A Comparative Study of Psychosocial Rehabilitation Programme of War-Affected Children in War-Torn Sri Lanka, 2004-2006

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Your innocent smile,
Patience and sacrifice were the power behind this thesis
To my loving daughter
Thisumi

Abstract

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This research explores psychosocial rehabilitation of war-affected children with special reference to the Sri Lankan civil war during the period of 2004-2006. The main purpose of this study is to examine the role that psycho-social programmes have for war-affected children in Sri Lanka, and what they can play in rehabilitation and reconciliation. A special effort was made to identify how these programmes worked in freeing the children from the effects of war - mainly the efforts they took to enhance the natural environment around the children, and create ethnic harmony among them.

Accordingly, two major research questions were addressed by this study: 1.What is the fundamentals of each rehabilitation programme in relation to overall scope, operation, approaches and methodologies; 2. what are the similarities and differences between each of the rehabilitation programmes? In order to address these two main research questions a theoretical framework was built, using both inductive and deductive dimensions. Three psychosocial rehabilitation programmes, which were operating within Sri Lankan war-torn society were selected. This study has adopted a comparative approach in order to compare these three programmes with each other. The thesis employed semi-structured interviews supplemented by observations and ladder-of-life technique in order to collect data. Fieldwork was carried out in Batticaloa district from 2004 to 2006, located in the Eastern province and Vavuniya district in the Northern Province – two of the worst war affected areas.

This study's findings revealed that psychosocial rehabilitation programmes have a significant responsibility along three main avenues in order to address the war-affected children's needs properly. These are: 1. identifying children who really need psychosocial assistance; 2. financial and human resource adequacy; 3. utilizing diverse approaches and methodologies according to the target children's needs and situations.

At the same time, this study further highlighted that four components should be fulfilled in order to have a favorable impact of rehabilitation on children: 1. the fulfillment of basic needs; 2. empowerment through education and reconciliation; 3. re-building the social context and 4, children's psychological development.

Thus this study provides a broader understanding of how micro-level rehabilitation programmes operate in war-affected areas in Sri Lanka. Especially, this study highlighted how concepts of psycho-social rehabilitation and of social context get connected to each other in a war context in a developing country.

Keywords: children, war-effects, psycho-social rehabilitation

Contents

List of Acronyms

CFA: Cease Fire Agreement

IDP: Internal Displaced Persons

INGOs: International Non-Government Organizations

L.T.T.E: Liberation Tigers of Tamil Elam

UNCRC: United Nations Convention of the Rights of the Children

WHO: World Health Organization

UNICEF: United Nations Children's Fund

UNHCR: United Nations High Commissioner for Refugees

UNESCO: United Nations Educational, Scientific and Cultural Organization

ILO: International Labour Organization

CCF: Christian Children's Federation

SCF: Save the Children Fund

DRC: Democratic Republican of Congo

THRP: Trauma Healing and Reconciliation Programme

YRTEP: Youth Reintegration Training and Education for Peace

CYPEP: Community Youth Peace Education Programme

CBT: Cognitive Behavioral Therapy

PTSD: Post Traumatic Stress Disorder

Figures and table

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1
Introduction

1.1 Background

The purpose of this study is to examine the role that psychosocial programmes for war-affected children in Sri Lanka can play in rehabilitation and reconciliation. Major armed conflicts or wars are one of the major causes of significant losses of lives, destruction of infrastructure and resources, along with a massive shake up in the entire social systems and structures. Human suffering is an integral phenomenon of armed conflicts, of which psychiatric breakdown remains one of the most devastating issues. Children are one of the most vulnerable groups in these circumstances, and their impressionable minds struggle to come to terms with the sudden exposure to violence, senseless destruction, and loss of love, security and education. Rebuilding their lives is not an easy task and surely not one that they can do by themselves, because they lack necessary experience and resources. Consequently, assistance is necessary to help children deal with the trauma and isolation in addition to sorting out lingering resentment towards the forces responsible for violence, in order to help regain normalcy (Wessells and Jonah, 2006).However, children are the future generations in a post-war society, the bearers of the future, and should be of primary concern in all social reconstruction efforts in war-torn societies. How a war-torn society deals with these issues, specifically Sri Lanka in this study, becomes of immense scientific as well as policy concern.

