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Assistance to War Wounded Combatants
and Individuals Associated with Fighting
Forces in Disarmament, Remobilisation
and Reintegration Programmes

Centre for Humanitarian Dialogue

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Assistance to war wounded combatants and individuals associated with fighting forces in disarmament, demobilisation and reintegration programmes

Centre for Humanitarian Dialogue¹
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1. Introduction

The cessation of hostilities, or at least the abatement of widespread armed conflict, provides an opportunity for war-torn peoples and countries to rebuild their societies, economies and policies. Nations emerging from conflict face an immense challenge in making this transition. Ex-combatants must shift into newly formed national militaries or be reintegrated into civilian life. Nations such as Ethiopia, Liberia, Eritrea, Angola, Mozambique, Sierra Leone, Zimbabwe and others, have required highly effective programs for demobilization and reintegration, not only as part of the transition towards peace, but also to ensure that peace agreements bring stability and tranquillity.

Many post-conflict countries were embarking on reducing their fighting force or were in a process of designing Demilitarization/Disarmament, Demobilization and Reintegration Programs (DDRPs). Post-conflict peace building is a complex task that involves achieving a secure environment, strengthening legitimate government, fostering economic and social revitalization and promoting societal reconciliation. When designing DDRPs the demographic, social and economical impact of ex-combatants on host communities has to be carefully considered and poorly planned and implemented Disarmament, Demobilization and Reintegration (DDR) can pose a threat to stability and undermine the transition to peace.

There is however no blueprint for DDR. An important lesson learned from the past twenty years experience is; what works in one situation might not work in another. The

¹ This paper is one of four commissioned by the Centre for Humanitarian Dialogue (HD Centre) over 2006-2007 for a project focussing on survivors of armed violence. For more information contact Cate Buchanan on cateb@hdcentre.org This paper was written by Amanuel Mehreteab PhD

particular circumstances surrounding a conflict, its nature, duration, participants, causes and solution, consist of a great number of variables that will have implications for designing DDR processes. Nonetheless, it is possible to suggest a number of common themes and highlight factors that are widely recognized as contributing towards success. DDR activity should be placed in the context of a ‘war to peace’ transition that requires the adoption of a holistic approach; i.e. one that stresses internal coherence as well as taking into account the linkages between DDR and other ‘traditional forms’ of recovery and development assistance.

Central to DDR is the recognition that disarmament and demobilization is a key decision-point for former combatants, who must have confidence that the advantages of abandoning violent struggle outweigh those of continuing it. This confidence needs to be present at all levels to underpin the broader peace process. Thus, a responsive and comprehensive DDR process will usually make a tangible contribution to societal confidence and the peace process.

But failure to properly conceptualize and implement DDR in a sustainable way can jeopardize the peace process as some ex-combatants, out of frustration and/or disillusionment, might resort to violence as a way of making a living. DDR has become a specific technical field, frequently involving a mix of national governments, agencies within the UN system, other international agencies and military forces operating under international mandates, bilateral donors and non-governmental organizations. As a consequence there is a growing body of expertise and experience and harnessing experiences should be one objective of any contemplated DDR process.

In the aftermath of war the productive assets of both rural and urban are eroded, formal and informal economy is weakened. Conflict destroys workplaces and weakens labor markets, training and other labor-related institutions. It destroys crops and can reduce available productive land due to anti-personnel landmines. It also causes considerable damage to physical, social and economic infrastructure, hampering productive employment and income-generating activities. Trading networks are interrupted and public and private sector investment declines. Employment opportunities are reduced. Further, working conditions tend to deteriorate and violations of workers’ rights and the potential for inequitable employment practices grow.

Unfortunately many DDR programs are planned without knowing exactly how many people will benefit and whether the necessary resources will be obtained from the international community. Budgets need to be adjusted along the way to adapt to the reality on the ground. Prerequisites for effective funding of this kind of program are harmonized planning which is flexible, feasible, and linked with other mechanisms and post-war rehabilitation activities.

Specific objectives of a DDR process differ from country to country and should be made explicit because they determine what reintegration will “look like” and how much funding will be available for reintegration. Some actors promote the idea that DDR is a security concern and should be limited to that only. However, if the sole objective is

security, then DDR is limited to “getting potentially dangerous elements out of society”. In that approach child soldiers, women and girls affected by fighting forces, ex-combatants with disabilities will not receive the attention and funds required to support their reintegration process.

DDR programs have often been prepared in a rushed and uncoordinated manner. Sustainable reintegration aspects are often neglected in the financial framework and receive a relatively low percentage of the overall budget. This is striking because disarmament, demobilization and “payments of compensation” mainly concern logistical issues whereas sustainable reintegration is a more complex, costly, and long-term endeavor.

In 2000, the UN Member States adopted the Millennium Declaration and set eight Millennium Development Goals (MDGs). The irony is that the Declaration does not identify goals, targets or indicators that specifically address disability, yet disability and poverty are intricately linked. If properly implemented Community Based Rehabilitation (CBR) can help reduce poverty within communities ensuring education for children with disabilities, employment for youth and adults and participation of people with disabilities in community activities. It can serve as a model for national strategies and policies for post-conflict development.

People with disabilities in the developing countries are among the poorest of the poor. Their numbers are rising due to conflict, malnutrition, natural disasters and HIV/AIDS. Disabled people are often seen as objects of charity; they are underestimated, overprotected and their potential and abilities are not recognized. Stigma is common. Disabled women frequently find it difficult to get married. Disabled children are seen as a source of shame and often hidden away from the population for fear of stigmatization. Disabled people suffer discrimination in employment. They are usually invisible in development initiatives, hundreds of thousands of people who see themselves as potential and willing contributors to family and national economic activity are instead relegated to the margins of society where they are perceived as burden.

1.1 Categorization of Disability

In late 2001 the World Health Organization (WHO) released the International Classification of Functioning, Disability and Health (ICF), which presents a framework of key concepts for addressing disability. The ICF, which is a synthesis of medical and social models, is significant for several reasons. Rather than classifying people it classifies health conditions. As all health conditions can be described by the ICF it is universal in its application.² The ICF has been accepted by 191 countries as an international standard for the description and measurement of disability. One of the aims of this classification is to “establish a common language for describing health and health-related states in order to improve communication between different users, such as health

² For more on this visit World Health Organization, 2001 “International Classification of Functioning, Disability and Health” Geneva (Available online at: <http://www.who.int/icf/icftemplate.cfm>)

care workers, researchers, policy-makers and the public, including people with disabilities.”

In 2005, the WHO estimated 10 percent disability prevalence among the worldwide population, based on calculations of disability rates that included a high proportion of people with slight and/or reversible disability. Helander states that the WHO estimate needs to be reviewed, calculating a prevalence rate of moderate and severe disability of 5.5 percent.³ For more developed regions the estimation is 8.5 percent and for less developed regions 4.8 percent. The difference is based on the age composition of the population. Helander estimates that 30 percent of the moderately and severely disabled people in the world live in more developed regions and 70 percent in less developed ones.

