DISENGAGEMENT, DISASSOCIATION, REINTEGRATION AND RECONCILIATION

TRANSITIONAL REHABILITATION

IOM
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Required citation: International Organization for Migration (IOM), 2021. *Disengagement, Disassociation, Reintegration and Reconciliation: Transitional Rehabilitation*. IOM, Geneva.

ISBN 978-92-9268-183-8 (PDF)

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PUB2021/099/EL

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ACKNOWLEDGEMENTS

This document was prepared by the Transition and Recovery Division (TRD) of the Department of Operations and Emergencies (DOE) of IOM. Specific acknowledgements are made to Luc Chounet-Cambas, Katie Kerr, Nathalie Gendre, Jason Aplon, Noël Harris, Johanna Klos and Fernando Medina for the drafting and editing of this document.

We would like to thank the tireless work of IOM staff in the development and implementation of the IOM disengagement, disassociation, reintegration and reconciliation (DDRR) programmes worldwide. We especially acknowledge IOM offices in Cameroon, Chad, the Niger, Nigeria and Somalia for their inputs. We also thank the Gender Coordination Unit, particularly Lee Kanthoul and Sophia Pierre-Antoine, for their invaluable contributions.

We also would like to express our gratitude to the dedicated Publications team – among them Mylene Buensuceso, Harvy Gadia and Lori Werner – under the direction of Valerie Hagger.

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EXECUTIVE SUMMARY

IOM developed the disengagement, disassociation, reintegration and reconciliation (DDRR) framework to support national governments to navigate the complexities associated with disengagement from a violent extremist organization (VEO). As with IOM's long-standing commitment to disarmament, demobilization and reintegration (DDR), its engagement with DDRR stems from a commitment to the prevention and resolution of the drivers of crisis-induced displacement, as well as its mandate to provide reintegration assistance for migrants and displaced populations.

DDRR recognizes that VEO associates cannot lawfully or effectively be treated as a homogenous group. Associates may be men or women, recruited voluntarily or forcibly, heavily involved in the group or minimally connected (or even erroneously presumed to have any ties at all). They may be culpable of war crimes, genocide or crimes against humanity, or free from suspicion of serious crimes. These differences are determinative of the State's next steps with respect to each former associate, who may be channelled into the criminal justice system or deemed eligible for release, with or without conditions.

For those offered non-prosecutorial pathways, transitional rehabilitation is proving to be an important step towards successful reintegration. Transitional rehabilitation refers to a government-led process to support former associates, their families and communities to prepare for reintegration. Rehabilitative activities may include health and psychosocial support, education, counselling and referral services, livelihoods assistance as well as community and family outreach. Similar to the bridging role played by reinsertion in a traditional DDR programme, transitional rehabilitation assists participants to move from disassociation to reintegration.

While transitional rehabilitation can be beneficial to all adult[1] former associates, this document focuses on programming for released associates and those whose crimes do not trigger international obligations to prosecute, but whose criminal conduct, involvement with a VEO or other factors render them ineligible for immediate release. For this category, transitional rehabilitation may be considered an alternative to prosecution or prison, provided that due process and human rights are safeguarded.

This document draws primarily from DDRR programmes in Nigeria and Somalia, supplemented where relevant with IOM's experience in DDR, preventing violent extremism and community stabilization programming in other countries. As DDRR and transitional rehabilitation are heavily dependent on context, the perspectives expressed in this document may not be appropriate in other countries. Moreover, transitional rehabilitation is an emerging practice within an emerging field, and it is likely that current guidance will be adapted in light of new evidence on what works. With those limitations in mind, this document aims to provide national governments, partner organizations and IOM missions with strategic and practical inputs to support the design and operationalization of transitional rehabilitation programmes.

[1] In line with IOM's commitment to the immediate handover of children associated with armed forces or groups to child protection actors, the guidance set out in this document does not address children associated with violent extremism.

INTRODUCTION

Increasingly over the last decade, IOM has been called on to support States in conflict situations to confront challenges that arise when individuals "disengage" or exit from a violent extremist organization (VEO). In response, IOM developed a new approach for disengagement, disassociation, reintegration and reconciliation (DDRR). This approach addresses the particular circumstances and risks attached to violent extremist environments while drawing on institutional expertise from IOM's over 25 years' work in community stabilization and disarmament, demobilization and reintegration (DDR), and the Organization's emerging practice in preventing violent extremism.

DDRR recognizes that contexts with violent extremism often lack one or more of the preconditions that underpin DDR, such as: (a) the existence of a signed peace agreement or a cessation of hostilities that establishes a legal basis; (b) agreed eligibility criteria; (c) political will of the parties to the conflict; and (d) security guarantees, among others. Moreover, these contexts implicate different laws.

Support to individuals who disengage from VEOs also implicates different laws and guidance. For example, United Nations Security Council resolutions 1373 (2001), 2178 (2014), 2396 (2017) and 2349 (2017) call for criminal investigation and where appropriate prosecution of persons reasonably suspected of terrorist offences, including foreign terrorist fighters. These resolutions underscore the importance of accountability and justice as part of the counter-terrorism agenda, and make clear that eligibility for non-prosecutorial pathways is contingent on the outcome of individual screening. At the same time, the United Nations Security Council has repeatedly called on Member States to develop and implement rehabilitation programmes in appropriate cases as an essential component of a larger strategy of prosecution, rehabilitation and reintegration.

DDRR also recognizes that there is enormous variation among former associates, who range from high-level commanders to victims,[2] in terms of their legal status and needs. As these differences are determinative of their future treatment, it is critical that the State screen former associates to establish individual profiles, ensuring due process and compliance with domestic and international laws. Only after a former associate is screened can the State make a sound and lawful decision as to whether an individual will be referred to the criminal justice system for prosecution or eligible for other pathways. These non-prosecutorial pathways also vary according to legal status and needs. For example, individuals who have no meaningful ties to the group – in other words, their association was presumed in error – will be released. Hostages and other victims will also be released, but they may require transitional rehabilitation support to facilitate recovery and reintegration.

Transitional rehabilitation also targets a third category of former associates, whose criminal conduct does not require criminal prosecution but does provide a basis for continued intervention by the State. This middle category often includes rank-and-file fighters or

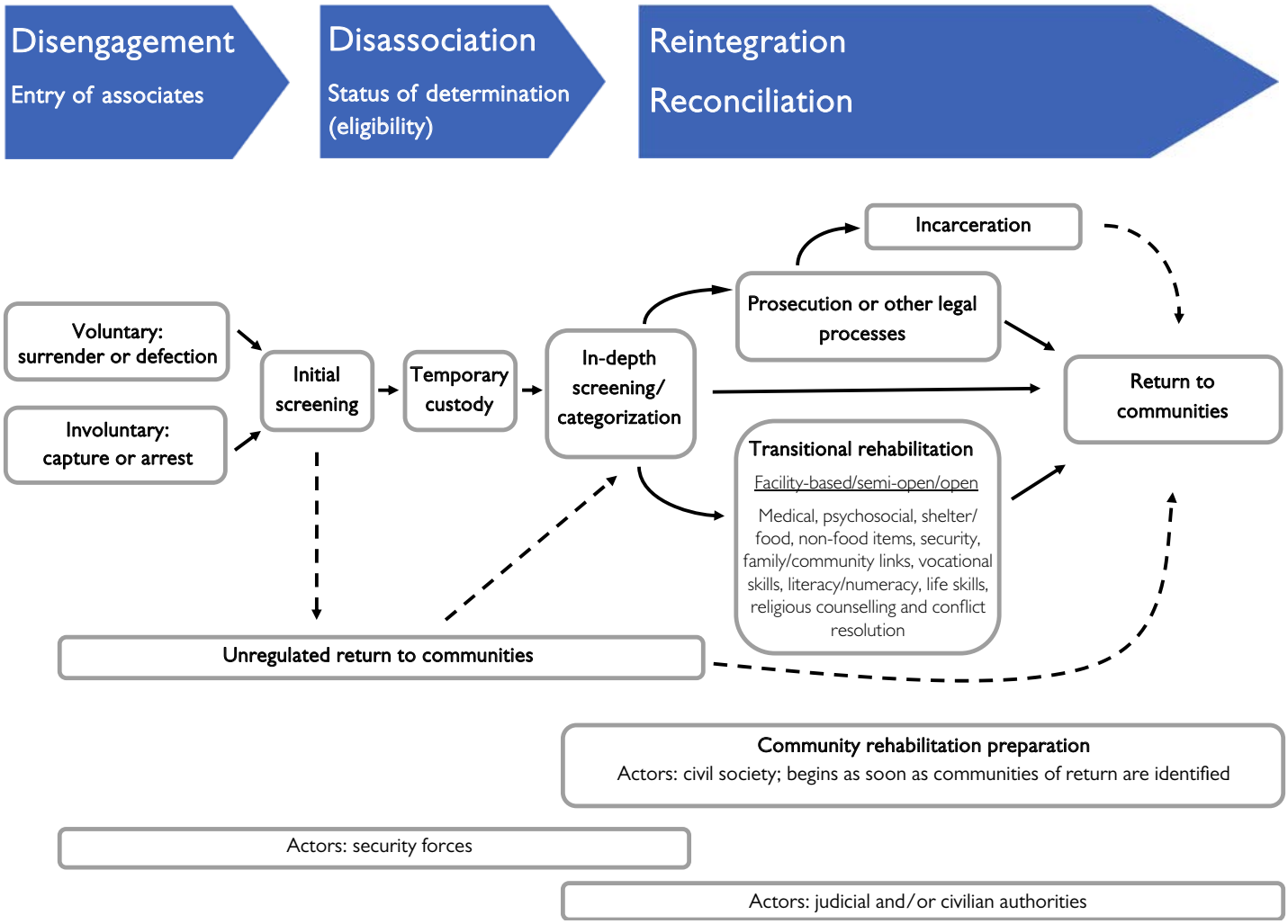
[2] As referenced in this document, the term "associate" means any person over whom the national or regional authorities have some responsibility or authority, through custody or otherwise, and whom they believe had some contact with a violent extremist organization (VEO). The use of the term does not prejudge the nature of any relationship. Associates may include: (a) combatants or fighters at all levels; (b) those performing a broad range of non-combat roles, for example espionage, and support functions, for example cleaning, cooking or record-keeping; (c) hostages, other victims and civilians accompanying fighters; and (d) persons erroneously believed to be related to a VEO.