Under these circumstances, psychosocial rehabilitation plays an increasingly vital role in the global humanitarian field. Especially since the Second World War, more attention has been given to psychological rehabilitation work undertaken by rehabilitation counsellors using both clinical and counselling methods. Techniques such as cognitive behavioural therapy, pharmacotherapy, dynamic psychotherapy, and medication were used in treating patients (Friedman, 2000; Loughry and Eyber, 2003). Therefore, rehabilitation of war

victims was only limited to psychological and psychiatric rehabilitation (Loughry and Eyber, 2003), which often had limited impact on daily lives, socialisation, education and work. However, after 1970, more research opened doors to the inclusion of social aspects to psychiatric rehabilitation. Some of the strongest social contextual features considered under this approach include family relationships, religious and traditional beliefs, and education (Antonovesky, 1979; Moskovitz, 1983; Loughry and Eyber, 2003).

In light of these insights, I commenced my research with the objective of assessing different psychosocial rehabilitation programmes in the Northern and Eastern Provinces of Sri Lanka. During the 30 years of armed conflict in Sri Lanka, which officially ended in 2009, it was found that women and children were heavily impacted, leaving behind many widows and orphans with no one to care for them, along with limited economic or educational opportunities. The lives of many children have been impacted, especially due to death, injury, forceful recruitment of child soldiers, loss of parents, displacement, and loss of education; approximately 900,000 children in the country suffered either one or more of the problems mentioned above (Sri-Jayanthe, 2002).

Due to this kind of situation, the humanitarian sector paid increased attention to psychosocial dimensions during the civil conflict and in the aftermath of the unexpected natural disaster, the tsunami, which hit the shores of Sri Lanka among a host of other countries in 2004. Recognising the damage caused to human life and property and its long-term effects, many International Non Governmental Organisations (INGOs) and local social service organisations were mandated to provide care and protection to the affected people, especially, children.

For instance, a few of the prominent international organisations like WHO, UNICEF and UNESCO were involved in these difficult missions of caring for children and other victims. However, most INGOs were focused on general services and physical restoration rather than psychological or psychosocial restoration. This shortfall was identified by UNESCO (2002), which noted that although short-term needs of children were addressed during post-war rehabilitation, child development activities were being overlooked. However, the need for including psychosocial rehabilitation was recognised in later years when it proved to yield benefits such as functionality, recovery and reintegration for the children. Few such programmes were in

operation during the armed conflict and the ceasefire period,[1] as this subject was not given due recognition within the country at the time. Information on existing rehabilitation programmes was not available except for basic statistical data. Particulars of each programme, their objectives, functionalities, characteristics and impact were not reported or monitored.

1.2 The Research Problem

Research on war-affected children is believed to have started during the Second World War emphasising the negative psychological impact of the war on children (Freud and Burlingham, 1943; Loughry and Eyber, 2003; Tol et al., 2013). Many researchers have stated that in order to respond to mental trauma, both psychiatric and psychological treatments have been used, as many identify them as having great impact(Friedman, 2000; Fazel and Stein, 2002; Kalksma-Van Lith, 2007).However, in later years, critiques have argued that the use of isolated psychiatric and psychological approaches in rehabilitation of the war-affected children was ineffective. They argued that these disparate approaches were not suitable to use in uniform manner without recognising communal and individual differences in people (Allen, 1989; Boyden, 1994, Summerfield, 1996). Children and adults experience and react to stressful situations in different ways. Accordingly, types of rehabilitation approaches vary according to the individual's status and situation. For instance, Duncan and Arnston (2004) stated that out of the total war-affected population, normally around 10 percent of people need psychiatric treatment, and the other 90 percent need either social or economic solutions to ease their traumatic situation.

The absence of a common agreement or understanding among researchers about psychosocial rehabilitation leads most studies to end up with overlapping content and undefined scope. Thus, there ends up being disagreements about the subject due to misconceptions about war-related psychological consequences. Most studies have been limited to post-traumatic stress disorder (PTSD) for which psychiatric and psychological therapies like counselling, behaviour therapy, cognitive behaviour therapy, group psycho-therapy and electroconvulsive therapy (bio-medical approach sometimes used to treat PTSD) have been used (Loughry and Eyber, 2003).Therefore, on the one hand, there should be more clarity on how and in what ways children can be affected by war. Specifically, in simple terms,

[1]During the 30-year period, a ceasefire agreement was signed in 2002 between the government and the LTTE, which ended in 2008.

what is the impact of war on children? On the other hand, there should be more discussion or discourse on how and what types of mechanisms can be used in order to provide healing.