Disability is a broad concept which requires conceptual clarity which demarcates impairments, disabilities and handicaps. A literature review indicates discrepancies in estimating the number of disabled persons in a given country and a plausible explanation is the lack of a standard agreed definition of disability. For the sake of clarity this study borrows the definition given by a team comprised of technical experts in the fields of medical science, social science and experts in the community based rehabilitation program performed for a situational analysis of disability in Nepal.⁴

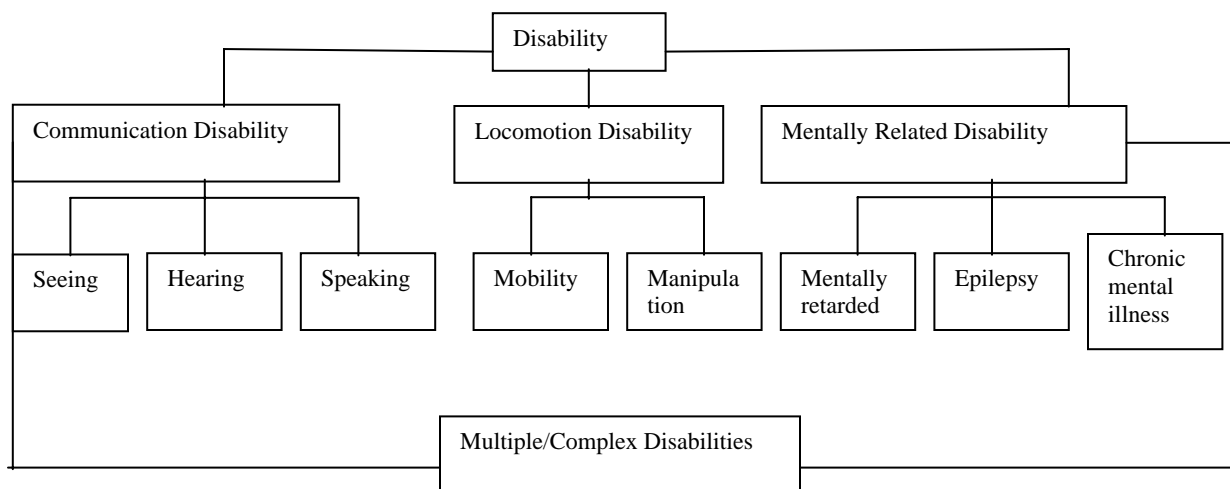
- A. Impairment: Technically, the term 'impair' denotes damage or loss of physiological, psychological or anatomic function or structure. These concern disturbances at the level of the body structure or mental function. This could mean loss of foot/arm, poor eyesight, hearing impairment, paralysis of limbs, defective vision.
 - B. Disability: A disability describes a functional limitation. As a result of impairment a person might not be able to perform daily activities considered normal for his/her age, sex, etc. For example, being disabled means having difficulty communicating (includes difficulty seeing, hearing and speaking), having difficulty moving and having difficulty learning. In other words, 'it is the restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being'
 - C. Handicap: A handicap is a disadvantage in a person's life due to impairment or disability as compared to other persons in performing the roles expected of him/her in society, like not being able to attend school or get a job or being socially isolated. Thus, a handicap is loss or limitation of opportunities to take part in the life of the community on an equal level with others.
- 1.1 The definition considers a person to be disabled if the person could not perform the daily activities considered normal for a person within the specified age and where the person needed special care, support and some sort of rehabilitation services. This definition focused on the priority group for services, policy and program formulation.

³ Helander, E. Prejudice and Dignity, 1999 'An Introduction to Community-Based Rehabilitation United Nations Development Program, 1999 (second edition)'

⁴ More on this read UNICEF Nepal 2001 'Situational Analysis of Disability in Nepal'

- 1.2 Accordingly, the study classified disabilities under four broad categories, namely, a) communication disability b) locomotion disability c) mentally related disabilities and d) complex disabilities. Communication disability included seeing, hearing and speaking disabilities. Locomotion disability included mobility and manipulation disability. The mentally related disabilities included mental retardation, chronic mental illness and epilepsy. Complex disability included more than one type of disability, which was termed multiple disabilities and included cases of cerebral palsy.
- 1.3 Seeing Disability: Person, who, even after treatment, could not count fingers even with the help of visual aids from a distance of ten feet (3 meters), was said to have seeing disability and was considered functionally blind.
- 1.4 Hearing Disability: A person who could not hear ordinary voices with both ears from a distance of one meter was said to have hearing disability.
- 1.5 Speaking Disability: A person who could not speak at all or a person who could not be understood outside the family was said to have speaking disability.
- 1.6 Mobility Disability: A person who was unable to perform the daily activities of life due to a physical deficiency, defect or deformity in the lower limbs was said to have mobility or walking disability.
- 1.7 Manipulation Disability: A person who was unable to perform the daily activities of life due to a physical deficiency, defect or deformity in the upper limbs was said to have working or manipulation disability.
- 1.8 Mental retardation: A person who was unable to perform activities or to learn new tasks per the age and environment due to delayed mental development prior to the age of 18 years was said to be mentally retarded. Under this classification, two categories were included: a) persons who could manage the daily activities of life with the help of training and b) persons who could not manage daily activities like eating, dressing, speaking and going to the toilet even with training.
- 1.9 Epilepsy: A person who had frequent attacks of unconsciousness and showed symptoms of tongue biting, frothing from the mouth, shivering and incontinence was said to be an epileptic.
- 1.10 Chronic mental illness: A person who, after 18 years of age, had some kind of mental instability with symptoms of unprovoked anger or elation, crying without reason and seeking isolation was said to have some kind of mental illness.
- 1.11 Multiple Disabilities: A person having more than one type of disability was said to be having multiple disability.
- 1.12 Cerebral Palsy: A person who had some damage in the immature brain leading to physical incapacity was said to have cerebral palsy. Some cases could have mental retardation.

CLASSIFICATION OF DISABILITIES



2. Context

People with disabilities tend to be disempowered and deprived of economic, social opportunities and security. They tend to be poor by all poverty standards —material deprivation, low human development, lack of voice to influence and acute vulnerability to economic, social, and health risks. Furthermore, they are also underserved by most public and private institutions and services.⁵ Women with disabilities in particular are vulnerable to poverty because they often have limited opportunity for independent income generation.

War weakens community and family cohesion, traditional and modern decision-making structures, social security provision structures and income-earning structures are severely damaged if not entirely lost aftermath of the conflict. But cessation of hostilities or at least the abatement of widespread-armed conflict provides an opportunity for war-torn countries to rebuild their societies, economies, and politics and to jump-start reforms and economic development.

But transition from war to peace is a complex process marked by the need to stabilize the economy, demilitarize the country and reintegrate dislocated populations. The most vulnerable war victims (children, disabled and widows) need protection and civil society and good governance must be re-established/strengthened. The transition from war to

⁵ For more on the status of people with disabilities, see Einar Helander, *Prejudice and Dignity—An Introduction to Community-Based Rehabilitation*, 2nd edition (New York: United Nations Development Program, 1999) Available online at: http://dag.virtualave.net/p_d.htm. See also Ann Elwan, *Poverty and Disability—A Survey of Literature*, Social Protection Discussion Paper No. 9932 (Washington, D.C.: World Bank, 2000). Available online at: <http://www.worldbank.org/sp/>.

peace is often characterized by insecurity, uncertainty and repeated cycles of violence before a lasting solution takes hold.

The impact of violent conflict on a country's economy and society is profound and complex. As a result, designers of DDR interventions tend to focus on the highly visible, including damaged infrastructure and maimed civilians. But there is a significant hidden impact, including the collapse of state institutions, the spread of mistrust in government, pervasive fear and psychological damage in all cases; recovery needs are immense and urgent.

Tragically, the invisible effects of violent conflict have often been neglected during reconstruction efforts with the argument that re-building responsive state institutions and building confidence through participatory processes takes time, which is not possible when other needs are critical. Post-conflict programs, therefore, have typically been divided into an initial "humanitarian" or "crisis" phase, and a "transitional" or "developmental" phase. But reconstruction is much more than rebuilding infrastructure; it is also rehabilitation of deeply wounded human beings and the repair of social structure and culture. If this is not addressed, conflict and violence might be reproduced.

The social and economic needs of former combatants with disabilities are not so different from those of able bodied ex-combatants. Yet they are often segregated. While many people with disabilities require specific medical and psycho-social care, they also want and need to benefit from reintegration programs in the same manner as their able-bodied peers. In planning and operating rehabilitation and reintegration programs for ex-combatants with disabilities, the goal should be an even-handed dissemination of information on the assistance, benefits and pension schemes that are available.

