HIV Activities in Disarmament, Demobilization and Reintegration (DDR): Contributing towards security, recovery and peace building

Almost two-thirds of the global burden of HIV infection is in countries affected by complex emergencies. Although access to ARV treatment is being scaled up in low- and middle-income countries, the emphasis on preventing new infections remains paramount. DDR programmes are increasingly including HIV/AIDS interventions and linking them with national HIV/AIDS control programmes and strategies.

As noted by the Inter-Agency Standing Committee (IASC), the characteristics of a complex emergency favour the spread of HIV and other sexually transmitted infections in the following ways: (1) Mass displacements of people between high and low HIV/AIDS prevalence areas, especially migration towards urban settings. (2) Breakdown of social networks and support mechanisms place women and children at an increased risk of violence and can force them into transactional sex as a means of accessing basic goods and protection. (3) Risk of HIV is further increased when rape and sexual abuse are heightened in post conflict settings and used as methods of war.

The United Nations Inter-Agency Working Group on DDR (IAWG) has made HIV/AIDS a priority. The Integrated DDR Standards (IDDRS) also provide guidance on DDR and HIV/AIDS in planning, implementation, and monitoring and evaluation (module 5.60).

Key terms and concepts:

Disarmament, Demobilization and Reintegration (DDR) aims to deal with the security problem that arises when combatants are left without livelihoods and support networks during the vital period stretching from conflict to peace, recovery and development. Disarmament entails the collection and disposal of arms, ammunitions, explosives and light and heavy weapons; demobilization involves the formal and controlled discharge of armed forces and groups; while reintegration entails the socioeconomic process by which ex-combatants gain sustainable employment and income within their communities. DDR programmes often take place in areas of high HIV/AIDS prevalence or high-risk environments. Ex-combatants are considered a high-risk group.

RATIONALE FOR INTEGRATING HIV/AIDS INTO DDR PROGRAMMING

Members of armed forces and groups are at high risk of contracting and spreading HIV given their age range, mobility, and risk-taking attitudes. Additionally, cases of gender based violence by members of armed forces/groups (mainly towards women and girls) are often being reported as a demonstration of authority/power, contributing further to increased risk exposure to HIV. DDR programmes offer a unique opportunity to reduce new infections, particularly when ex-combatants return to their families and communities of origin. In addition, DDR programmes offer access to voluntary counseling and testing (VCT) and anti-retroviral (ARV) treatment for demobilized personnel and host communities.

Children associated with armed forces and groups are often sexually active at a much earlier age and face increased risk of exposure to HIV.

Female combatants, women associated with fighting forces, abductees and dependants are frequently at high risk, given the widespread sexual violence and abuse.

UNFPA

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK

In some conflicts, ***drugs have been used to induce a fighting spirit in combatants and a belief in their own invincibility.*** This not only increases risk behavior but can directly result in HIV infection as the virus can be transmitted through the sharing of infected needles.

Negative community responses to returning ex-combatants are generally due to fear, misinformation and a misperception about HIV/AIDS. Integrating HIV prevention and treatment into initiatives for ex-combatants, women and young girls associated with armed groups is necessary to meet the immediate health and social needs of these groups, and to serve the interests of the wider community.

Within the framework of the **IAWG, UNFPA, UNDP and partners** have been developing guidance, programming on HIV in DDR processes and working with national DDR commissions and National AIDS Commissions to ensure HIV mainstreaming in DDR programmes and vice versa. *Engaging in HIV prevention efforts at the outset of DDR processes and linking them to national development strategies offers a unique opportunity to reduce new infections and sustain response.*

UN Photo/Tim McKulka

Integrated Disarmament, Demobilization and Reintegration Standards (IDDRS)

Launched in 2006, the IDDRS are a set of policies, guidelines and procedures covering 24 areas of DDR based on two decades of DDR experience on five continents, including on HIV/AIDS. The IDDRS and the accompanying Operational Guide offer the following guidance in module 5.60:

- Inform and sensitize key stakeholders on HIV/AIDS before the DDR process begins.
- Link DDR HIV/AIDS initiatives to national and local HIV/AIDS control programmes and strategies.
- Be transparent about the limitations of what can be offered as part of the DDR programme.
- Initiatives should build on existing capacity.
- Awareness strategies and provision of HIV voluntary counselling and testing are essential.