support personnel who could be charged with some offences but are not suspected of international crimes. In violent extremist environments, some national authorities have opted to impose conditions on the release of some former associates in this category. Unlike a traditional DDR scenario with a peace agreement, DDRR operates in situations of ongoing conflict, often involving the very group from which an associate disengaged. Against this background, national authorities have given heightened consideration to the need to deter future affiliation and protect communities, as well as the risks of continued allegiance to the group, recidivist violence and reprisals against former associates.

OVERVIEW OF DISENGAGEMENT, DISASSOCIATION, REINTEGRATION AND RECONCILIATION

The IOM DDRR approach is discussed in depth in *New Contexts of Ongoing Conflict and Violent Extremism: Disengagement, Disassociation, Reintegration and Reconciliation* and illustrated in Figure 1, which shows the progression of former associates through four phases of treatment and handling. Although there are contextual differences and variances in how States address and handle these caseloads, this framing reflects a broadly applicable process drawn from the Organization's experiences in the Lake Chad Basin region.

Figure 1. Disengagement, disassociation, reintegration and reconciliation



The first phase of DDRR begins when associates of VEOs disengage, either voluntarily (surrender or defection) or involuntarily (capture or arrest), with most taken into custody by security forces. After registration, phase 2, or disassociation, is launched with a screening process, undertaken by national authorities within a reasonable time frame, to apply legally defined criteria to determine categories of cases for further treatment and handling. As emphasized in IOM's *Disengagement, Disassociation, Reintegration and Reconciliation: Eligibility Conditions and Practices*, due process concerns and human rights law are paramount throughout phase 2 in light of the momentous consequences of the determinations made.

Phase 3, or transitional rehabilitation, is the focus of this document. This phase is designed for released former associates and those who are neither suspected of crimes requiring prosecution nor eligible for immediate release. While community-based reintegration may be possible for them, some national authorities have conditioned their release on participation in transitional rehabilitation programming.

Phase 4 focuses on reintegration, which continues to address the socioeconomic needs of the individual while promoting the welfare of the community as a whole. The intervention can be integrated with support to reconciliation tailored to the local context and culture, which may involve restorative justice forums, community-based psychosocial recovery activities or other transitional justice initiatives to re-establish a foundation for longer-term recovery.

CHAPTER 1:
KEY CONCEPTS AND PRINCIPLES

1.1. SITUATING TRANSITIONAL REHABILITATION

Transitional rehabilitation is a government-led process by which the State, through a set of rehabilitative activities and interventions tailored to each participant, assists eligible former associates of VEOs to prepare for reintegration while at the same time supporting their families and communities. "Rehabilitative" describes those efforts, such as medical and psychosocial services, counselling and referral, socioeconomic activities, education and training, as well as community and family outreach, that aim to improve reintegration outcomes. By assisting individuals to adjust to the expectations of community life and (re)learn the skills to become productive citizens, transitional rehabilitation can facilitate successful reintegration and reduce recidivism risks. Rehabilitative programming also builds community trust and confidence in the disengagement process.

As Figure 1 illustrates, transitional rehabilitation acts as a bridge in the progression from disassociation to reintegration. As such, a parallel can be drawn between transitional rehabilitation and reinsertion[3] within the DDR framework, which similarly focuses on the transition towards reintegration. However, there are important differences separating these concepts. Transitional rehabilitation is not limited to short-term assistance to meet immediate needs but seeks to generate long-term changes in a participant's capabilities. The approach also addresses the needs of host and home communities to a greater extent than reinsertion.

1.2. ELIGIBILITY AND LEGAL BASES

Questions of eligibility and the legal bases for transitional rehabilitation are summarized in this section and discussed in depth in IOM's *Disengagement, Disassociation, Reintegration and Reconciliation: Eligibility Conditions and Practices*.

As is true with DDRR processes generally, a sound and lawful screening process is a strict precondition for a former associate's participation in transitional rehabilitation. It is the responsibility of the State to establish and apply criteria to determine the legal status and needs of each former associate, in line with due process and applicable law. Generally, these criteria tend to focus on the associate's criminal culpability, level of involvement with the VEO and assessed risk of future violence.[4] On criminal culpability, international and domestic laws obligate States to prosecute certain crimes, at a minimum including crimes against humanity, war crimes and genocide, as well as terrorist offences. As such, former

[3] The United Nations Integrated Disarmament, Demobilization and Reintegration Standards define "reinsertion" as "the assistance offered to ex-combatants during demobilization but prior to the longer-term process of reintegration. Reinsertion is a form of transitional assistance to help cover the basic needs of ex-combatants and their families and can include transitional safety allowances, food, clothes, shelter, medical services, short-term education, training, employment and tools" (United Nations Secretary-General, 2005).

[4] For a discussion on assessing risk for extremist violence, its limitations and concerns around the use of assessment tools, see IOM's *Disengagement, Disassociation, Reintegration and Reconciliation: Eligibility Conditions and Practices*.

associates reasonably suspected of these crimes are not immediately eligible for transitional rehabilitation.

For those whose legal status does not require prosecution, the State has various options depending on the individual's profile. Victims and persons with no meaningful ties to the group will be immediately released and may be offered assistance to support their recovery. For others who are suspected of some criminal conduct, such as voluntary affiliation with the group, the State can explore non-prosecutorial alternatives, provided that these are prescribed by law. The United Nations Standard Minimum Rules for Non-custodial Measures (also known as the Tokyo Rules) outline legal safeguards in connection with such alternatives.

1.3. VOLUNTARINESS

In traditional DDR, demobilization at the group level and an individual's participation in reinsertion and reintegration programming is typically voluntary. [5] In situations where DDRR operates, prospective participants often come to disengagement after capture or arrest and may be detained for long periods in the lead-up to transitional rehabilitation. To address multiple judicial, policy and security concerns that arise in violent extremist contexts, national authorities may offer transitional rehabilitation as an alternative to prosecution or prison, effectively imposing participation as a condition for legal leniency.

These circumstances raise flags around the issue of voluntariness. Any course of action that presupposes a waiver of rights, including the right to a trial, must be based on an adequate legal framework and requires the informed, free and continuing consent of the offender. Importantly, if a person is offered transitional rehabilitation as an alternative to prosecution or prison, that person is entitled to clear information on the nature, longevity and conditions of the rehabilitative programme. Review mechanisms and the possibility to seek judicial remedies against such a decision must also be available. Questions on voluntariness in connection with closed rehabilitative facilities are discussed in Chapter 3.

1.4. GUIDING PRINCIPLES

The basic principles to guide the design and implementation of transitional rehabilitation programmes are as follows:

- **Transparency and accountability.** Legal and policy instruments related to transitional rehabilitation should be developed and adopted in a transparent manner. Appropriate procedures for monitoring and feedback should be put in place, and rights and responsibilities should be clearly communicated.
- **Legality.** Transitional rehabilitation programmes must rest on a legal basis and be implemented in compliance with all State obligations under domestic and international law, including human rights and international humanitarian law.