In order to effectively target disabled ex-combatants, robust assessments are key. Medical screening is part of the entry point to the demobilization discharge process and its purpose is identifying serious disease or impairments which might affect the disabled ex-combatants' future ability to engage in economic and social reintegration. It also indicates specific needs for different types of rehabilitation interventions.

2.1 *Conceptualization of Disability*

Throughout the world, societies have created different frameworks to explain disability. Some of these explanations are based in religion or morality while others are rooted in the sciences. While in some societies people with disabilities are considered gifts of the gods or bearers of extra-ordinary powers, in most societies disabilities create difference, exclusion and poverty. Many of these frameworks treat disability as a physical/mental impairment. They focus on the problems - on the disability and medical or rehabilitation solutions to fix those problems.

Often linked with this approach is the use of charity, which emphasizes the helplessness of disabled people and assumes a need for paternalistic care. These approaches continue to influence service development for people with disabilities. The charitable approach is often characterized by charitable organizations that raise money by exploiting images of

people with disabilities and play upon out-dated concepts of the deserving poor. The medical approach defines people according to their specific disability. It is also responsible for promoting huge institutions all over the world that segregate disabled people from mainstream society.

A more effective approach, often called the social, or independent living, model of disability emphasizes that disability is located at the interface between the individual, the nature of disability and the physical, social and political environment. It argues that the environment can be modified to be more accommodating and inclusive for people with disabilities. Indeed, universal design, one of the solutions arising from the social model, promotes the development of a built environment that is useable by wide range of people with diverse abilities. This approach is both empowering and liberating for people with disabilities. With the focus shifting from the individual, disability becomes a social/political problem rather than a personal problem.

The social model represents a unique and important contribution to addressing disability across the world. The traditional approaches which systematically undervalue a potentially contributing part of society have not resulted in successful economic integration of people with disabilities. The social model suggests realistic interventions for the achievement of the inclusion of people with disabilities in the mainstream of global society. One of its strategies for addressing inclusion is the concept of universal design. Universal design is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. The social model provides a framework for disability analysis that has sufficient scope to encompass “individual initiatives in different countries, with different cultural and political structures to be directed at achieving human rights, social and economic inclusion as citizens and democratization for people with disabilities.”⁶

The medical model is usually opposed to the social model, which considers disability purely as social construct. Disability is not the attribute of the individual; rather it is created by the social environment and requires social change. For instance, a person with impairment may not be able to find work not because of an inability to work *per se*, but as a result of being discriminated against or because of the inaccessibility of work place. In the social model, disability becomes a human rights issue at the political level.⁷

3. Disabled Combatants

In this background paper disabled ex-combatants are understood to be members of fighting forces who experienced physical, physiological or psychological injuries, caused by bullets, grenades, land mines, bombs and torture. Chronically ill ex-combatants, on another hand, are individuals who during the course of executing the war are afflicted by chronic incurable illnesses. For example, an ex-combatant who has developed a hearing

⁶ Rioux, Marcia. 1999. “Enabling the Well- Being of Persons with Disabilities.” *Entourage*, 11, 2-3

⁷ A detail coverage of these model is available in Altman (2001), Pfeiffer (2000) and Campbell Brown (2001)

impairment as a result of malaria contracted during fighting. This would represent a life-long, chronic condition requiring support.

Disabled soldiers are considered one of the most difficult fighters to reintegrate. Generally, they are far away from their communities at the end of the conflict and have neither the resources nor the physical capacity to return. Due to their disability they are unable to generate any income without an intensive training and rehabilitation. Specific assistance for disabled soldiers including the chronically ill also in activities such as assessment and professional training, credits, jobs, subsidies, agricultural support and housing is seen in Angola, Eritrea, Rwanda and Sudan.

Governments should assume full responsibility in providing medical care and rehabilitation facilities and provide vocational training that is geared to specific needs. Since the reintegration phase is opportunity rather than entitlement driven, disabled ex-soldiers should be encouraged and supported to access existing programs. They should have the opportunity to access specialized counseling support to assist with rehabilitation and reintegration. Before disabled ex-combatants are discharged, a medical specialist should perform a proper categorization of their disability.

The purpose of this activity is to identify serious disease or impairments which might affect the ex-combatants' future ability to achieve economic and social reintegration. It will also indicate specific needs for different types of rehabilitation intervention. To avoid biases and favoritism in the process of categorization of disabled and chronically sick ex-combatants medical personnel should only address the degree of categorization and type of disability. For example, in Eritrea in 1994 front commanders categorized disabled combatants. Since most commanders did not have appropriate medical knowledge to differentiate between disabilities, they categorized individual injury on subjective grounds according to their personal biases or relationship with the individual. This approach created resentment among the disabled combatants and led to an armed clash in which three combatants were killed. Disabled ex-combatants should be assisted to access mainstream economic sectors to help their reintegration.

In the process of demobilizing former combatants, it is important to differentiate between different groups which, by their nature, have different requirements and call for different types of intervention. This is not considered in some DDR programs, for example in cases where acceptance to a program requires the possession of a weapon (the most often used, sometimes the only, criteria for acceptance on the DDR). This can exclude various groups, including disabled, female and child ex-combatants. This is particularly worrying in those groups that are more vulnerable above all in terms of their rehabilitation needs. For all these reasons it is necessary to define a number of selection criteria that are transparent, easy to understand, unequivocal and applicable to all the participants in a DDR program, with the aim of minimizing the perception of favoritism or victimization against any group. Once the selection criteria have been agreed, which will depend on the context, the details of the peace agreement and the nature of the DDR process should be incorporated in the communication plan for the DDR process and should be widely disseminated.

The specific objectives of a DDR process differ from country to country and should be made explicit as they determine what reintegration will “look like” and how much funding will be available for reintegration. Some actors promote the idea that DDR is only a security concern and should be limited to that. However, if the sole objective is security, then DDR is limited to “getting potentially dangerous elements out of society”. In that approach child soldiers, teenage mothers, ex-combatants with disabilities and other “potentially less violent” groups will not receive the attention and funds required to support their reintegration.

Implementing a demobilization and reintegration program in a country emerging from war with little institutional capacity and lack of administrative coherence is a formidable task. For example, an inexperienced administration usually tends to over-estimate available capacities and its ability to coordinate program development and operation. There is also a tendency to evaluate a post-conflict national economy too optimistically in the short term, and expect demobilized combatants to become rapidly independent by finding their own income earning activities. As a consequence, financial needs for long-term benefit packages and allocations for rehabilitation, training and reintegration assistance are frequently underestimated or inadequate.

In Rwanda a medical team carried out the process of categorization of disabled and chronically ill ex-combatants. The Rwandan Demobilization and Reintegration Commission (RDRC) developed a Permanent Disability Assessment Manual, which is the benchmark used for rating all permanent disability rates (PDR) during the medical screening exercise. For example, upon demobilization disabled ex-combatants with a permanent disability rate (PDR) greater than 29 percent were issued with a Permanent Disability Certificate (PDC). This certificate allowed the holder to access other RDRC programs geared at assisting vulnerable ex-combatants. Those who are eligible for rehabilitation are issued with the Treatment Assess Form (TAF), which allows them to access benefits from eligible Service Providers (SPs). Such services involve access to surgery, provision of prostheses, physiotherapy, nursing care, and medical treatment. The main objective of the program is to improve the health status of the ex-combatants who have a permanent disability of 30 per cent or more as a result of war injuries or has an important chronic disease which could prevent his or her successful SER process. Disabled and chronically ill ex-combatants are categorized in terms of their range of disability as shown in the below.