PROPOSED BASIC REQUIREMENTS FOR HIV/AIDS PROGRAMMES

- Risk-mapping exercise (baseline data on knowledge, attitudes, vulnerability, prevalence, etc.).
- Identification of DDR populations most at risk and tailoring services to meet their needs.
- Identification and training of HIV focal points in DDR field offices.
- Development of awareness material and training for target groups, with peer education programmes.
- Provision of voluntary counseling and testing (VCT) during demobilization and reintegration.
- Screening, treatment for sexually transmitted infections (STIs), as a part of standard health checks.
- Provision of condoms + post-exposure prophylaxis (PEP) kits during demobilization and reintegration.
- Treatment for opportunistic infections. Where feasible, referral for ARV in national health care systems.
- Implementation of public information and awareness campaigns to sensitize 'receiving' communities.
- Linking HIV-DDR programmes with existing national HIV programmes and strategies.
- Coordination and monitoring of activities on HIV/AIDS before the DDR process begins.

Country Initiatives

Sudan

UNDP, UNFPA and the UN Mission in Sudan (UNIMIS) have worked closely with the National DDR commission in North, East and South Sudan, the Sudan Armed Forces (SAF), the Sudan People's Liberation Army (SPLA) and the Sudan National AIDS Programme (SNAP) to support DDR interventinons. In order to mitigate the negative impacts on HIV and Domestic Violence and to promote Human Development, Psychosocial Support, and Reproductive Health, the DDR social reintegration programme is undertaking the following activities:

- Vulnerability and capacity assesssment of women associate with the armed forces (WAAF).
- Training demobilized ex-combatants /WAAF and community members on HIV/RH/GBV through Training of Trainers (ToT) programme (with DPKO).
- Implementing public information campaigns to raise awareness and sensitize receiving communities.
- Developing referral networks with existing service providers in receiving communities.
- Supporting access to reproductive health services and STI testing and treatment (with UNFPA).
- Supporting access to voluntary testing and counseling for ex-combatants and WAAF (with UNFPA).
- Training Reintegration counselors on HIV, RH, and GBV (with UNFPA and DPKO).

Côte d'Ivoire

UNFPA in collaboration with UNDP has supported the DDR Commission in the following initiatives:

- HIV services provided to health facilities and VCT sites, training of trainers on VCT, peer education.
- Creation of 3 VCT centers, provision of STI treatment.
- Partnership with ONUCI: uniformed personnel training on HIV, human rights, gender equality and technical support on HIV-DDR.
- Peer educators trained in HIV prevention, from the Integrated Command Centre (CCI) in Yamoussoukro and from demobilisation sites in Bouake.

Liberia

UNFPA in collaboration with UNDP supported pilot initiatives:

- Provision of reproductive health and HIV related services for vulnerable groups such as male and female ex-combatants, women associated with armed forces, displaced populations etc.
- Adult literacy, HIV awareness activities, health services and vocational training for women and young girls.
- Occupational activities for young boys and girls.
- Response to gender based violence and care for victims of sexual violence.
- HIV prevention and awareness raising activities during the final phase of reintegration for IOM beneficiaries in DDR, who have raised awareness for thousands of demobilized and their communities. This activity was led by UNMIL, UNDP, DPKO and the National DDR Commission in close collaboration with UNFPA and UNAIDS.

Colombia

UNDP in collaboration with UNFPA will support the government in the following initiatives:

- Male and female ex-combatants trained in sexual and reproductive rights, gender equity, and HIV prevention.
- Receiving communities trained in sexual and reproductive rights, gender equity, and HIV prevention.
- Provision of VCT for both ex-combatants and receiving communities.
- Conduct surveys to determine HIV prevalence and sexual behaviour/practices among male and female ex-combatants.