In the context of Sri Lanka, some researchers state that psychosocial concept is very controversial and is still in infant stage [2](Galappatti, 2003; Gunerathne, 2013).A clear definition on the subject is almost non-existent; therefore, potential for it to be defined differently by those engaged in the subject of psychosocial related work is very high. They further state that some consider psychosocial care solely as a counselling exercise. According to these observations, it is evident that the international debate on psychosocial approaches also shadows the Sri Lankan research community. As stated by Galappatti (2003),in Sri Lanka, only 'counselling' is considered as psychosocial rehabilitation because the concept of counselling is used too widely and commonly in this field. He further points out that there is limited empirical research on the field of psychosocial rehabilitation in Sri Lanka. The research problem of this study is linked to the broader aspects of how war-affected societies deal with children's psychosocial health. This study aims to empirically and theoretically inquire how these psychosocial programmes impact on psychosocial health of children that are living in the war-affected areas in Northern and Eastern Provinces of Sri Lanka. Thereby, the study is interested in finding out the ways in which these programmes matter in the healing process of the children's psychosocial rehabilitation, as well as how variances in these programmes' impact have varying impacts on the children's psychosocial rehabilitation.

1.3 The Objective of the study

The main objective of this study is to examine how psychosocial rehabilitation programmes that are operating in Sri Lanka contribute to rehabilitating war-affected children. Accordingly, the major research questions addressed by this study are as follows:

1. What is the nature of each rehabilitation programme in relation to overall scope, operation, approaches and methodologies, and what

[2]Quoted from the speech made by DrRohan Gunarathna at the conference on '*Role of Youth in Reconciliation*' on 2 January 2013 at the *Kadiragarmer* Memorial Center, in Colombo, Sri Lanka.

are the similarities and differences in each of the rehabilitation programmes?

2. What is the overall impact of each rehabilitation programme in the lives of children?

1.4 Contribution to Knowledge

Many research studies conducted in connection with psychosocial rehabilitation have concentrated on psychosocial 'approaches', as mentioned earlier. Further, most research have been done on programmes operated in African countries such as Rwanda, Angola, Mozambique and Sierra Leone(Summerfield, 1996, 1999; Boyden, 2000; Boyden and Ennew, 1997; Honwana, 2008; Richman, 1996; Wessells, 2005; Green and Honwana, 1999; Wessellsand Jonah, 2006; Maurin, 2006; Nylund et al., 1999; Cliffeand Luckham, 2000). Comparatively less research could be found from Asian and Middle Eastern countries. Similarly, in Sri Lanka, empirical research on psychosocial programmes is very limited despite war of over 30 years. The lack of empirical data from the Sri Lankan case was reason enough to conduct this study. Therefore, the study provides not only empirical new insights, but also possibilities to inquire if the Sri Lankan case is similar or different from above-mentioned cases and studies findings.

However, another important area that has received much attention among the global academic research community is the rehabilitation of former *child soldiers* through psychosocial rehabilitation programmes. This is mostly because a large proportion of the psychosocial rehabilitation programmes have centred on rehabilitation of former child combatants. For instance, Green and Honwana (1999) and Honwana (2008) have investigated how indigenous healing rituals are conducted for child soldiers who came back to their community in Mozambique and Angola. Monteiro and Wessells(2004) have done a study on the programme of 'Reintegration of Underage Soldiers' in Angola, and they state that this programme was undertaken from 1996 to 1998 with the aim of reintegrating former child soldiers to the civil society and rehabilitating them. Wessells and Jonah (2006) have also done research on 'programme of support for skills training and employment generation in Sierra Leone', which dealt with former child soldiers. Maurin (2006) conducted research on two psychosocial rehabilitation programmes in Sierra Leone and Liberia. This research also partly investigates how these two programmes help former child soldiers to get back to their day-to-day activities. It is clear that rehabilitation of child soldiers is not an easy endeavour, thus, explaining why a larger proportion of programmes have made it their primary goal. Hence, this study contributes to

the research on war-affected children by focusing not solely on child soldiers, but primarily on war-affected children. Against this backdrop, it can be observed that attention to children who were not child soldiers, but affected by the war was less, compared to the attention paid to rehabilitation of child soldiers. Therefore, it is necessary to increase the attention paid to rehabilitation of children affected by the war, who had not been child soldiers. My fieldwork, conducted during a period of ceasefire, found that there were lots of non-combatant children affected by the war and in many ways, needed psychosocial assistance. They had been neglected by the authorities due to the fact that psychosocial rehabilitation programmes were focused on working with child soldiers. Therefore, this study highlights the importance of having abroad approach to rehabilitating children affected by war without considering only a certain group of children as war-affected children.