Disability stratification

Category	Permanent Disability Rate [PDR] %	Number of Ex-combatants	%e
1	90-100	247	4%
2	70-89	864	14%
3	50-69	1481	24%
4	30-49	3579	58%

Source: RDRC Medical Rehabilitation Unit 2005

Learning from its Stage 1 experience (1997), the Rwandan Commission in 2004 was trying to take an integrated approach to the implementation of reintegration programs for example; it is working towards an integrated education program that is prepared for both disabled and non-disabled ex-combatants. This approach is contributing considerably to changing attitudes towards the disabled ex-combatants. Nevertheless a holistic rehabilitation approach is still missing, including the important aspects of vocational training for the disabled, occupational therapy and psychosocial counselling or rehabilitation. In order for rehabilitation intervention to have impact it needs to be community-based and educational programs should have an integrated approach with only a few specialized schools. Lessons can be learned from Nepal's community based rehabilitation interventions. This approach can enable the disabled ex-combatants to live with their families in their community, to work there while benefiting from their extended family networks. Yet there has been little work in Rwanda on the socio-economic reintegration of disabled ex-combatants, especially on severely wounded combatants.

Information from Sudan indicates that disabled soldiers are considered to be vulnerable to attack not only when they remain with their units but also when they return to their home communities. Some disabled officers reported that they were allowed to retain their handguns for protection. It was unanimously reported by military commanders and disabled soldiers in all locations that military rifles were removed from soldiers determined to be physically or mentally unfit for duty.⁸ Despite having their military rifles confiscated, some of the reported incidents of suicide, homicide and crime by disabled soldiers include the use of guns or grenades suggesting that other weapons do remain available.

Ex-Combatants with HIV/AIDS

Based on the widely held assumption that military personnel are a high-risk group for HIV/AIDS, the DDR program should closely cooperate with the medical institutions of the country. There is immediate need to sensitize combatants about HIV/AIDS while still in discharge centres. Voluntary testing should also be planned so those positive HIV/AIDS ex-combatants could be counselled and supported. While still in the army, all soldiers should have free access to condoms and intensive sensitization should be done to overcome taboos around the use of condoms. From the documents reviewed for this study it appears that misinformation and misunderstanding regarding modes of transmission and prevention strategies prevail. Denial and stigma are still very high and affect the degree of openness about HIV/AIDS.

DDR program authorities in collaboration with relevant ministries should establish an overall specialist team to plan activities related to HIV/AIDS during demobilization, and sub-teams to carry out the necessary preparation of the activities. The HIV/AIDS team should cooperate with relevant UN bodies such as UNAIDS in the preparations, which would include a training-of-trainers exercise. The following activities should also be undertaken:

⁸ For more on this read the survey on disabled soldiers: Sudan 2005

1. Extensive HIV/AIDS sensitization should be part of the pre-discharge orientation and all demobilized combatants should be provided with information materials;
2. Based on the sensitization sessions, all ex-combatants should be offered voluntary counselling and testing (VCT) following a brief pre-test counselling session;
3. All ex-combatants who test positive for HIV should be given confirmatory tests and post-test counselling.

3.1 Targeting

In post-conflict countries there are substantial and interrelated security and development needs. Domestic resources that could be directly mobilized for the immediate post-war needs are limited. It would be ideal if countries in post-conflict settings are assisted through comprehensive, well-coordinated and well-funded development programs, which are flexible, timely, balanced and offer properly prioritized assistance. Assistance to different vulnerable target groups could then be balanced within one management structure. For example, in Eritrea DDR was planned to be under one structure, with the rationale that when former combatants are demobilized and refugees are repatriated they form key vulnerable groups. Due to donor preference and pressure the approach was changed and different institutions were tasked to address their needs.

It should also be noted that separate programs, if not well coordinated, could lead to injustice and frustration in the event of perceived inequalities in assistance to different groups. Reintegration assistance can undermine peace-building by creating tensions leading to conflict. Furthermore, arguments are often heard against providing ex-combatants with any type of targeted assistance due to their involvement in or responsibility for the acts that have left other groups vulnerable.⁹

Nonetheless, there are several justifications for some degree of direct support for the reinsertion and reintegration of former fighters: humanitarian needs; compensation for sacrifices and lost educational opportunities; their potential contribution to general development based on their skills; and, because failed reintegration of armed ex-combatants could jeopardize the peace-building process. Indeed, there is a long-term cost for the entire society if ex-combatants cannot identify and engage in new means of income-generation and reintegrate into communities. Their inability to do so could lead or contribute to banditry or violent political opposition and an increase in insecurity that would inhibit emergency recovery and development efforts. This latter argument is essential in the reasoning behind the establishment of a targeted approach.

Disability is a cross cutting issue and can be addressed accordingly by clearly agreed definitions. Targeted assistance for ex-combatants entails other challenges. It requires clear definitions and the agreement in any specific situation of who is – and is not- an ex-combatant. ‘Combatants’ can be narrowly defined as those individuals who operate within a military structure and actively engage in preparing for armed conflict or are actually using their weapons. Current understanding of guerilla forces however suggests

⁹ For more on this read community perception towards former combatants in Rwanda

that this is too simplistic a definition. Several ‘gray areas’ might exist in specific situations, since some people might have taken an active role in military activities without actually having carried guns, such as cooks, porters, drivers, messengers, intelligence staff, fundraisers and others. The definition of combatant should therefore be detailed to form a proper basis for national programming.

Several approaches – or entry points – should be considered to attain more balance and fairness in the support provided to ex-combatants, other war-affected groups and the communities in which they try to reintegrate:

- DDR support to community, or area-based programs and other broad development schemes, in areas where a large number of ex-combatants in general and disabled ex-combatants settle;
- Immediate advocacy for the interests and potential of ex-combatants, and active support to involve them in existing or planned development initiatives, with a longer-term goal of including all civilian disabled;
- Close coordination of DDR and early recovery and long term development support activities and other programs and arrangements supporting the reintegration of other vulnerable groups returning or staying in the country;
- Clear communication to a broader audience on the support rendered to ex-combatants and the benefits to the wider community.

4. Reintegration

Reintegration has to be considered as a complex process and a distinction should be made between its different aspects; social, political and economic.¹⁰ Political reintegration refers to the process through which the ex-combatant and his/her family become full part of the decision-making process. Economic reintegration is the process through which the ex-combatant’s household builds up its livelihood through gainful employment. Social reintegration denotes a situation in which host and ex-combatant communities are able to peacefully coexist.

When considering the process of political, social and economic reintegration one should consider the common position of many ex-combatants. Many have little education, few skills and poor health in societies where it is already difficult to start a small enterprise or find employment to generate adequate income to achieve a moderate standard of living. The literature review indicates that this issue applies in particular to former combatants who stay in the field for extended periods of time, for example in the case of Eritrea more than 28 years. Usually it is understood that giving economic support to former combatants can ease their reintegration process but in reality reintegration demands more than this simplistic approach.

¹⁰ 1996, Nat J. Colletta, Markus Kostner, Ingo Wiederhofer, *The Transition from War to Peace in Sub-Saharan Africa*

The general response or attitude of disabled ex-combatants in relation to their reintegration is that: “since they are war-disabled veterans the government should take responsibility for their livelihoods”.¹¹ In order for disabled ex-combatants, [with the exception of the chronically disabled], to embark on socio-economic endeavours this mind-set needs to be changed. This issue could be addressed through an intensive awareness campaign.

I witnessed in 2006 disabled ex-combatants living in civilian hospital (*Kanombe*) with civilian patients. When I enquired they told me that they had stayed in the hospital for more than 10 years. They were around 200 severely injured with nearly all of them having developed sores and with no access to specific facilities for disabled people. This kind of arrangement has an additional detrimental effect; whenever any communicable disease breaks out in the hospital it is easily communicated to the disabled ex-combatants who were the first to contract it. The discussions conducted with them are full of resentment. A typical response was:

*“After we are injured and bed ridden no one cares about us whether we live or die and this is the irony of life. After we gave everything we have now when nearly everybody is enjoying the harvest of peace and liberty, disabled demos count for nothing (an in-depth interview with disabled ex-combatants in Gikongoro).”*¹²

The immediate measure that should be taken to redress the problem for the bedridden disabled ex-combatants is to find a suitable location where they can reside with support. Such a centre needs to be equipped to meet the immediate needs of disabled ex-combatants such as physiotherapy, counselling and recreation centres. Pilot projects need to be initiated and there is a need to promote the ones already started by pioneer disabled ex-combatants. The chronically disabled or sick ex-combatants should be the responsibility of the post-conflict government. The Eritrean government has established a centre that caters for the severely disabled combatants and lessons can be learned. The Rwandan government was in the process of promulgating a law for the protection of disabled and chronically ill ex-combatants which might address this problem. The first step in any reintegration process should be to nurture hope. Without it, it is very difficult to push the social and economic reintegration agenda.