[5] That said, some disarmament, demobilization and reintegration (DDR) programmes have made non-prosecution contingent on participation or other forms of compliance, such that a failure to adhere to these conditions could lead to criminal prosecution for crimes before and after demobilization. See IOM's *Disengagement, Disassociation, Reintegration and Reconciliation: Eligibility Conditions and Practices* for further discussions on conditional eligibility.

- **National ownership.** National ownership is vital to transitional rehabilitation programmes, in part to secure sustainability beyond the initial catalyst of international support. National leadership contributes to the efficacy of the programme, advancing trust and acceptance for the reintegration of former associates.
- **Legitimacy.** Transitional rehabilitation programmes should be developed and operationalized by authorities who are legitimate in the eyes of participants, their families and communities. Civil society organizations may be better placed to engage in candid dialogue on local grievances and perceptions of DDRR activities. These organizations often have a deep understanding of recruitment dynamics, and including them in the design and implementation of government-led programmes can increase legitimacy (Tapley and Clubb, 2019).
- **Non-discrimination.** Non-discriminatory programming is inclusive of all persons, regardless of sex, sexual orientation, gender identity, age, disability or other personal characteristics. It is sensitive to specific considerations for each participant, particularly those who might be more marginalized, such as women, LGBTIQ+ people and people with disabilities.
- **Gender responsiveness and equality.** Gender-responsive transitional rehabilitation will address the differentiated needs and perspectives of women and men, with a view to increasing gender equality. Integrating gender considerations and involving women in the design and implementation of rehabilitative programming is a requisite for successful reintegration. For further discussion, see gender tips in the text boxes in this document and IOM's *Gendered Dimensions of Disengagement, Disassociation, Reintegration and Reconciliation in the Lake Chad Basin Region*.
- **Conflict sensitivity.** A conflict-sensitive approach: (a) recognizes that all activities, regardless of their intended aims, impact positively or negatively on conflict dynamics; (b) adopts the principle of "do no harm"; and (c) takes action to mitigate unintended harms and strengthen positive outcomes. Conflict sensitivity is critical to transitional rehabilitation given that programmes often operate in volatile and divisive contexts on issues that can provoke strong reactions in individuals and groups. See IOM's Operational Guide on Integrating Conflict Sensitivity.[6]
- **Knowledge generation.** The rehabilitation process and the interaction with former associates can contribute to new knowledge and understanding of VEOs, drivers of engagement and disengagement, and other conflict dynamics. This information can be used to improve the programme and support wider peacebuilding efforts.
- **One size does not fit all.** As highlighted throughout this document, transitional rehabilitation programmes need to be tailored to the country context and to the unique needs and expectations of each participant.
- **Whole-of-government approach.** Comprehensive rehabilitative programmes are multifaceted and require extensive collaboration and information-sharing among various ministries, departments and agencies. Such coordination is universally challenging, and policymakers should recognize that government stakeholders may have competing interests and ideas with respect to the treatment and handling of former associates.

[6] Note that this guide is accessible only to IOM users.

- **Whole-of-society approach.** Successful DDRR relies on the support and active participation of government and non-governmental actors, including civil society organizations, community leaders, women's groups, private sector companies and multilateral organizations, as well as former associates, their families and communities.

CASE STUDY

Support to women formerly associated with Al-Shabaab

For many years, Somalia's national programme focused exclusively on male former associates. The Government had not established the necessary policies and practices to address the particular needs of women associated with Al-Shabaab, many of whom were internally displaced persons and survivors of conflict-related sexual violence.

In 2019, with financial support from the United Nations Peace Building Fund, IOM launched a project to develop tailored programming for these women. Specifically, IOM partnered with civil society organizations to provide 150 women and their dependants with comprehensive and gender-sensitive rehabilitation and reintegration services. The project undertook extensive research to deepen understanding of the needs of disengaged women. As a result of a household survey administered by women's organizations, the project identified over 2,600 women living in Baidoa, Kismayo and Mogadishu, who had escaped, defected or been rescued from Al-Shabaab. During implementation, project staff learned more about the significant vulnerabilities, risks and challenges facing women who leave Al-Shabaab, including the security, humanitarian and socioeconomic difficulties they encounter on return to their communities. For example, many women are threatened when they leave or sever ties with Al-Shabaab, especially when there is a dispute over their children who may be viewed by Al-Shabaab as "assets". Absent appropriate assistance and protection, many of these women face elevated risks of forced (re)recruitment, bodily harm or death at the hands of Al-Shabaab.

The lessons learned under this project and additional support from Germany were instrumental in building the capacity of the Government of Somalia to identify and screen disengaged women. National authorities developed a screening process that incorporates rights-based and gender-sensitive approaches. For example, screening of women takes place in low-profile locations within communities, rather than at military facilities, to reduce risks of gender-based violence and stigma. Moreover, "women's advocates", from civil society groups, are present during screening to ensure women's rights are upheld and provide emotional support. Finally, throughout the screening process, which may span several days, women are able to return to their homes in the evenings. These initiatives aim to create a safe environment for women, promote a survivor-centred approach, and empower women to leave Al-Shabaab and seek support.

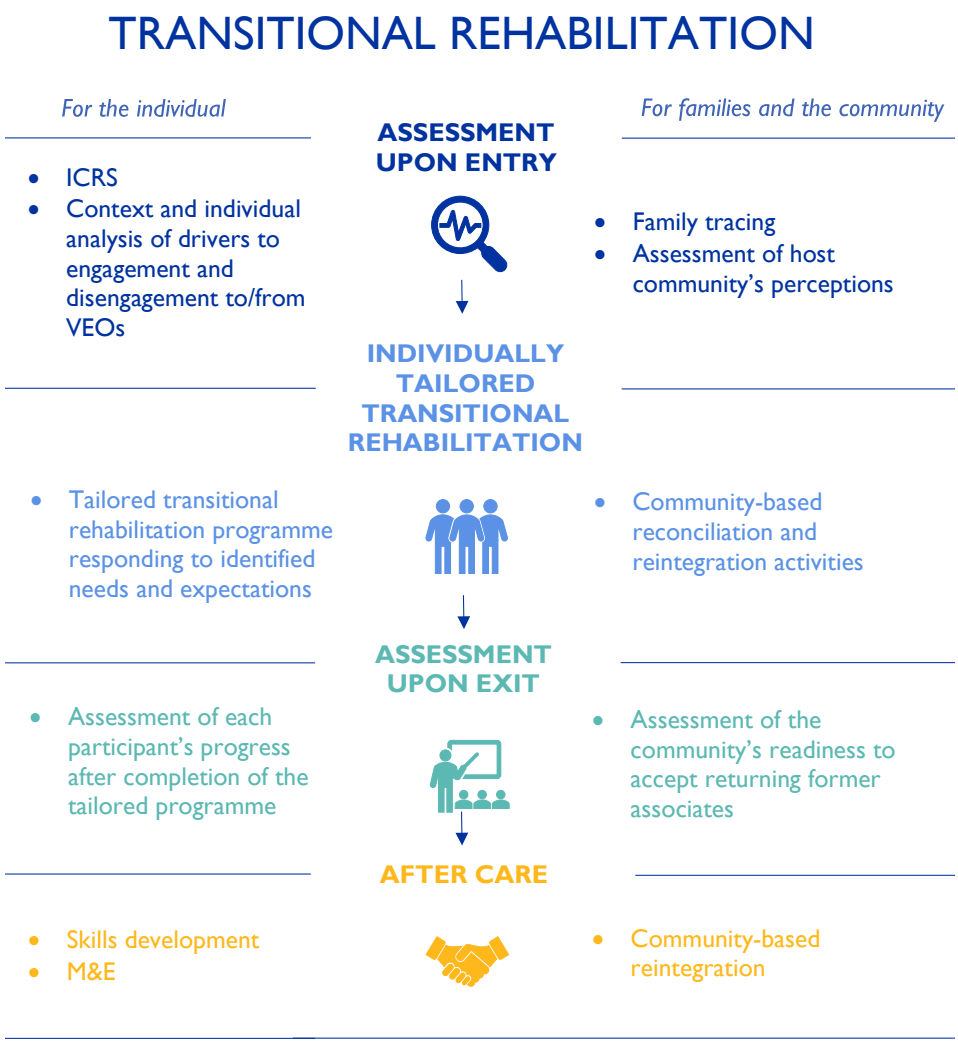
In 2020, the Government of Somalia opened the Female Transitional Rehabilitation Centre with IOM support. Unlike the facilities for male former associates, the women's centre offers services during the day and participants are encouraged to reside in their communities, fostering their social reintegration. The daily schedule enables women to access critical services while still taking care of families, recognizing that many disengaged women are heads of household with an average of six dependants. The centre includes child-friendly amenities, including a playground, and offers supervised care for children under five. The centre can attend 100 women in daytime programmes and provides residential accommodation for up to 25 women and children for those who cannot safely reside elsewhere.