In this study, I strive to construct an analytical model for analysing the psychosocial rehabilitation programmes in Sri Lanka with broad relevance for other war-affected contexts as well. This framework is a methodological contribution and will serve as a guideline for future psychosocial rehabilitation programmes and can be used as a guiding tool for international humanitarian programmes too. At the same time, the model will be applicable for many social contexts or situations where children are adversely affected psychosocially.

In addition, a final important contribution made in my study is the assessment of children's role in peace building. According to many scholars, children have always been seen as passive victims of war (Wooding and Raphael, 2004; Paardekooper et al., 1999; Ajdukovic and Ajdukovic, 1998; Dyregrov et al., 2000; Sendabo, 2004; Singer, 2005; Zack-Williams, 2006; Boothby et al., 2006). However, in this study, special emphasis was placed on identifying how war-victims could also act as peace-actors and evaluating the responsibility of psychosocial rehabilitation programmes in enabling such contribution. An important research lacuna, prevailing at present, is the lack of children's voice in post-war reconstruction activities (McEvoy-Levy, 2006). Therefore, I have attempted to partly fill this gap by highlighting how children could become not passive victims but positive actors through psychosocial rehabilitation. This can lead to renewed attention among researchers to study this aspect of psychosocial rehabilitation and possibly influence policy makers to adopt such practices.

1.5Research Approach and Methodology

This study has adopted a comparative approach in order to compare three psychosocial rehabilitation programmes that were operating within Sri Lankan war-torn society. The reasons for selecting a limited number of cases (three) are as follows:

1. Including too many cases risks creating hurdles in the way of an in-depth study of the aspects of the comparison between the cases.
2. As per the nature of this study, a few cases were enough as some researchers confirmed (Collier, 1993), since this study mainly focused on examining the nature of psychosocial rehabilitation in relation to overall scope, operation, approaches and methodologies; and what the similarities and differences are between each of the rehabilitation programmes, as well as to examine the kind of impact they had on war-affected children.
3. Some researchers say that there are many reasons for why comparative studies can be applied. For instance, Collier (1993) states that it should be understood in terms of three distinct, yet ultimately connected goals. One of the important ideas behind these three goals is that through a comparison of two or more cases, one can identify how these cases are similar, how they differ from each other, how their similarities or differences impact on the original aim of the cases, and what kind of lessons can be learned through these impacts.

Collier's idea is very much relevant to this study. Through comparisons of these three cases within the Sri Lankan war society, many important insights were achieved. First, comparisons of the three psychosocial programmes (cases) revealed the similarities and differences between each programme. Secondly, it helped to understand the genesis of the similarities and differences between the three cases. Third, and most importantly, the comparisons of these cases revealed the impact of these similarities and differences in the three psychosocial rehabilitation programmes in rehabilitating war-affected children. Fourth, through this comparative study, an attempt could be made to formulate the best concepts under each comparison criteria and thereby identify the most suitable methods in rehabilitating war-affected children in Sri Lanka.

In order to do this comparative study, an analytical framework was built. This framework was built by combining fieldwork experiences, while reviewing previous research literature. Hence, the analytical framework

includes both inductive (interpretative interaction) and deductive aspects. For instance, when the pilot study was done, it was revealed that meaningful rehabilitation activities ought to have certain basic components such as identification of the problems, planning, methodologies of rehabilitation and monitoring. At the same time, fieldwork revealed that fulfilment of basic needs, empowerment through education and economy, contribution to enhance social context and individual psychological improvement should be addressed by a psychosocial rehabilitation programme. When reviewing the previous research done by many researchers regarding psychosocial rehabilitation activities, the above-mentioned components were highlighted by most of them as crucial components in psychosocial activities.