A war-torn society usually learns lessons in resolving conflict through mediation and compromise. Such accumulated wealth, if properly utilized, could contribute toward nurturing a more cohesive society. Harnessing relationships is central to survival and in its quest for integration and the creation of cohesive community a society which has been for some time in conflict should be guided by the three-fold human goals, that is - hope, healing and reconciliation.¹³

¹¹ For more on this read, Davis Kashaka 2005 ‘Rwanda Demobilization and Reintegration program Base Line and Impact assessment on Medical Rehabilitation of Disabled and Chronically ill ex-combatants’

¹² IBID

¹³ Mehreteab Amanuel, 2003 Wake Up Hanna, Reintegration and Reconstruction Challenges for Post-War Eritrea

If disabled ex-combatants are given the opportunity, they demonstrate resourcefulness and a commitment to a new life. In Rwanda, although small in number, some disabled ex-combatants have started selling scrub iron, pig rearing and poultry farming. In 2005 I observed some disabled combatants in Gisenyi (Rwanda) were engaged in dairy farming and bee keeping mixed with subsistent farming and are well integrated into the community. In Changugu (Rwanda) a group of disabled combatant were rearing pigs and have a small poultry farm and were average farmers in their community. In Eritrea there were more than 500 small scale businesses owned by disabled combatants in the year 2003. Nearly all the bakery enterprises in the small towns of Eritrea are owned by disabled combatants.

4.1 *Economic and Social Reintegration*

The main objective of social reintegration is to facilitate the smooth reinsertion of demobilized combatants into their communities and enable them to contribute economically and socially towards the development of their country. In this way they can play a constructive role in building social cohesion. The main activities comprise pre-discharge orientation, information and sensitization of the target group, implementing partners, home communities and wider society. Additional activities to facilitate the reintegration of former combatants include support and enhancement of first-line counselling and referral services at the district and sub-district levels; strengthening of relevant specialized counselling interventions and support for community-based activities.

But the reintegration of ex-combatants would not be complete if it did not consider ex-combatant's fears, hopes, and attitudes towards adjustment or otherwise within their new environments. Adjustment refers here to the individual's (or group's) ability to live and perform various social roles and activities without suffering excessive or unbearable psychological stress. Before we consider the issue of social reconstruction in a post-conflict context, it is necessary to broaden our view of war and its social consequences.

The challenge in understanding the social consequences of war is that they tend to be less visible and less tangible than economic and political damage/change. This often leads to the assumption that the rehabilitation of a war-torn society can be reduced to economic interventions only. The reality is that social reintegration starts with the establishment of contact between ex-combatants and their host community. It is through this interaction that barriers are removed, attitudes changed and differences overcome. Common interests are recognized and accommodated only if this interaction takes place. Appropriate policy measures and administrative support may facilitate this process, but cannot replace it.

Economic and social reintegration of ex-combatants is a continuous, long-term process that takes place at the psychological, social, economic and political levels. The host community's acceptance or rejection defines the reintegration possibilities of an ex-combatant and his/her family. Economic reintegration requires the financial independence of an ex-combatant's household through productive and gainful employment. The central objective of RDRC programs is to support ex-combatants in

their effort to integrate themselves into social and economic networks of a civilian society.

A successful DDR program is one which provides economic reintegration assistance and access to employment through job counselling at referral points, skills development, micro-enterprise support schemes, rural development activities and employment promotion activities. The building of social capital through building nucleus families, social trust and empowerment of ex-combatants in their home communities is an important factor in measuring social reintegration.

In nations recovering from war the supply of labour outstrips demand and formal employment opportunities are rare. Disabled ex-combatants have to compete with able-bodied annual school leavers for the same limited number of jobs. In order for disabled ex-combatants to reintegrate economically into the mainstream they have to earn a living, be it wage employment or otherwise, or a combination of different sources of income, such as petty trade and off-farm earning activities. They need to be given equal opportunities of employment as any other member of the receiving community.

For example, in Rwanda once disabled ex-combatants are demobilized the Rwanda Demobilization and Reintegration Commission offers ex-combatants support through reinsertion benefits. These have been calculated in cash to represent the average basic household needs of a family. The Rwanda Demobilization and Reintegration Program have sought to equip former combatants with productive skills and employment options so that they can return to civilian life. But till mid 2006 there was no training intervention geared towards disabled ex-combatants. Nearly all the training centres across the country are not disabled-friendly. It is incumbent on rehabilitating training centres to accommodate disabled ex-combatants.¹⁴

When disabled ex-combatants in Rwanda were asked if they encountered any problem with their families, 106 out of the 240 respondents answered positively. The reason given for the problems with their families are land disputes, poverty and their disability. Respondents were asked whether they feel treated differently from others in the family, 72.5 percent felt they were treated as inferior, 18.3 percent were treated the same as any family member. The reason for inferior treatment may be due to disability and the nature of the chronic illness that impairs them from being productive. There is need to encourage the community to accommodate people with disabilities and to give them a chance to be productive.¹⁵

The problems faced by disabled former combatants and members of host communities should be well understood in order to mainstream social and economic interventions on their behalf. This might contribute to the development of tolerance and help nurture understanding, which are signs of a healthy society. This can in turn promote the

¹⁴ For more on this read study done by: Amanuel, Mehreteab 2004, 'Tracer survey on DDR commissioned RDRC'

¹⁵ For more on this read, Davis Kashaka 2005 'Rwanda Demobilization and Reintegration program Base Line and Impact assessment on Medical Rehabilitation of Disabled and Chronically ill ex-combatants'

reintegration of former combatants. It should be understood that money alone cannot set right the misconceptions created by different experiences gained during the war. The low frequency of tensions between former combatants and members of the host society is a good indicator of tolerance, acceptance and ultimately their reintegration. It is through interaction between groups that barriers are removed, attitudes are changed and differences ironed out. Common interests are recognized and accommodated only if interaction takes place.

Reintegration must not be employed as a conceptual tool, but as a holistic device to refer to a range of related processes. A practitioner must pay attention to the following points when s/he is implementing DDR programs:

- The factors that either contribute to or hinder the process of integration of ex-combatants in general and disabled combatants in particular;
- The relevance of the programs designed to facilitate integration;
- The intended and unintended outcomes of the policies and strategies of reintegration programs put in place;
- Following their return, the response of ex-combatants to their new economic, social and political environment;
- Whether the environment is conducive to and offers an opportunity for ex-combatants to engage in paid work;
- The distribution of resources, services, employment and other opportunities and if not properly distributed to be aware that they can become a contentious issue and potentially derail reintegration process;
- The post-conflict political atmosphere and its impact on ex-combatant's reintegration; and,
- The extent to which the activities of international aid agencies may interfere with the national framework

In order to interpret and implement the process of reintegration from gender perspective following issues should be considered.

- What is societal rehabilitation and who sets its priorities?
- Who designs and plans the process of reintegration, and which institutions (existing or to be established) will be responsible for its implementation?
- In what ways are gender relations reproduced in post-conflict within the legal system, constitution, land rights, and political participation?
- How effective has been post-conflict rehabilitation from the perspective of women, and how does this relate to the overall integration process?
- How are women affected by gendered power arrangements of rehabilitation and reintegration? and,
- What integration policies and programs have been put in place to facilitate the achievement of greater gender equality?