CHAPTER 2:

THE CASE MANAGEMENT APPROACH

The different profiles and needs of former associates call for a case management approach to design a rehabilitative plan for each participant. IOM understands case management as a social work practice used to help participants meet their needs when they are receiving services from a variety of providers. In the present context, case management is a collaborative process to assess, plan, coordinate, monitor, and evaluate opportunities and services to support an individual's rehabilitation. This approach is developed in four phases described in Figure 2.

Figure 2. Case management approach



2.1. PHASE 1: ASSESSMENT UPON ENTRY

In the first phase of a transitional rehabilitation programme, case workers gather, systematize and analyse information. Data collection tools often record basic demographic information on individuals and families, as well as on security or protection concerns. Case workers also develop personal profiles, including a recount of former associates' experiences, needs and expectations, as well as their plans for the future.

2.1.1. Information, counselling and referral services

Over the last two decades, IOM has developed the information, counselling and referral services (ICRS) approach, initially as part of the Organization's engagement with DDR. A comprehensive ICRS approach includes collection, analysis and dissemination of information; counseling and dialogue with beneficiaries; referrals to diverse service providers; and an information system to facilitate case management. In a DDRR framework, the ICRS approach can serve the following goals:

- Facilitate case management for efficient and personalized support during rehabilitation and reintegration;
- Provide accurate information on DDRR processes to participants and other stakeholders;
- Strengthen coordination among government and non-governmental actors;
- Link participants to opportunities and position DDRR within long-term development and peacekeeping plans;
- Foster a dynamic approach that responds to changing realities on the ground by engaging communities in two-way dialogue on reintegration.

The information gathered at the start of rehabilitation forms the basis for individual plans and monitoring. By establishing and maintaining effective information management systems, case workers can track progress and calibrate support by adapting the amount and content of services to the changing needs of participants. For example, case workers may use information to decide to reduce or increase psychosocial support services, literacy activities or civic education classes. At the same time, outreach teams can record perspectives and expectations in communities of return and any local initiatives to promote recovery, stabilization, reintegration or rehabilitation.

For additional guidance on the ICRS approach, including methods for data collection and information management, see *IOM's Information, Counselling and Referral Services (ICRS) Handbook*.

Data protection

Given the volume and sensitivity of personal data gathered during this first phase of the case management approach, special attention to data protection principles is needed. Protocols should be in place to protect the confidentiality of personal data. Different levels of database access can be assigned to different users, depending on their profiles and roles. For example, medical staff may be granted access to medical information but denied access to a former associate's personal narrative of the recruitment process.

Programme leadership should also develop clear protocols specifying the types of information that will be shared, with whom and when, and to regulate the dissemination of information to external parties. Doing so will apprise stakeholders of the procedures, contents and frequency for dissemination of information related to the programme and participants. These protocols balance the need for data protection with the importance of sharing information to advance whole-of-government and whole-of-society approaches, legitimacy, accountability and transparency.

IOM and information management systems

Within the DDRR framework, IOM provides technical and capacity-building support to government partners to develop and operationalize information management systems, adhering at all times to the IOM Data Protection Principles. The limits of this support are clear: IOM never assumes ownership of the data, which at all times remains with the government. This position reflects IOM's status as an international organization and its institutional commitment to national ownership of DDRR processes.

2.1.2. Analysis

Transitional rehabilitation consists of activities tailored to the individual trajectory and the assessed needs of each former associate. Contextual and individual analysis aims to establish profiles based on a comprehensive examination of the VEO; the circumstances of the individual's engagement, participation and disengagement; and the individual's capabilities for reintegration. To that end, the entry assessment may cover the topics that follow.

Engagement and disengagement

Engagement processes into VEOs are complicated and variable (Allan et al., 2015). For voluntary engagement, a multitude of drivers are at play, such as socioeconomic motivations; psychological factors, including a need for empowerment, recognition, purpose, belonging or excitement; and ideological and religious beliefs. Research on women sheds light on gendered aspects of engagement decisions. For example, IOM's *Gendered Dimensions of Disengagement, Disassociation, Reintegration and Reconciliation in the Lake Chad Basin Region* notes that while female associates are widely perceived as victims or followers, some women may see group membership as an opportunity for greater status or freedom. Moreover, a significant number of former associates, women and men, were forcibly recruited into a VEO. In practice, the distinction between voluntary and forced recruitment is sometimes blurred. For example, research commissioned by IOM in Somalia shows that some youth assert that they joined Al-Shabaab voluntarily, while their families believe they were forced.[7] Different modalities of disengagement are also relevant to understanding rehabilitative needs. As noted already, former associates include voluntary defectors, who may have turned themselves into civilian or military authorities; individuals captured on the battlefield; and others whose exit was negotiated by traditional authorities, such as clan elders in Somalia.

[7] Note that while children sometimes classify their engagement as voluntary, recruitment of children is an international crime and, by definition, involuntary.

Seeking purpose: Addressing drivers of violent extremism

Research shows that one of the main reasons for individuals to join VEOs is the desire to find a sense of purpose and belonging, which is often satisfied by the camaraderie in the group. Where this driver is present, programmes should find ways to address the needs, through meaningful participation of former associates in professional, community, family and other activities, and by enabling them to find useful roles.

Source: Nagarajan, 2018.

Role within a violent extremist organization

Former associates of VEOs who have entered transitional rehabilitation programmes run a wide gamut in terms of roles within the group, ranging from engaging in active combat to supporting activities. The associates' roles partly shape their relationships to and within the group, self-perceptions and exposure to combat, which in turn influence their needs in terms of disassociation and psychosocial support.

Individual ecosystems

A comprehensive assessment will also shed light on the individual's "ecosystem", including his or her support network, social groups, identities and influences (Colliver et al., 2019). The analysis will point to individual resilience and protective factors that can be reinforced and vulnerabilities to be addressed.

2.2. PHASE 2: INDIVIDUALLY TAILORED TRANSITIONAL REHABILITATION

Transitional rehabilitation programmes devise a holistic package of tailored services based on the results of the assessment upon entry. This section is intended to illustrate the possible contents of a rehabilitative package, drawn largely from ongoing programmes in Nigeria and Somalia, without implying that the same contents would be appropriate in all contexts.

2.2.1. Entry and exit pledges

Building on DDR good practice, a formal pledge can be made a prerequisite to starting transitional rehabilitation. A pledge serves to (a) reject violence and sever links with the VEO; (b) commit to avoiding future engagement with any violent group; (c) abide by the law and refrain from any criminal activity; and (d) endorse tolerance and respect for all members of society without discrimination. These symbolic pledges can be powerful in their own right, build societal trust and set expectations that can be referenced by case workers throughout the rehabilitative process. Similarly, oaths may be made at the close of programming. In Nigeria, for example, individuals who complete their transitional rehabilitation process stand before a federal judge, who administers an oath of non-violence and signs a grant of amnesty. These symbolic statements will be more meaningful to participants and the broader community if they reflect local culture and values.

2.2.2. Health and mental health screening

On entering transitional rehabilitation, many participants had limited or no access to health services during their association with the VEO. Early screening and service delivery allows for timely interventions, as needed. Activities may include:

- Health screening
- Mental health screening
- Medical counselling
- Basic health education, for example, on hygiene and malaria prevention
- Standard immunization
- HIV/AIDS information
- Urgent nutrition intervention where needed
- Curative health services for acute and infectious diseases
- Referrals for medical and surgical emergencies

Mental health should not be overlooked. Participants may enter the programme with dual identities as both perpetrators of violence and victims, including of sexual, physical and psychological violence. Many have suffered traumatic events and some experience a sense of betrayal and disillusionment on separation from the VEO.

GENDER TIP 1

Addressing conflict-related sexual violence

Special attention should be paid to sexual violence, in particular conflict-related sexual violence, as an all too common occurrence among persons associated with VEOs. It is essential to understand if and how sexual violence is used as a weapon of war and attend to the survivors in a way that is respectful of physical and psychological consequences. Medical assistance includes access to emergency contraception and antiretrovirals. Women and girls may constitute the principal survivors of sexual violence, but staff should be prepared to address issues related to sexual violence against men and boys, LGBTIQ+ people, persons with disabilities and others who may be particularly vulnerable. Survivors also have rights to pursue justice against perpetrators and obtain information on any enforcement or judicial action.

