sexual exploitation and abuse during the COVID-19 response](#)

#### IASC's Reference Group on Mental Health and Psychosocial Support

- ▶ [Briefing note on mental health and psychosocial support in COVID-19](#)

#### IASC's Global Protection Cluster

- ▶ [Identifying and mitigating gender-based violence risks with the COVID-19 response](#)

#### UNICEF, World Health Organization, and IFRC

- ▶ [Communicating with children, families, and communities to prevent social stigma](#)

#### UN IAWG-DDR

- ▶ [Integrated disarmament, demobilization, and reintegration standard 5.70 on health and DDR](#)

#### World Health Organization

- ▶ [Considerations for quarantine of individuals in the context of containment for coronavirus disease \(COVID-19\)](#)
- ▶ [COVID-19 technical guidance for schools, workplaces, and institutions](#)
- ▶ [Clinical management of COVID-19 \(interim guidance, 27 May 2020\)](#)

- ▶ [Infection prevention and control during health care when COVID-19 is suspected](#)
- ▶ [Medical Q & A on COVID-19](#)

## **Partner Organizations**

### **Alliance for Child Protection in Humanitarian Action (The Alliance)**

- ▶ [Child helplines and the protection of children](#)
- ▶ [Child protection resources on COVID-19](#)
- ▶ [Children and alternative care](#)
- ▶ [COVID-19 and child labour](#)
- ▶ [COVID-19 and children deprived of their liberty](#)
- ▶ [Guidance note: protection of children during infections disease outbreaks](#)
- ▶ [Guidance on adapting child protection case management in COVID-19 response](#)
- ▶ [Key messages and considerations for programming for children associated with armed forces or armed groups](#)
- ▶ [Protecting children from violence abuse and neglect in the home](#)
- ▶ [Social service workforce safety and wellness during the COVID-19 response](#)
- ▶ [Technical note: protection of children during the COVID-19 pandemic and its annexes](#)
- ▶ [Working with communities to keep children safe during the COVID-19 pandemic](#)

### **Child Protection Area of Responsibility**

- ▶ [Child protection resource menu for COVID-19](#)

### **GBV Area of Responsibility**

- ▶ [GBV tools and resources for COVID-19](#)

### **Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action**

- ▶ [Resources for GBVIMS and remote GBV case management to support COVID-19 response](#)

### **International Committee for the Red Cross**

- ▶ [Prevention and response to sexual and gender-based violence in COVID-19 quarantine facilities](#)

### **Nurturing Care for Early Childhood Development**

- ▶ [Resources on nurturing care during the COVID-19 pandemic](#)

### **Save the Children**

- ▶ [COVID-19 guidance for interim care centres](#)

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ILO  
IOM  
ODA  
OHCHR  
OSAA  
OSRSG CAAC  
UNAIDS  
UNDP  
UNEP  
UNFPA  
UNHCR  
UNICEF  
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