Post-war economies are typically constrained by a lack of skilled workers. Demobilized combatants are likely to encounter significant difficulty entering into a shattered economy that has little capacity, particularly in the medium and large-scale formal sector. Disabled combatants will find this even more challenging. The reconstruction of the country and the regeneration (and growth) of the economy usually require a training system that complements development imperatives which are market responsive and stimulate increased production particularly at micro level.

Usually a lack of human resources and institutional capacity represent major impediments in all sectors of a post-conflict country that wish to expand delivery of services and program support for the reintegration of ex-combatants. A first step would be to initially target capacity building measures. But these measures should not be intended as substitutes for the longer-term human resource development and capacity building programs that might be undertaken by the post-conflict country with the support of various donors. The main aim of designing such interventions is to unblock specific implementation bottlenecks in the proposed programs, while complementing long term on-going development programs.

During the DDR process or later, education should be understood in its broadest sense. Life long learning and employment are linked. Education should not be limited to the space of formal schooling only. But in studies conducted in designing reintegration programs for ex-combatants it seems that education/training is implicitly understood as formal transfer of vocational, technical and basic general skills. The world of skills, however, is diverse. Human capabilities and competence relate to knowledge, abilities, skills, as well as to values, attitudes and norms which are the results of both the educational and the employment system in which experiential learning has a right place

The skills and capabilities which the Eritrean People's Liberation Front (EPLF) fighters were able to acquire during the war by participating in educational programs – as beneficiaries and as teachers and trainers – and while working in production and maintenance workshops, clinics and public administration is an example of ‘experiential learning’.

Evans¹⁶ defines experiential learning as follows:

The knowledge and skills acquired through life and work experience and study, which are not formally attested through any educational or professional certification. It can include instruction-based learning, provided by any institution, which has not been examined in any way of the public examination systems. It can include those undervalued elements of formally provided education, which are not encompassed in current examinations.

¹⁶ Evans, Norman, 1987, ‘Assessing Experiential learning’, A Project Report, Further Education Unit. London: Longman Group.

The definition mentions two strategic types of knowledge. On the one hand, certified experiences/skills and on the other, those informal resources that are disqualified or otherwise categorized as marginal. Former combatants have gained skills through experience and this should be, but often is not, recognized when designing DDR. Many combatants, and for that matter disabled ex-combatants, have accumulated a wealth of knowledge and skill which should be utilized towards their reintegration process. In the process of DDR in Eritrea this was not taken into consideration and a wealth of skills was lost and this was an important lesson.¹⁷

The other area of economic reintegration is in a rural setting. Some DDR economic reintegration support strategies assume that ex-combatants originating from rural areas will pursue predominantly agricultural livelihood strategies in which they aim at little more than subsistence farming. Usually this is a false assumption. Experience has shown that although they may have rural origins, most ex-combatants will have changed their perceptions during the conflict and will have become more urbanized. This issue should be taken into consideration when designing DDR programs. Besides access to land, social capital is the main factor that can help ex-combatants successfully reintegrate into a rural setting.

It is preferable that ex-combatants settle in their community of origin in order to access the social support network from relatives and to access land. However, there are incidences where ex-combatants have been prevented from returning to their previous homes. Besides war-related devastation, personal history and war related activities of ex-combatants are a crucial factor. In cases where ex-combatants have been involved in crimes or atrocities fighting for ‘the wrong side’ it may not be a viable option to return to their former areas.

Linking economic endeavours of ex-combatants through networking broad-based credit schemes and development programs, counselling and referral system is also essential. The experience of credit promotion has had mixed success. For example, in Eritrea credit schemes were designed to assist ex-combatants reintegrate into civilian society. It worked efficiently and its repayment rate was 85 percent. But in Ethiopia and Rwanda, the experience of loan allocation and collection was negative. It is advisable that a proper mechanism be put in place so ex-combatants can easily access it. In general, ex-combatants should receive no more support than is necessary to help them attain the same, average standard of living of the communities into which they are reintegrating. Furthermore, reintegration assistance should be subject to a time-limitation to avoid the development of a dependency syndrome.

5. Community Based Rehabilitation

In developing countries, disability service systems have tended to consist of small scale rehabilitation, education, training and sheltered employment programs and projects imported from industrialized countries. Due to their high cost such programs have rarely

¹⁷Mehreteab Amanuel, 2004 Wake Up Hanna, Reintegration and Reconstruction Challenges for Post-War Eritrea

reached significant proportions of their target populations. Their impact has been further diminished by the types of conceptual problems that have long plagued their prototypes in industrialized countries. Developing countries are, however, beginning to augment and replace these imported programs and projects with approaches better suited to their social and economic environments. Community Based Rehabilitation (CBR) programs tend to form the hubs of such strategies, to which activities are attached that are designed to empower, educate and provide employment opportunities for people with disabilities. CBR strategies are integral to the national disability policies of many low and middle income countries and CBR is increasingly employed in the peace building process in post-conflict circumstances.

Community-based rehabilitation promotes collaboration among community leaders, people with disabilities, their families and other concerned citizens to provide equal opportunities for all people with disabilities in the community. CBR is a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities. It is implemented through the combined efforts of people with disabilities, their families, organizations and communities. Also involved are the relevant governmental and non-governmental health, education, vocational, social and other services. The CBR strategy, initiated two and a half decades ago, continues to promote the rights and participation of people with disabilities and to strengthen the role of their organizations in countries around the world.

Despite this many people with disabilities still do not receive basic rehabilitation services and are not enabled to participate equally in education, training, work, recreation or other activities in their community or in wider society. Those with the least access include disabled former combatants, women with disabilities, people with severe and multiple disabilities, people with psychiatric conditions, people living with HIV, persons with disabilities who are poor and their families. Following from the model of CBR, efforts must continue to ensure that all individuals with disabilities irrespective of age, gender, type of disabilities and socio-economic status, exercise the same rights and opportunities as other citizens in society - "A society for all".

The major objectives of CBR are

1. To ensure that people with disabilities are able to maximize their physical and mental abilities, to access regular services and opportunities, and to become active contributors to the community and society at large; and,
2. To activate communities to promote and protect the human rights of people with disabilities through changes within the community, for example, by removing barriers to participation.

In nearly all post-conflict countries trust and solidarity within and between communities are usually severely undermined during war. People who were living peacefully together become enemies, perhaps because their son or daughter had joined the 'other' group during the conflict. Increased pressure on communities during the conflict has proven to be a real test of solidarity and of social capital which might not be able to withstand the inter-communal pressure. But at the same time the conflict would have forged new bonds

of trust and solidarity among the population in general and combatants in particular or reinforced already existing bonds. In many instances combatants and non-combatants alike have found themselves in a position where their lives depend on the extent to which others could be trusted.

Bidden (1998) elaborating on social structures says:

Structures constrain but they also enable because they open up certain possibilities for action at the same time as they restrict or deny others. This is precisely the case for returnees, who formulate survival strategies and secure a livelihood by negotiating with, and transforming, the set of opportunities and constraints posed by the society and economy into which they move (Giddens, 1998: 233).

It is the interplay of a community's physical and social capital and the ex-combatant's financial and human capital that ultimately determines the ease and success of reintegration. Efforts to strengthen social capital, for example, start by using existing community organizations and channels of communication which enable communities to take responsibility for their own development and facilitate the reintegration of ex-combatants. Informal networks of ex-combatants-discussion groups, veterans' associations and joint economic ventures are key elements of successful economic and social reintegration. Such associations can be extremely helpful when social capital has been depleted. A community support program that provides visible benefits to the community is a critical adjunct to ex-combatants assistance. Community sensitization and political awareness are paramount in this effort. Care should be taken so ex-combatants are not stigmatized as unfit for any service or as conveyors of disease, violence, and misbehaviour.