2.2.3. Psychosocial support

Participants may need regular psychosocial support to overcome feelings of anxiety, guilt or other negative psychological reactions. Person-to-person counselling sessions provide a safe space to express emotions and possibly controversial thoughts. These allow participants to "open up" to a case worker or expert and seek guidance without risking group pressure or stigma. The counselling format can lead to conversations on a broad range of topics, such as ideology, theology, extremism, individual training plans and progress, and risks to the participants or their families. Sessions can be planned to deal with the various psychological consequences of violence and perpetration, including trauma related to sexual violence with survivors. Group counselling sessions, on the other hand, enable participants and facilitators to express and hear different views and opinions within the boundaries of a regulated space. These dialogues can trigger strong emotions, which may call for a hybrid approach, combining group and person-to-person approaches. Participation in counselling should be voluntary.

GENDER TIP 2

Safe spaces

In some cases, it may be appropriate to divide participants by gender, as certain gender groups may feel safer sharing in same-gender discussions or with a counsellor of the same gender. The psychosocial support should endeavour to promote positive gender and cultural norms.

2.2.4. Documentation

Former associates often lack basic documentation and struggle to obtain a birth certificate or a national identification document. Their undocumented status is problematic on many fronts. Among other difficulties, it complicates their access to government services and non-governmental aid and exposes them to protection risks, including arbitrary detention. From a programmatic perspective, the absence of documents is also a limitation on monitoring and follow-up.

By issuing documentation, the State can resolve these problems and also generate several positive effects. For example, documentation can be a strong symbol to participants of citizenship and normalization. It can enable them to pursue legal processes related to family, land or other property. Further, government-issued documents may reassure communities with the knowledge that returning associates have been clearly identified by the State. In Somalia, the programme issues all participants with identity documents, which enables them to open a bank account and benefit from cash-based initiatives for livelihoods support.

2.2.5. Education

An education package may be made available to participants, including basic numeracy and literacy skills in relevant local languages. Education is especially important in contexts where VEOs use erroneous and manipulated narratives to recruit or control members. Education can strengthen former associates' capabilities to think critically, which empowers participants with first-hand access to information to make their own choices as to the validity, morality and lawfulness of violent extremist conduct.

GENDER TIP 3

Inclusive education

Access to education should be guaranteed for all participants without discrimination. The content of the basic education package must be pertinent, non-discriminatory and free of gender-based or other stereotypes.

A civic component can be part of the education package. The curricular content will be context-specific and may include non-violent dispute resolution, gender equality, human rights and cultural norms. Courses can also target financial literacy. In Somalia, participants receive financial literacy training to promote sound financial planning and management. The curriculum was developed for persons with low literacy levels and teaches students the principles of budgeting, saving, debt management, financial negotiation, investment, earning and financial services. Boosting financial literacy as part of transitional rehabilitation is particularly important within programmes, like Somalia's, where cash-based initiatives are used to support reintegration.

2.2.6. Socioeconomic support and skills development

The provision of socioeconomic support starts during the rehabilitation phase and continues into reintegration. Activities may include small business support, business plan development, apprenticeship schemes, vocational training with job placement and cash-based initiatives. Such support is most effective when it reflects a prior assessment of the individual's skills and aspirations, as well as the local market's structure and needs. A good understanding of the individual and the market will prevent investment in non-marketable options, for which there is no or limited absorption capacity, or provision of training with no real-world application.

The Gombe Transition Centre in Nigeria has developed a promising practice that may be adapted in other countries where agriculture is a prevalent economic activity. The Centre's participants engage in on-site poultry and pisciculture activities to develop agricultural skills. A "pilot farm" can support learning on enhanced farming techniques, water management, tools and repair, crop diversification and rotation, water drainage, and soil conservation and renewable energy schemes. The farm may also produce food for programme participants, which contributes to programme sustainability.

Participants may receive material resources, such as tools, equipment, agricultural equipment or cash. In appropriate cases, programme teams may provide these resources, or a first instalment, during rehabilitation. In others, access may be conditioned, in whole or in part, to successful completion of the transitional rehabilitation programme.

Depending on community and individual factors, programmes may provide materials and tools to assist participants to repair or equip their homes. The rehabilitation team may opt to deliver the resources during transitional rehabilitation, especially where the participant resides in the home, or after a successful exit process.

GENDER TIP 4

Gender and socioeconomic support

The content of socioeconomic support activities should reflect each person's profile and correspond to his or her needs and abilities. The support provided should avoid orienting individuals to economic activities based on gender stereotypes. It follows a woman should be able to access activities traditionally viewed as masculine, such as welding or auto mechanics, and a man should be able to enrol in embroidery or hairdressing activities, if they choose these paths. This freedom from gender stereotypes is particularly important in conflict contexts, as many women may be heading their households alone and economic activities typically performed by men tend to be more lucrative. In making referrals, rehabilitation personnel will gain from information on local associations and groups, from both the public and private sectors, that are active in gender issues.

2.2.7. "Extracurricular" activities

Athletic, artistic, sociocultural, creative and recreational activities can foster well-being among participants. They give participants a chance to "blow off steam" and contribute to learning outcomes, notably the acquisition of soft skills, such as teamwork and compliance with rules on punctuality, attendance and comportment. These activities also provide case workers, managers, specialists and other rehabilitation staff the opportunity to interact with and observe participants in a casual environment.

GENDER TIP 5

Inclusive extracurricular activities

Access to athletic, artistic and other extracurricular activities must be guaranteed for all participants without discrimination and free from gendered stereotypes. The contents of these activities should be pertinent, inclusive and non-discriminatory.

2.2.8. Family and community networks

The restoration of family connections is a priority for rehabilitative programming, especially when participants reside in a facility. Depending on each participant's profile and progress, staff may consider options to (a) keep families together where possible, (b) organize family visits if members reside separately or (c) facilitate participant travels to visit families on a regular basis. A broad definition of family may be appropriate to integrate persons who may not qualify as family by consanguinity or marriage but who are close to the participant and expected to influence his or her rehabilitation process.

Online recruitment

The literature on violent extremism shows how online communications foster intense relationships and exert a strong influence on recruitment. The explanation lies partly in the anonymity provided online and the low risk of detection, relative to the risks of engaging personally with a VEO. Online interactions can fuel moral outrage and grievances, which can be conducive to violence. Transitional rehabilitation programmes should take these recruitment mechanisms into account and strengthen participants' resistance capabilities.

The counselling and rehabilitation programme set up by the Ministry of the Interior of Saudi Arabia is cited as a good example of this. Families are encouraged to visit and take part in the programme and receive detailed briefings on their relatives' progress. They are encouraged to pursue reconciliation and welcome the participant into their homes on completion of the programme.

GENDER TIP 6

Women and families

Transitional rehabilitation programmes should take account of the needs of women who are single heads of household or responsible for the care of their children. To meet these needs, programmes may prefer community-based over facility-based care or allow participants to attend a facility during the day and return to their families in the evenings.

Rehabilitation staff can also create opportunities for participants to meet with others in their social networks, including friends, community leaders and local authorities. The format of these community connections can be adapted over time, as participants progress in their rehabilitation. For example, a participant who is newly arrived at a facility may benefit most from a facilitated discussion, say with community elders and facility staff. As the rehabilitation process evolves, participants may be encouraged to visit their homes or host communities. These visits will be more positive for all involved to the extent community members are well informed and involved in the planning.

2.2.9. Roles of external actors

Experience from exit schemes from far-right violent extremism shows that participants are especially responsive to guidance from someone who has disengaged from a similar group, whom they perceive as understanding them and "speaking the same language". While these individuals bring unique insights, their involvement in transitional rehabilitation may not be appropriate in all contexts (Tapley and Clubb, 2019). Without careful vetting and supervision, the inclusion of former associates in a coaching position may risk exposing participants to re-recruitment or harmful messages on the use of violence, especially when the coaches retain pro-violence beliefs. The risk may be higher when little time has lapsed since the coach's own disassociation process.

The rehabilitation team may facilitate dialogues with other visitors and potential role models, such as athletes, artists, religious figures, and prominent men and women in the private sector. These interactions can increase participants' motivation and link them to new social and professional networks.