Nepal

UNDP and UNFPA in collaboration with partners will support the government in the following initiatives:

- UNFPA, UNDP, UNMIN, and UNICEF were included as key planning agencies during the release of discharged Maoist personnel. UNFPA provided basic health services and referrals to those released and RH items were included in the rehabilitation packages (nearly one-third of the 3,000 children associated with armed groups were girls.)
- UNICEF and UNFPA collaborated on a reintegration programme specifically targeting girls asscociated with armed groups. The programme is jointly implemented through UNICEF and national counterparts (Rautahat and Kapilvastu) and includes a mix of both target population and communities. The "Choose Your Future" programme will contain elements of HIV and GBV and encourage participants to return to school or join income generating schemes.

CHALLENGES TO INTEGRATE HIV PROGRAMMING WITHIN DDR

- HIV is often sidelined and not seen as a priority within DDR programmes.
- Lack of dedicated technical and human capacities needed to incorporate and implement HIV interventions within DDR programmes.
- Lack of financial resources required to implement and sustain HIV-DDR programmes.
- Lack of systematic inclusion of HIV and gender within DDR programmes and processes.
- Few linkages between DDR-HIV programmes and national HIV strategies.
- Poor interlinks with Health, SRH, Gender, and Gender-Based Violence issues.
- The shift of gender roles experienced by ex-combatants during reintegration creates special challendges in returning to civilian life.

UN Photo / IRIN

LESSONS LEARNED

- HIV activities can start in crisis settings as part of early recovery programmes, and DDR is an entry point.
- DDR programmes provide avenues for sustainable behavioural change and continuum of services.
- Attention should be paid to men's use of violence, especially sexual violence.
- The needs of female combatants and women associated with armed forces should be better addressed.
- Capacity building and training are essential for DDR commissions and partners.
- Synergies with related issues (health, gender) and advocacy for dedicated staff in-country are critical.
- Especially when linked to national development strategies, DDR programmes are an entry point for sustained change and action related to ensuring a sound AIDS response moving forward.

RECOMMENDATIONS

- Coordinate HIV-DDR efforts with key stakeholders to ensure a complementary and strengthened response.
- Build capacity of relevant agencies and partners to incorporate and strengthen HIV interventions within DDR programming through appropriate staffing, training, resource mobilization and implementation of activities.
- Integrating HIV/AIDS within DDR processes is vital for the wellbeing of male and female ex-combatants, women and girls associated with armed groups, and their receiving communities. The DDR process provides an opportunity to reach out to vulnerable groups, contributing to effective recovery.
- A formal dialogue on challenges related to mainstreaming HIV interventions within DDR programmes and link them with community based programmes to sustain behavioural change and provide services to some of the most at-risk and underserved populations in conflict and post-conflict settings.

TIMELINE OF UN ACTION ON HIV ACTIVITIES IN DDR PROGRAMMES

2000: Security Council Resolution 1308 (S/RES/1308) recognized that the "spread of HIV/AIDS can have a uniquely devastating impact on all sectors and levels of society". The resolution points to a broader framework and obligation to integrate HIV/AIDS initiatives into post-conflict programmes, including DDR, because "the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security".

2008: Security Council Resolution 1820 (S/RES/1820) was the first SCR to recognize conflict-related sexual violence as a tactic of warfare and a critical component of the maintenance of international peace and security. The resolution provides effective protection from violence against women in the DDR process.

2009: Security Council Resolution 1888 (S/RES/1888) strengthens tools for implementing SCR 1820 through assigning leadership, capacity building, judicial response expertise, and reporting mechanisms. In particular, SCR 1888 emphasizes the need to address sexual violence issues during the DDR process.

2009: Security Council Resolution 1889 (S/RES/1889) addresses broad exclusion of women from the peacebuilding process and the lack of adequate funding to meet their needs. SCR 1889 considers the particular needs of women and girls in planning DDR programmes in order to ensure their full access.

For more information, please contact:

UNFPA
Priya Marwah
marwah@unfpa.org

UNDP
Lara Tabac
lara.tabac@undp.org

www.unddr.org
www.aidsandemergencies.org