In a post-conflict situation identifying and understanding the evolving structures to use them efficiently in the transition requires some ingenuity. It should be understood that community based rehabilitation structures are there to function as a safety net. The local community is both the primary resource for rehabilitation and the end destination for reintegration. It is crucial to work with the community to nurture trust. People should be helped to help themselves in order to recover from their traumatic experiences. Programs must be geared to the real needs and priorities of the community. This requires major attitudinal change and methods of working with the community. The community must have ownership of and responsibility for reconstruction and reconciliation so that a sustainable level of trust can develop.

There are three thematic areas of crucial importance to the social/economic well-being of persons with disabilities: inclusion, participation and access. Inclusion is measured by how people with disabilities are considered in the design, implementation and evaluation of strategies, policies and projects. Participation is measured by the extent to which people with disabilities and their chosen representative organizations are given a voice in decisions that affect their lives and communities. Violence and war usually result in damage that is not always visible. The deep psychological impact is equally important because trauma, guilt and hatred often trigger thirst for revenge.

Rehabilitation services should no longer be imposed without the consent and participation of people who are using the services. Rehabilitation is now viewed as a process in which people with disabilities or their advocates make decisions about what services they need to enhance participation. Professionals who provide rehabilitation services have the responsibility to provide relevant information to people with disabilities so that they can make informed decisions regarding what is appropriate for them. CBR promotes the rights of people with disabilities to live as equal citizens within the community, to enjoy health and well being, to participate fully in educational, social, cultural, religious, economic and political activities. CBR emphasizes that girls and boys with disabilities have equal rights to schooling and that women and men have equal rights to opportunities to participate in work and social activities.

Disability-specific projects are designed with disabled persons as the target beneficiaries. The project may stand alone or be a sub-component of a larger program. One example is the development of community-based services as an alternative to residential institutions. Disability relevant projects are those that respond to the needs of the disabled population without stigmatizing or isolating the people they are designed to assist. There is a popular expression among disabled peoples' organizations: "Nothing about us without us." Disabled people provide the key source of expertise in disability access and inclusion, both in terms of the broad parameters and the minute details that will have an impact on the quality of their participation.

An inclusive community is one that has been able to adapt structures and procedures to facilitate the inclusion of people with disabilities, rather than expecting them to change to fit in with existing arrangements. It places the focus on all citizens and their entitlement to equal treatment again reinforcing the fact that the rights of all people, including those with disabilities, must be respected. The community looks at itself and considers how policies, laws, and common practices affect all community members.

5.1 CBR Structure

In Eritrea and Rwanda disabled ex-combatants formed organizations or associations. In the case of Eritrea a national NGO looks after the interest of war disabled combatants. The Government of Eritrea gave the association 3 million US dollars in start-up capital and now the NGO has opened in nearly all major towns to help former combatants reintegrate into the mainstream. This has led to a significant increase in the participation and influence of people with disabilities at local, national and international levels. For example, the Ministry of Labor and Welfare has started educating all people with disabilities about their rights, advocating for action to ensure these rights, and collaborating with partners to exercise rights to access services and opportunities. This often happens within a community based rehabilitation context and draws on the social capital which is highly entrenched among the population after a prolonged war.

Country approaches to implementing CBR vary, but they have some elements in common that contribute to the sustainability of their CBR programs. These include:

- National level support through policies, co-ordination and resource allocation;
- Recognition of the need for CBR programs to be based on a human rights approach;
- The willingness of the community to respond to the needs of their members with disabilities; and,
- The presence of motivated community workers.

Action is needed at national, intermediate/district and local levels to address these important elements of CBR.

National Level

National policies and support, along with intermediate level management and local government involvement, are essential elements of CBR programs. The manner in which communities are linked to the national level varies, depending on the administrative structure of the country and the particular ministry that promotes and supports the CBR Program. In all situations, however, national policies are needed to guide the overall priorities and planning of a CBR program. National level co-ordination and allocation of adequate resources are other elements identified with successful CBR programs.

National Policies

The national government is responsible for the formulation of policies and legislation for the rehabilitation, equalization of opportunities and the social and economic inclusion of people with disabilities. Such policies may include specific reference to CBR as a strategy. International instruments and declarations relevant to disability can guide the formulation of national policies: the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities, the UN Convention on the Rights of the Child (Articles 2 and 23), the ILO Convention No.159 concerning the Vocational Rehabilitation and Employment of Disabled Persons and the associated Recommendation No. 168, the UNESCO Salamanca Statement and Framework for Action 'Education for All', on Special Needs Education, the WHO Declaration of Alma-Ata establishing rehabilitative care as part of primary health care, and the Beijing Platform for Action for the Advancement of Women (paragraphs 60, 82, 175, 178, 232).¹⁸

National policies may also take account of regional proclamations concerning disability, such as the Proclamations of the Asian and Pacific Decades of Disabled Persons, the African Decade of Persons with Disabilities, and the Arab Decade of Disabled Persons, as well as the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities.

National Co-ordination of CBR

¹⁸ For more on this read CBR 2004 'A Strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and Social Inclusion of People with Disabilities' ILO, UNESCO and WHO publication

Many countries have found that a national co-coordinating body is necessary to ensure the multi-sectoral collaboration needed for an effective CBR program. The mechanism for co-ordination will vary depending on the approach preferred by government. There may be, for example, a national coordinating committee consisting of representatives from the various ministries that collaborate to support CBR; or one ministry may take responsibility for coordinating support for the CBR program.

Management Structure for CBR

In national CBR programs, government takes a leading managerial role. One ministry usually takes the lead and provides the organizational framework. While it is possible for any ministry to initiate CBR, this is often done by the ministry responsible for health, social affairs or in some cases other social-issue ministries, such as education or labor.

Although one ministry initiates and may co-ordinate the CBR program, the involvement of the ministries for labor, social affairs, education, and health is essential to its success. These ministries collaborate not only with each other but also with all ministries that deal with access issues relevant to the participation of disabled people, e.g. ministries for housing, transport, and rural development. Involvement of the ministry for finance is important to ensure financial support for CBR. Collaboration among all the sectors that support CBR is essential. This is particularly important at the intermediate/district level where referral services are provided in support of community efforts.

It is very important for all ministries and non-governmental organizations to work in partnership. All sectors play an important role in ensuring that communities participating in the CBR program have access to support services and resources. National resources can be allocated to CBR in a variety of ways. One is the direct allocation of funds to support aspects of the CBR program such as training or the strengthening of support services. Another method is to include a disability component in all developmental program initiatives especially those aimed at poverty reduction. Government can also encourage NGOs, businesses and the media to support CBR.

A CBR program with strong links to governmental structures usually has a greater impact than a CBR program working in isolation. In the absence of governmental support, small CBR projects started by local community groups or NGOs can exist but their impact may remain limited. If small projects can be linked to governmental services they are more likely to be sustainable.

Intermediate/District Level

Each country decides how to manage its CBR program at different levels. Some countries have coordinators and in some cases, committees at each administrative level. Experience has shown that the intermediate/district level is a key point for coordination of support to communities. It is therefore particularly important to have CBR managers and perhaps intermediate/district committees responsible for CBR.

Prior community awareness and understanding about the need for CBR is also essential. When a CBR program is initiated from outside the community, the community may not believe that it needs such a program. The program manager from the intermediate/district level works with each community to raise awareness about the benefits of a CBR program. The manager will ensure that people with disabilities themselves, and their families, define their needs. During community meetings needs could be discussed and the community can decide whether it wants to address the needs in a coordinated way through a CBR program.

Once the community decides to address the needs of people with disabilities the process of establishing a CBR program can begin. One approach to implementing CBR is through the leadership of an existing community development committee or other structure headed by a person in a leadership position, for example the chief of the village or the mayor of the town. This committee guides the development activities of the community. Such a committee is well suited to act as coordinator of the many sectors, governmental and non-governmental, that must collaborate to sustain a CBR program. For example, the community development committee can collaborate with the educational sector to promote inclusive education, with the ministry of transport to develop a system of accessible transport for people with disabilities and with voluntary organizations to form a child-care support network.