2.2.10. Religious support

Religious support can involve study groups, religious debate and individual counselling.[8] The credibility of a religious counsellor or moderator on these topics has proven important, and rehabilitation teams often rely on external actors. In contexts where violent extremism is paired with religious narratives, proposing positive alternatives may be more effective than directly challenging negative narratives as radical or corrupted. Where appropriate, programming can introduce former associates to multiple interpretations of religious doctrine and move away from the "us versus them" dichotomy that characterizes violent extremist messaging. Group discussions with believers of other faiths can increase tolerance and mutual understanding. Note that, in some cases, including in the rehabilitation centre in Baidoa, Somalia, the participants have asked for religious education expressly.

It is important to draw a clear distinction between religious support and "deradicalization", given the risks and controversies involved in the latter. Programming aimed at deradicalization tends to overvalue the role of religious and ideological beliefs in the engagement process and can entrench harmful stereotypes. Research suggests that religion and ideology are rarely the main drivers of recruitment. Further, IOM's research in Chad, Nigeria and Somalia does not support the common assumption that former associates generally adhere to extremist views.

2.3. PHASE 3: ASSESSMENT UPON EXIT

As participants advance through the rehabilitative programme, assessment upon exit enables a rehabilitation team to evaluate their readiness to "exit" from intensive services and move into the next phase (aftercare). A structured and transparent exit process involving a series of exit assessment and a decision serves the following purposes:

- **Reassures individuals.** For participants, the end of the rehabilitative support may engender a complex emotional response and uncertainties around their (re)entry to community life.

[8] For further discussion on religious counselling within rehabilitation programmes, see Boucek, 2008.

- **Reassures communities.** As part of the exit process, rehabilitation teams and participants explain transitional rehabilitation and its transformative impact to receiving communities. Doing so aims to assuage community fears and promote acceptance.
- **Informs evaluation and learning.** By collecting and analysing information on successful and incomplete rehabilitation processes – including the ratio between them (Köehler/GIRDS, 2017) – programme teams can detect patterns and generate knowledge of good practices and obstacles.
- **Supports aftercare.** The exit assessment captures an individual's needs and capabilities at a particular time, which are necessary planning inputs for post-rehabilitation monitoring and care.

2.3.1. Exit assessment

Persons with direct knowledge of each individual, including case workers, medical and psychosocial staff trainers, and business coaches, are best positioned to undertake exit assessments. These are designed to measure and evaluate: (a) the participant's progress, physical and psychological health, socioeconomic competencies, risk of future harm[9] and overall readiness to move to the next phase; (b) the community's readiness to welcome the participant and agreement on an after-care plan with links to community reintegration and reconciliation; and (c) security conditions in the receiving community.

2.3.2. Exit decision

Exit assessments inform a structured decision process. Emerging best practice recommends a collaborative and inclusive process for these decisions that brings together multiple actors from inside and out the rehabilitation programme. It is preferable to make exit decisions on a rolling basis, tracking each individual's progress, rather than wait to make collective decisions for groups. The latter risks holding back persons who are ready to exit and overwhelming capacities for aftercare with sudden, large-scale releases.

The establishment of "exit panels" is a promising approach. These panels can include representatives at the national and local levels, with mandates relating to security, social and economic development, and psychosocial well-being. Panels that include civil society actors serve to increase societal understanding and programme legitimacy. At least one panel member should be knowledgeable about conditions in receiving communities.

The case for small graduations

Experience in Somalia shows that smaller, more frequent graduations are preferable to large-scale events and serve several purposes:

- Take account of capacity constraints in receiving communities to absorb high numbers of former associates at any one time;
- Enable reintegration teams to provide intensive, individualized support in the early days of reintegration and orient participants into community-based activities;
- Reduce the number of former associates receiving socioeconomic support at any one time, which can lead to better livelihoods outcomes;
- In places where cash-based interventions are used during reintegration, reduce the incidence of fraud around large-scale distributions.

[9] See footnote 4.

A rehabilitation programme may establish a treatment plan for persons not cleared for exit, including individuals who may be repeatedly assessed as unready to exit the intensive rehabilitation stage.

2.4. PHASE 4: AFTERCARE

Research shows that continuous assistance and monitoring after exit from transitional rehabilitation is essential to prevent recidivism or re-recruitment (Chowdhury Fink and El-Said, 2011). Recall that in situations of ongoing conflict or violence, former associates may reside in or relocate to environments with risk factors similar to those that drove their initial recruitment.

Aftercare aims to (a) ensure the individual's needs are met, (b) reinforce a relationship of trust with the participant, within appropriate boundaries (UNODC, 2016), (c) mitigate re-recruitment and recidivism risks, and (d) create linkages from transitional rehabilitation to community-based reintegration and reconciliation.

The contents and approach of aftercare will depend on the country context and the results of individual exit assessments. Services may include, for example, socioeconomic support, referrals to longer-term programming, counselling and, where required, home supervision. Methods may include application of the ICRS database and tools, outreach visits and observation by case workers, and telephone or text contact. Participants should have clear information as to the frequency and actors involved in aftercare activities, their obligations and the consequences of failing to meet those obligations.

2.4.1. Links to community-based reintegration and reconciliation

It is well established that successful reintegration depends on community acceptance and support. In countries emerging from or immersed in conflict, many receiving communities face critical scarcities of infrastructure and resources. In some countries where DDRR operates, former associates' communities no longer exist in their prior locations and their residents have been relocated to displacement sites. Without assistance to their collective recovery, these communities are ill-equipped to support returning associates. Moreover, overemphasising the individual dimension of recovery can exacerbate perceptions of unfair treatment and jeopardize community acceptance.

It follows that a well-designed transitional rehabilitation programme will engage with the entire community, contributing to overall well-being and laying the groundwork for sustainable reintegration. For example, the programme can extend health and psychosocial services to receiving communities and others that have been impacted by violent extremist violence. Doing so can address a common need in these communities, many of which have had limited or no access to health care, and encourage social cohesion.

Aftercare and community-based approaches

Integrating community-based approaches into transitional rehabilitation programming can aim to:

- Bridge the gap between participants and communities as early as programmatically possible;
- Promote community acceptance of former associates;
- Acknowledge community suffering and support activities that offer symbolic, social or tangible benefits to the collective;
- Mitigate tensions and resentments;
- In particular contexts, support those within the community who believe they are especially entitled to compensation or assistance, including militia members.*

Note: *This could typically be the case of vigilante groups operating in the Lake Chad Basin region.

2.4.2. Truth and reconciliation initiatives

Situations of conflict and violence not only debilitate communities in terms of infrastructure and resources but can also tear their social fabric along old and new dividing lines. In particular, it is not unusual for reintegration to engender intense feelings of anger, fear or suspicion among members of the receiving community. From a conflict sensitivity perspective, rehabilitative programming should avoid deepening these divisions and, where possible, strengthen interpersonal and intergroup bonds. Reconciliation initiatives have transformative potential with respect to former associates, whose participation can alter their beliefs and behaviour, as well as community members, who may change their perceptions of former associates.

It is important to recognize that truth and reconciliation implicate nuanced and long-term processes; initiatives can do more harm than good if handled irresponsibly or thrust on communities before they are ready. It is essential to empower community leaders and members to lead these processes with support from professionals with the requisite expertise and competencies. A conflict-sensitive approach will also identify and seek to change any discriminatory practices within the communities that impact on reconciliation, such as gender-based discrimination and stigmatization of victims of sexual violence.

With these caveats in mind, transitional rehabilitation programming can support truth and reconciliation in different ways. From the onset of rehabilitation, staff can establish a dialogue with the community to gauge their concerns and needs. For example, some communities in Nigeria have expressed their interest in creating their own system to "re-try" or vet former associates exiting the Gombe Transition Centre. Community signals of this kind give rehabilitation teams a better understanding of community perceptions, which they can feed back into programming. Further, by identifying likely return scenarios, rehabilitation teams can prepare participants and plan for responsive interventions. Teams may consider activities with participants only, such as helping them open up about their past. Alternatively, teams can engage community and civil society representatives in dialogues on justice or forgiveness and draw up collective plans for local reconciliation.

2.5. INSTITUTIONAL CAPACITIES AND STAFFING

As noted already, national ownership is a guiding principle of transitional rehabilitation, and programming should be led by government. That said, operationalizing a transitional rehabilitation programme, especially with facility-based services, calls for significant financial and human resources. For many States emerging from or immersed in conflict, identifying the necessary resources and establishing programmatic legitimacy prove challenging.

An institutional mapping exercise is a useful starting point to identify potential actors, roles, contributions and gaps. This exercise makes it possible for decision makers to build a programme that matches rehabilitation needs with existing capabilities, acquire additional resources and reinforce institutional capacities as required.

