Migration Health Division
Information Sheet Series

Migration Health Assistance for Crisis-Affected Populations

Health Assistance for Demobilized Soldiers and Families

Health Care and Psychosocial Support for Former Combatants and Families

In recent years, first- and second-generation **D**isarmament**, D**emobilization and **R**eintegration **(DDR)** programs have become an integral part of post-conflict peace consolidation in many countries. Successful economic and social reintegration of former combatants is crucial to contribute to security and stability in a post-conflict environment. IOM has been involved in DDR processes in various countries in coordination with the United Nations (UN) by providing comprehensive support during the transition from conflict to peace. These activities include health prevention, care with facilitated referrals and psychosocial support.

The **right to health and access to psychosocial support** for demobilized soldiers, disengaged children and adolescents, and their families are fundamental and essential features of the DDR process. IOM considers their reintegration needs to be very similar to those of internally displaced persons (IDPs), refugees and returnees. Because public health and social infrastructures are often weakened during conflict situations, local systems may become overwhelmed as former combatants, including women, child soldiers and associated families, return to civilian life and thus may be unable to meet these vulnerable groups' physical, mental, and social health needs.

Objectives

1. Reduce morbidity, mortality and disability of demobilized soldiers, disengaged children and adolescents, and their families by addressing their immediate and long-term health care needs.
2. Support psychosocial well-being of demobilized soldiers, disengaged children and adolescents, and their families during the reintegration phase.
3. Build the capacity of local and national health and social services systems to benefit former combatants and communities of return.
4. Strengthen national and sub-national health and psychosocial policies to improve countries' social and economic recoveries.

> “ A process of disarmament, demobilization, and reintegration has repeatedly proved to be vital to stability in a post-conflict situation. ”
>
> —Former UN Secretary General, K. Annan, 2000

The provision of adequate healthcare and mental wellbeing services for former combatants and their families is a fundamental feature of IOM's DDR programs. Interventions aim to ensure that each individual's access to immediate and medium to long-term health care is maintained during demobilization and reintegration processes. It is essential to engage local health authorities at the outset and maintain this engagement throughout. Sustainable DDR-related health and psychosocial support services should be implemented during multiple phases and, where possible, done with age and sex disaggregated data. The immediate, life-threatening conditions of former combatants must be prioritized. Next, it is essential to support the capacity of the public health system to address basic healthcare needs of former combatants, their dependents, and return communities. In the long-term, information generated from DDR programs will support health policy development at the national level to improve social and economic recovery of the country.

Guiding Principles[1]

All programs are devised in coordination with plans to rehabilitate the health system in areas of return and to build local and national capacities. **Resources are equitably shared** among former combatants, their family members, and their communities of reintegration.

Care is taken to ensure that all health programs and actions that are part of DDR operations **promote and respect human rights** standards. Research is conducted to ensure that all programs implemented are culturally sensitive to the returning soldiers and their communities of return.

Health programs and actions taken are devised after **careful analysis of different needs** and in consultation with a variety of representatives. This ensures that all groups in need—male and female, adults, youth and children—receive appropriate services.

Because the reintegration portion of DDR programs often occurs in resource-poor settings, **health programs are open to all** in need, as opposed to only those formerly associated with armed groups.

1) 5.70 Health and DDR, Integrated Disarmament, Demobilization and Reintegration Standards (2006)

Programs Targeting *Former Combatants and their Dependents*

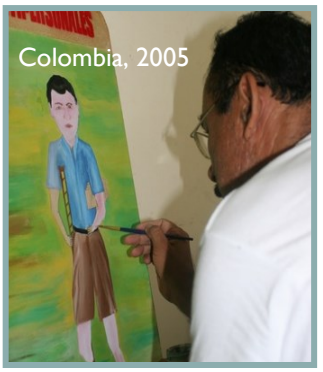
- Psychosocial programs
- Registration, re-training, and re-insertion of health personnel
- Training of HIV, TB and malaria peer educators among former combatants
- Health education and health literacy programs
- Travel health assistance
- Primary health care provision, epidemiological surveillance and outbreak management, facilitation of health referrals
- Health assessments to identify conditions of public health concern or those requiring immediate medical attention or follow up care

Indonesia, 2006

Programs Targeting *Communities of Return*

- Community health needs assessments
- Cultural integration activities
- Rehabilitation of health facilities in areas of return
- Assessment of communities' perceptions and misperceptions on the integration of former combatants
- Capacity building for local and national authorities for community-based health activities and psychosocial support
- Support for health system strengthening
- Distribution of basic health kits to trained health personnel to start community health programs in area of return

Mental Health and Psychosocial Support Within DDR



Active participation in war and the challenge of reintegration into civilian life can seriously impact former combatants' psychosocial wellbeing. Mental health and psychosocial programs are therefore an essential component of the DDR process. The past experience of combatting the difficulties related to the change in social roles and reintegration can provoke persisting negative feelings in former combatants that can hinder reintegration, including sleeplessness, irritability, numbing, altered memory functions and difficulty in concentration.

Moreover, former combatants can be the object of mistrust, blame and rejection from community members, and the reintegration process can be emotionally and anthropologically challenging for their families and the whole communities. In the worst case, the combination of these elements, if not properly addressed, can lead to depression, anxiety, post-traumatic stress disorder, substance abuse and suicidal behaviors. However, the majority of former combatants and their families do not experience mental disorders, but rather normal emotional reactions to stressors from the past and present.