Community action for equal participation of both children and adults with disabilities varies a great deal between countries and also within a single country. Even with the guidance of a national policy encouraging communities to take responsibility for the inclusion of their citizens with disabilities, some communities may not identify this as a priority. Alternatively, the members of the community development committee may decide that CBR requires special attention and so may establish a separate CBR committee. Such a committee might be comprised of representatives of the community development committee, people with disabilities, family members of people with disabilities, teachers, health care workers and other interested members of the community.

The CBR committee takes responsibility for responding to the needs identified by people with disabilities in the community: raising awareness of their needs in the community; obtaining and sharing information about support services for people with disabilities that are available outside the community; working with the sectors that provide support services to create, strengthen and co-ordinate the required services; working within the community to promote the inclusion of people with disabilities in schools, training centers, work places, leisure and social activities. In addition to these tasks, the committee mobilizes funds to support its activities.

The CBR committee members may know how to solve many of the problems in the community but will sometimes require additional information from experts in the education, labor, health, social and other sectors. For example, family members may seek information about how to improve the life of a disabled person in the home; volunteers and community workers may need training on assisting people with disabilities and their

families; teachers and vocational instructors may need training on including children and youth with disabilities and business people may need advice on how to adapt workplaces for people with disabilities.

Thus, information exchange is a key component of CBR. All sectors should support CBR by sharing information with the community and strengthening the specific services they provide to people with disabilities. Community workers form the core of CBR program. They are usually volunteers who give some time each week to carrying out activities that assist people with disabilities. People with disabilities and their family members can make significant contributions as CBR workers. Sometimes teachers, health care workers, or social workers donate their time to this role. Other interested members of the community can also be encouraged to give their time.

An area-based approach aims to ensure that the design of an integration strategy for ex-combatants takes full account of the social and environmental characteristics of the local economy, its potential as well as its limitations. Therefore, the national integration strategy for ex-combatants would need to rely on local realities and priorities. These change from area to area and local actors are in the best position to identify local economic development strategies for their area. The success of integrating ex-combatants will largely depend on the inclusiveness of the participatory design and the consensus behind the local economic development strategy as well as its reliance on local assets and resources.

Local economic development is a participatory process that encourages partnership arrangements between the main private and public stakeholders in a defined territory, enabling the joint design and implementation of a common development strategy. This strategy would make use of local resources and competitive advantages in a global context with the final objective of creating decent jobs and stimulating economic activity. Local economic development strategies focus on the creation of an enabling environment. Therefore, capacity building of key stakeholders in planning, dialogue and service delivery is key. However in the aftermath of conflict communities need a rapid response to the most urgent needs and visible results. The revival of local economies is a prerequisite for the successful integration of ex-combatants. A short-term strategy focusing on quick impact initiatives should therefore be combined with medium and long-term strategies.

At the community level informal apprenticeships with master trainers or local businesses can provide individuals with disabilities opportunities to acquire employable skills and gain practical experience. The business community can provide valuable support to CBR by providing on-the-job training, hiring workers with disabilities, mentoring entrepreneurs with disabilities and providing advice on current and emerging skills requirements to vocational training centers. Micro and small enterprise development programs can provide business skills training and advisory services. They can provide access to credit to assist women and men, including people with disabilities to start their own businesses and become self-employed. Such programs are often operated by the ministry responsible for trade and industry or by a separate government agency, as well

as by NGOs. Special efforts are often required by a CBR program to ensure the inclusion of youth and adults with disabilities in such programs.

6. Conclusion

Demobilization programs can play a crucial role in the transition from war to peace. The successful integration of ex-combatants into civilian society lays the foundation for sustainable peace and demilitarization. It is important to develop specific tools that are directed at the special and individual needs of demobilized combatants. From this initial individual focus the process must shift towards a more community-oriented perspective. As the reintegration program matures it should be working towards making the individual ex-combatant part of society and providing a sense of belonging and responsibility.

Disabled people are generally excluded from developmental activities. They are often extremely poor and in survival mode and literally cannot contribute to developmental activities either materially or in terms of their time. In order to develop and protect the rights of disabled people and ensure equality of opportunity three key actors, the state, service providers and disabled people's organizations (DPOs), need to work in a co-ordinated and mutually supportive manner.

In post-conflict countries the lack of a vibrant economy and high unemployment rates are some of the factors inhibiting the reintegration process of former combatants in general and disabled combatants in particular. Efforts should be made to incorporate disabled ex-combatants at all levels of program implementation. If there are failures to deliver in these areas over the medium and long term there may well be increasing criminality and tensions among ex-combatants, with consequences for post-conflict countries.

DDR programs which focus on ex-combatants without taking the rest of the conflict-affected population into account might trigger and aggravate social tensions. DDR assistance that only targets ex-combatants might be perceived as rewarding violence, considering the large numbers of other conflict and tsunami-affected people.

It would be advisable to strike a balance between addressing ex-combatants' specific needs and favoring them at the cost of neglecting other groups.

- Make services available to other war-affected groups and community members wherever possible.
- Increase communities' ability to absorb ex-combatants.
- Create direct benefits for the communities through the DDR assistance.
- Create lasting capacities during the DDR process which will also benefit other people in need of integration assistance.
- Ensure that benefits provided to ex-combatants are balanced by benefits provided to other groups under different programs.

National policies and local development are closely linked. Ideally, it is a two-way dynamic. National policies should broadly orient local development and provide a corresponding legal and regulatory framework. In turn, local development initiatives feed

into national policy formulation. It is here that local development priorities are identified. In practice, many hurdles need to be overcome to establish balanced interaction between the national and local levels. The weak institutional and policy environment, lack of capacity of national and local actors as well as limited means in post-conflict countries and limited resources hamper a healthy interaction between the two levels.

6.1 Recommendations

Reintegration is difficult when ex-combatants are not residing with their families because they lack an extended family support system. If possible it is advisable to facilitate the settlement of disabled ex-combatants near their family or kin so they can access this important resource towards their social and economic reintegration. This aspect of reintegration for disabled ex-combatants is one of the major challenges confronting post-conflict countries. In some cases former combatants are not willing to return to their areas of origin. For example, combatants in the Lords Resistance Army in Uganda committed widespread atrocities against civilians, including those in their own communities, during the war. These acts of violence created suspicion and fear about the prospect of ex-combatants returning to their communities. This issue needs to be considered when designing programs for the reintegration of ex-combatants in general and disabled combatants in particular.

A coherent and timely approach is needed when designing and implementing DDR with a set of policies and measures that will set the economy and society on the path towards development and peace. More emphasis is needed on maximizing labor absorption at the local level and enhancing people's employability. In particular, ex-combatants should be equipped to become part of the reconstruction and peace-building process. While demobilized combatants need immediate alternative income, the sustainable socio-economic reintegration of ex-combatants is a long-term process and considerable time and resources should be invested.

- Identify the specific needs of ex-combatants and affected civilians with different types of disability, in order to provide for them in both program design and implementation. For example, the requirements of wheelchair users and blind ex-combatants are very different.
- Promote and assist in the economic integration of disabled ex-combatants and affected civilians through mainstream training and income-generation programs. Use existing and restricted special rehabilitation centers for persons with significant disabilities.
- Provide rehabilitation and support services at the community level, including for example information and referral systems, counseling and peer support, skills training, accessible transport.
- Adapt tools and workplace accessibility to make it easier for people with physical disabilities to be more productive when working in agricultural and other manual jobs.
- Provide "technical aids and assistive devices" such as crutches, wheelchairs, glasses, white canes and hearing aids as well as adapting equipment or

communication methods, including Braille typewriters and sign language interpretation

The success of reintegration programs depends on the joint efforts of individuals, families and communities. It is therefore essential that reintegration programs are designed through a participatory process which involves ex-combatants and communities, local and national authorities and other non-government actors in planning and decision making from the earliest stages.

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