Inter-institutional coordination can be an additional challenge (and strength) in transitional rehabilitation programming. A multisectoral and multi-actor framework is emerging as the best way to advance a holistic approach that meets diverse rehabilitative needs. In organizing an institutional map, governments may consider using existing coordination mechanisms or creating new ones, sometimes under the leadership of a specialized entity with a DDRR-related mandate. The institutional map can also take account of the need for oversight and independent review processes.

Similarly, a multidisciplinary approach is called for at the implementation level. A rehabilitation team may include qualified professionals within various service areas, for example health and mental health, psychosocial support and education. The identification of a lead actor for each individual process will facilitate case management (OSCE, 2020).

In staffing a programme, leadership may consider the vital importance, borne out by research (OSCE, 2020), that interlocutors be deemed credible by participants. They may also consider the role that staff play in generating a positive environment in facility-based programmes and take special care to ensure good working conditions. Comprehensive training that covers human rights and gender considerations is advisable.

GENDER TIP 7

Building capacities for gender responsiveness

Specialized personnel must be available to attend to the specific needs of different population groups, in particular women and girls, LGBTIQ+ and other specific populations. Training and capacity-building must be conducted with programme personnel to raise awareness about specific issues related to gender and to ensure that all staff can adopt gender-sensitive and gender-equitable attitudes. In accordance with conflict sensitivity, all staff should have a comprehensive understanding of the gender and power dynamics of conflict and violence and how this is related to victimization. Transition rehabilitation programmes should not reproduce gendered roles and should challenge gender stereotypes where possible.

CHAPTER 3:

FACILITY-BASED REHABILITATION AND ALTERNATIVES

Transitional rehabilitation is often implemented in facilities, patterned in part on the cantonment phase in many DDR processes. In Africa, for example, facility-based programmes are ongoing in the Niger, Nigeria and Somalia, and a similar programme is under development in Cameroon. In Europe and the Middle East, facilities have been established in Belgium, France, Germany, Jordan and Saudi Arabia (OSCE, 2020; Chowdhury Fink and El-Said, 2011). The use of facilities, and especially closed facilities, generates a series of operational and legal requirements. This chapter presents operational standards for facility-based care, illustrated in Table 1; legal considerations around voluntariness and human rights; a discussion on precautions during the COVID-19 pandemic; and an exploration of alternative modalities.

Examples of closed facilities

The Serendi centre in Somalia's capital city is a closed, full-board facility for former associates of Al-Shabaab deemed "low risk" by national security forces. Participants reside in the centre for approximately one year before re-entering the community.

In Nigeria, the Operation Safe Corridor's Gombe facility is a closed facility for eligible male former associates. The Gombe programme encourages frequent visits with families and community actors, including local imams.

In the Niger, a closed centre in Goudoumaria (Diffa region) accommodates disengaged persons, together with their families, who responded to the governor's call for amnesty in 2017. The Government has adopted a national programme that includes transitional rehabilitation services.

Table 1. Operational standards in residential facilities

Topic	Standards and guidance
Accommodation	Provide separate accommodations for men and women, with an allowance made for families with children to reside together.
Security	Protect staff and participants from external and internal security threats. Take account of the vulnerability of facilities and participants as targets of VEOs, the risk of attacks on the facility or against participants when outside the facility, and threats to family members (Khalil et al., 2019). In addition, ensure physical security and prevent exposure to threats and bullying.
Management	Prioritize effective and transparent management. Prepare documentation that establishes roles, responsibilities, rules and applicable processes.

Topic	Standards and guidance
Code of conduct	Establish and communicate a code of conduct to govern the behaviour of staff, participants and visitors to the centre.
Accountability	Institute processes to collect, investigate and respond to complaints, including an anonymous reporting mechanism.
Privacy	Provide some private space to each participant, which may be a locker or similar equipment.
Health and nutrition	Guarantee adequate nutrition, health care and sanitation.
Infrastructure	Design facility to include needed rooms and amenities, including a medical unit, kitchen, space for recreation and leisure (for example, a library or games room) and rooms for meetings with visitors.
Symbolic messages	When selecting or building facilities, avoid locations with negative connotations for participants and staff, including detention centres or places with violent histories.

3.1. RIGHTS OF PARTICIPANTS

Respect for the human and civil rights of participants is a requirement under law and an enabling factor for reintegration (Khalil et al., 2019). Programme leadership should take steps to ensure that staff, external professionals and participants are aware of these rights and prepared to protect them.

Issues around voluntariness are likely to arise when transitional rehabilitation is offered in closed facilities as an alternative to prosecution or prison. If an individual wants to leave the facility and is not physically permitted to leave, that individual's presence and participation ceases to be voluntary. Continued custody in these circumstances reduces the likelihood of successful rehabilitation. Importantly, detention represents a deprivation of liberty, which is permissible under international human rights law, only under certain conditions and with the guarantees enshrined in Article 9 of the International Covenant on Civil and Political Rights:

1. Everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedure as are established by law.
2. Anyone who is arrested shall be informed, at the time of arrest, of the reasons for his arrest and shall be promptly informed of any charges against him.
3. Anyone arrested or detained on a criminal charge shall be brought promptly before a judge or other officer authorized by law to exercise judicial power and shall be entitled to trial within a reasonable time or to release. It shall not be the general rule that persons awaiting trial shall be detained in custody, but release may be subject to guarantees to appear for trial, at any other stage of the judicial proceedings, and, should occasion arise, for execution of the judgement.
4. Anyone who is deprived of his liberty by arrest or detention shall be entitled to take proceedings before a court, in order that that court may decide without delay on the lawfulness of his detention and order his release if the detention is not lawful.
5. Anyone who has been the victim of unlawful arrest or detention shall have an enforceable right to compensation.

The Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment further provides that all persons under detention shall be treated humanely and with respect for their inherent dignity and that detention shall be carried out in strict compliance with the law and only by competent officials or authorized persons.

Hence, because they may amount to a limitation of a person's (and his or her family members') fundamental rights, it is of paramount importance that transitional rehabilitation programmes are firmly grounded in national law, in a specific legal basis, different than criminal law. Participants must be thoroughly informed about the nature and purpose of transitional rehabilitation, the conditions and length of the process, and other critical elements. Guarantees must be provided for due process, such as legal representation and the right to a remedy.

Additionally, as rehabilitation programmes in closed facilities pose their own human rights risks, proper assessments should be conducted systematically and risks must be mitigated and regularly monitored.

3.2. FACILITY-BASED CARE AND COVID-19

Health is a human right protected under international law (e.g. Universal Declaration of Human Rights), and all States have a legal obligation to promote this right for persons within their territory without discrimination.

Although they face the same health threats from COVID-19 as other populations, participants in transitional rehabilitation programming may face an elevated risk of contracting the virus, due to circumstances during their engagement and disengagement, residence in close proximity to others, and sometimes limited knowledge about protective measures. It is advisable that national health authorities and United Nations agencies with health mandates take account of these vulnerabilities in their preparedness and response plans.

3.2.1. Risk management

In addition to ensuring compliance with government regulations and guidance, transitional rehabilitation programme leadership can take the following steps to manage COVID-19 risks.

1. **Epidemiological risk assessment.** A centre-wide assessment will help determine risks of introduction and propagation of a disease or virus and identify relevant capacities and gaps.
2. **Readiness and response protocols.** These may require physical replanning, such as changes in circulation, access to bathrooms and increased social distance. Staff members can be designated as focal points in charge of implementation of particular protocols. These protocols can also cover procurement, logistics and supply management, including proper disposal of used personal protective equipment (PPE).
3. **Hygiene and sanitation.** Measures will ensure adequate handwashing and sanitation installations, regular disinfection and availability of PPE, such as masks, protective gloves and glasses, or body suits.
4. **Individual health screening.** Screening newly arrived participants, especially those coming from places with elevated transmission rates, can assess individual risks of exposure and identify signs and symptoms (IASC, 2020).

5. **Isolation or quarantine.** A designated space should be made available as required, for example for newly arrived participants or those presenting symptoms.
6. M**edical response.** To respond to medical needs that may arise, staff can engage with local authorities, establish medical evacuation procedures and equip the facility's medical unit with appropriate equipment and supplies.
7. **Management of suspected cases.** Protocols for referral and isolation of suspected cases should be aligned with updated national regulations and guidance provided by the World Health Organization.[10]
8. **Staff capacity-building and training.** Programme leadership can reduce risks by ensuring that staff are informed and trained on COVID-19 and risks involved in the transitional rehabilitation programme. Comprehensive training would include self-protection and rational use of PPE, staff procedures in the event of off-site exposure or presentation of symptoms (IASC, 2020).
9. **Business continuity plan.** Contingency procedures can anticipate temporary staff absences and ensure that essential activities and services are delivered without interruption.