Therefore a multidisciplinary approach is used to address the psychosocial needs of demobilized soldiers and their families. Programs are designed to avoid unnecessary pathologization and stigmatization of the emotional challenges they face and to emphasize the interconnectedness of social, psychological, anthropological and clinical factors at the individual, family, group and community level. When appropriate services are unavailable, the capacity of existing services are enhanced and new services created.

Mental health support to pre-existing and post-facto emotionally vulnerable cases

- Includes gender-balanced assessments for former combatants, their families and their communities, provision of information about their state and their needs, and primary and secondary referral.

Counselling services at the individual, family, and community level

- Services include gender-appropriate individual, group and family counselling as well as the creation of various types of self-help groups.

Psychologically informed reintegration assistance and community activities aiming to promote social cohesion in communities of return

- Activities include mass media campaigns, social events, community forums, performances, exhibitions, concerts, reintegration or transitional justice rituals, social theatre, and recreational activities.

Public Health Assessments

Transmission of diseases as a result of increased population mobility across regions and borders is a public health concern that is often neglected during demobilization and reintegration processes. The mass movements of populations displaced by conflicts or returning to communities of origin throughout the DDR process could contribute to the spread of communicable diseases and lack of continued care for non-communicable diseases. Adequate health assessments at cantonment exit and upon return to the community can avert the spread of these diseases and are thus an extremely important preventive measure. Assessments of existing public health infrastructure and health personnel capacity are critical component of public health assessments.

Country Experiences

Cambodia, 2000-2002

At the request of the Royal Government of Cambodia and the Council for the Demobilization of the Armed Forces (CDAF), IOM provided technical assistance in the general health assessment component of the Cambodia Veterans Assistance Program (CVAP) for the pilot and full implementation phases. The project was implemented in several discharge centres with each group averaging from 350 to 450 soldiers demobilized in a 4-day cycle across 10 provinces. The project resulted in the medical screening, processing and documentation of 16,498 demobilized soldiers. General health counselling was provided to all ex-combatants with a focus on STIs, including HIV/AIDS, as well as TB and malaria. Referral pathways were established for soldiers in need of further follow-up, treatment or revaluation of their medical conditions. The project utilized existing health resources, strengthened the logistical and management capacity of Provincial Health Authorities and improved the technical capacity of medical team members in each discharge centre.

Indonesia, 2005-2006

IOM's Peacebuilding and Reintegration Assistance to Amnestied Gerakan Aceh Merdeka (GAM) Prisoners, Demobilized GAM Combatants and Conflict-affected Communities throughout Aceh included a health and psychosocial support component. The Direct Health and Psychosocial Assistance Program' (DHPAP) provided medical examinations, mental health and psychosocial support, treatment, health referrals and follow-up support. IOM established fixed and mobile medical teams within information, counselling and referral units that facilitated access to health care services by establishing an appropriate health referral mechanism using community-based resources. Findings from this health component contributed to IOM's strategy of bridging gaps in the immediate delivery and access to medical, surgical, psychosocial and mental health services to vulnerable persons associated with the demobilization and peace building process, and strengthened the coordination and referral system with the public health sector.

Colombia, 2014-2015

With IOM and UNICEF support, a study on the impact of armed conflict on the psychosocial state of children and adolescents was carried out by the Colombian Family Welfare Institute (ICBF). The aim was to identify the consequences of victimizing acts (illegal recruitment, forced displacement, and sexual violence, among others) to better understand the impacts on child and adolescent victims, and strengthen comprehensive and tailored assistance. IOM is working with ICBF and the Colombian Nervous System Institute–Montserrat Clinic to strengthen the detection and evaluation of mental health risks for children and adolescents who disengage from illegal armed groups. This includes developing and sharing guidelines and case studies as part of the reestablishment of rights and comprehensive reparations processes. To support economic reintegration, IOM's DDR programme includes a psychosocial support module that provides tools for rebuilding the lives of former combatants, their families and receiving communities. IOM also supported employment profiles and career counseling for 24,410 individuals in the reintegration process.

Sri Lanka, 2012-2013

The IOM program on Information, counseling and referral service (ICRS) is a model which matches the needs and aspirations of the former combatants with appropriate services through a registration process. Following the end of the 30 year protracted conflict, IOM partnered with the Government of Sri Lanka and a local NGO, the Family Rehabilitation Centre (FRC), to provide psychosocial support and primary health care health services to ICRS clients and resettling conflict-affected communities. Over the course of the project, 149 clients, of which 84 were female and 65 were male, were screened and registered to FRC services through IOM referrals. Among them, 58 were former combatants and 91 were family members of former combatants. The majority of clients were between 33-55 years of age, closely followed by the group of 19-32 years of age. A research study on the mental health gap in PHC centers was also undertaken.

Bosnia and Herzegovina (BIH), 2010-2013

In the efforts to facilitate the reintegration of discharged members of the armed forces of BiH into civilian life, psychosocial assistance was provided through the training of mental health and trauma stress counselors and staff of the BiH Ministry of Defense, Recruitment and Transition Centre (RTCs) and armed forces. Trained counselors provided psychosocial assistance to 1,475 beneficiaries. Workshops aimed to support representatives who assist the discharged personnel focused on the importance of providing adequate and long-term psychosocial support as a critical part of reintegration, as well as how to recognize the behavioral changes among fellow colleagues who might be in need of psychosocial support. Interventions for beneficiaries provided information on the civilian health system and the contact information of mental health centres.

IOM International Organization for Migration

More information can be obtained from the **IOM Migration Health Division (MHD)**
17 Route des Morillons, CH-1211, Geneva 19, Switzerland.
Tel: +41 22 717 92 51, Email: mhddpt@iom.int
Web: www.iom.int

August 2015