3.2.2. Priorities for rehabilitation

In weighing options for managing COVID-19 risks, facility managers may consider the importance of certain activities, including family and community visits, and take steps to continue them where it is safe to do so. The facility may also develop remote learning methods, which can also be part of the business continuity plan to manage staff absences. Table 2 outlines measures to protect participants, staff, visitors and the community at large around particular rehabilitation activities.

Table 2. Preventive and protective measures (COVID-19)

Topic	Standards and guidance
Off-site activities (for example, work, school or community visits)	Adopt and supervise prevention and protection protocols, including rapid response to identified risks and contact tracing.
On-site visits from family members or others	Put protocols in place, inform visitors and enforce preventive measures, including physical distancing, handwashing and use of face masks. Make PPE available to visitors.
Public information	Use trusted communication channels to educate receiving communities about COVID-19 and especially to reduce misinformation, negative behaviours and social stigma associated with the pandemic (IASC, 2020).
Facility management and community outreach	Encourage community-based surveillance (CBS), within the facility and receiving communities, which recognizes that participants and community members are well positioned to detect COVID-19 cases. CBS structures can also play a role in contact tracing and monitoring. Within facilities and communities, health volunteers can be trained on simplified case definition and notification procedures, ensuring timely case investigation (IASC, 2020).

[10] The World Health Organization guidance is available at www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance.

3.3. ALTERNATIVES TO FACILITY-BASED REHABILITATION

Many governments implement rehabilitative programming in closed, full-board facilities, in part for security and supervision reasons. However, others are opting for alternatives, based on cost, capacity, gender and other considerations. Possible disadvantages of facility-based programmes are summarized below:

- **High cost and related concerns.** Full-board facilities are expensive, often drawing resources from already limited national budgets. Channelling these funds to former associates may be perceived as unfair by victims and society at large. Facilities may create – or be perceived to create – opportunities for nepotism and corruption in light of their high staffing needs and running costs.
- **Capacity constraints.** Facilities offer limited capacity at any given time, which may be exceeded by large-scale flows of disengaged associates in countries like Somalia or Nigeria.
- **Impact on women and families.** Facility-based care can have negative impacts when women or men are separated from their spouses and children, potentially exposing families to protection risks and psychosocial harm as a result. Note further that some rehabilitation programmes exclude female former associates from facility-based care without offering a viable alternative.
- **Isolation from communities.** Closed facilities keep participants separated from their communities, which can be a barrier to reintegration and reconciliation unless the programme prioritizes activities that (re)establish community links.

3.3.1. Exploring alternatives

Some transition centres, such as the centre in Baidoa, Somalia, are semi-open and provide participants with passes, subject to government approval, to spend evenings and weekends with their families. This format encourages a gradual transition from rehabilitation to reintegration.

Academics and practitioners are showing increased interest in models that do not rely on residential facilities, especially where eligible participants have already returned to their communities, spontaneously or by decision of the authorities. In such cases, it could be counterproductive to uproot individuals who are reintegrating within a community setting to transfer them to a facility. This situation frequently arises when female former associates are released without attention to their rehabilitative needs. Non-residential transitional rehabilitation can reach these individuals and their communities with needed services without compromising their autonomous progress. Non-residential options may be less expensive insofar as they rely on existing structures and entities, such as family welfare centres and vocational training schools. The format also facilitates the active participation of civil society, including women's organizations and youth groups.

CHAPTER 4:

OUTREACH AND PUBLIC INFORMATION

As highlighted in earlier chapters, early and substantial involvement of receiving communities is essential to successful reintegration. A dedicated public information effort to raise awareness of rehabilitation programming can help lay a foundation for community engagement. Research in Somalia suggests that the knowledge that a former associate has undergone State-sponsored rehabilitation leads to better community perceptions of those associates and more openness to reintegration. Experiences in Nigeria point to a similar conclusion: problems can arise upon return of former associates when communities are insufficiently informed about the rehabilitation process.

Outreach campaigns can promote societal trust and transparency by offering reliable information on association and disassociation dynamics and government responses. These campaigns can be tailored to address common fears, concerns and misinformation identified at the community level. For example, campaigns that explain the rationale for offering associates incentives to disengage and tailored services can attenuate perceptions that participants are unjustly rewarded for criminal conduct.

Recent experience counsels the inclusion of the following elements in outreach and communication efforts:

- **Transparency.** Provide clear and reliable information on programme objectives, structure, processes and, importantly, benefits that accrue to each group of stakeholders, including participants, receiving communities, government and society at large.
- **Whole-of-society principle.** Outline the roles and responsibilities of actors involved in the DDRR process, highlighting where applicable the participative nature of decision-making processes and the importance of community involvement.
- **Tailored approach.** Emphasize the need for a variety of interventions and services to address a diverse caseload, and raise awareness of distinct profiles, needs and responses, with particular attention to gender.
- **Compliance with human rights laws.** Underscore applicable human rights laws and the importance of ensuring compliance, calling attention to the ways in which a humane and dignified approach contributes to successful DDRR. A perceived risk of punishment, prolonged detention or mistreatment by authorities or personnel may disincentivize disengagement and participation in transitional rehabilitation.
- **Data protection.** Clarify access to information and sharing protocols among government and non-governmental actors involved in the programme (OSCE, 2020).

CHAPTER 5:

CONSIDERATIONS FOR PROGRAMME DESIGN, MONITORING AND EVALUATION

5.1. UNDERSTANDING CONTEXT

DDRR processes are intricately linked to conflict dynamics and wider development and peacebuilding efforts. As such, understanding of and responding to context is essential to a successful programme from conceptualization to final evaluation.

At the design stage, context assessment highlights key risks and assumptions and shapes the programme's theory of change, or the logical map of the programme's anticipated impact. The assessment also clarifies what can be realistically achieved by transitional rehabilitation programming and its limitations in light of exogenous circumstances. These include environmental vulnerabilities, such as exposure to violence in receiving communities, as well as resilience factors, such as a supportive family. During implementation, contextual variations, such as changes in anti-terrorism legislation, disengagement incentives or military strategies, will have powerful effects on the programme.

Context plays a heavy hand in the sustainability and impact of programme interventions. While a programme could aim to improve the socioeconomic situation of former associates or communities through skills development and small-business support, such interventions rarely guarantee sustainable employment in a failing economy. Further, if the assessment shows that political grievances and exclusion are common drivers of recruitment, livelihood activities may well fail to address the root causes of engagement.

5.2. MONITORING AND EVALUATION

A monitoring and evaluation (M&E) framework is also essential to programmatic success. Effective M&E is planned from inception, adequately budgeted (UNDP and International Alert, 2018), and anchored in a good understanding of the operating context and a solid baseline.[11] At this early stage, data collection plans can take stock of local culture, security conditions and access constraints. For instance, the M&E framework can anticipate difficulties in accessing data by creating alternative, proxy indicators. Note, however, that proxy indicators can fail if their relationship to the data gap is unsubstantiated. For example, unemployment levels could be used as a proxy indicator for vulnerability to recruitment, but only where there is evidence supporting a causal link between the two.

[11] For specific guidance on establishing baselines, see UNDP and International Alert's 2018 toolkit for improving the impact of preventing violent extremism, Chapter 2. For a user-friendly baseline checklist, see section 3.2 of the toolkit, pp. 64–66.

Conflict-sensitive monitoring will aim to capture the interaction between programme activities and context, highlighting how each impacts the other. Where mechanisms are in place to adapt aims and activities based on monitoring results, M&E is an important tool for programmatic improvement. Community feedback mechanisms represent a tool for the two-way exchange of information and a step towards accountability to affected populations. These mechanisms may include a suggestion box or a telephone hotline.

Insecure conditions in many DDRR contexts are likely to require reliance on remote monitoring, which may involve implementing partners and close collaboration with local actors. For example, civil society organizations with strong ties to target communities are well positioned to serve as third-party monitors.

The evidence and knowledge acquired through M&E also strengthens the community of practice. Evaluations, for example, can promote transparency and learning among implementation actors and the wider DDRR community. Evaluations vary in terms of their scope, level and timing. An evaluation plan may schedule evaluations at the mid and end points of implementation, and include a variety of exercises. Process evaluations serve to highlight how results were achieved and the systems applied. Outcome evaluations can assess the extent to which the programme succeeded in producing change. Impact evaluations look at a broad range of long-term effects. A summative evaluation at the programme's conclusion can highlight good practices and lessons to support new, comparable or complementary policies and programmes.

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