There are two parts to the framework: the first part describes the psychosocial programme assessment component, while the second part describes the monitoring of the programme's impact. Accordingly, chapters 3 to 5 and chapter 6 will compare the cases, using the first part of the framework, while chapters 3 to 5 will offer a detailed review of the three psychosocial rehabilitation programmes (cases), comparing their originality, plans, methodology and how they plan their way forward; the comparative analysis in chapter 6 will focus on how each programme identified the specific problems pertaining to the children using the same framework, and how they plan their activities to address those identified needs. Further, the relevance of the applied methodologies of each programme within the Sri Lankan context will be analysed. The second part of the framework will focus on impacts made by each of these programmes, which is included in chapter seven.

1.5.1. Nature and Selection of Research Cases

Researchers often hold the view that the design of comparative research is simple and normally it should include cases that have similarities and differences to allow for meaningful comparisons. These differences are the focus of a comparative study (Routio, 2007). Based on this view, in this study, three cases (three psychosocial rehabilitation programmes) were selected. The figures might not be entirely reliable, but it is assumed there were seventy-one psychosocial rehabilitation programmes operating in the Northern and Eastern Provinces of Sri Lanka at the time (Galappatti, 2003). Before selecting programmes, I attempted to meet the main officials in order to find out whether the programmes were ongoing. However, out of those 71, less than 10 were functional. Even among those functional programmes, only few agreed to permit me to access their data. I attempted to select programmes with above-mentioned qualities among them; accordingly, three programmes were selected utilising the following criteria.

1. The first criterion was, as Routio (2007)mentioned,cases thathad similarities in some respects yet were different in others. Accordingly, the selected programme's goal is similar in each case. Psychological recovery and social restoration was the main goal in each programme. However, they used different approaches, methodologies and institutional arrangements in order to achieve this main goal. In the sphere of psychological rehabilitation especially, many different methodologies have been developed over time. These methods range from highly advanced psychological techniques to socially and culturally based methods, with some attempting a mixture of both. Therefore, I wanted to explore how each of these methods differs from each other and thereby contribute to the rehabilitation of war-affected children.

2. The second criterion was severity of the armed conflict and its impact on the geographical location targeted. I tried to select those programmes that had been implemented in severely affected areas because I wanted to examine what mechanisms each programme used in order to control the environmental issues and how armed conflict influenced each of the programmes as well. Accordingly, I selected Northern and Eastern Provinces of Sri Lanka as the research areas, since these areas were directly and severely affected during the war. The districts of *Batticaola*, *Ampara*, *Trincomalee* from the East and *Jaffna, Vavuniya, Mullativu, Killinochchi* and *Mannar* from the North were the hard hit areas. These were also the districts where all the psychosocial rehabilitation programmes existed at the time of this research. Therefore, I selected two programmes from *Batticaloa* district, Eastern Province and one from *Vavuniya* district, Northern Province.

3. The third criterion was the continuous operation of the programmes in the relevant area over at least the previous five years. According to researchers, it takes a long period of time for a programme to show its results; therefore, in order to do a proper study on psychosocial rehabilitation, programmes should operate continuously for at least a five-year period (Nylund et al., 1999).

Based on the above criteria, three programmes were selected for the research, and they were re-named as *Muditha, Karuna* and *Upeksha* to preserve confidentiality. The given names were taken from the Buddhist religion, representing attitudes towards the other beings. *Mudita:* sympathetic joy, *Karuna:* compassion and *Upekkha:* equanimity.

The Muditha psychosocial rehabilitation programme, situated in the Eastern Province, was entirely run by a Buddhist monk in one of the temple premises. It was run on a voluntary basis without any official local or international financial aid. Charitable donations were given by different individuals in the community, including from other parts of the country. Over 90 percent of the children in this programme were Tamils, and the temple was run by a Sinhala-Buddhist monk, which is an extraordinary situation in the war context. According to the monk, all the methods used in the programme were based on Buddhist philosophy. It had 80 children, and the Buddhist monk was the only staff member in the programme. The monk's mother helped him to look after these children, and he claimed the reason for such a basic structure was the lack of funds.

The Karuna psychosocial rehabilitation programme had 300 children and 46staff. It was conducted with the support of foreign funds. Most functions of the programme including its objectives, rehabilitation methodology and child selection were directly under the supervision of the funding agency. They used advanced psychological methodologies in rehabilitating children psychologically.

The Upekha programme recruited50 children at a time and conducted the programme continuously for nine-month periods. A Catholic priest was in-charge of the programme with 12 animators (helpers). It was also supported by a foreign funding agency, but local staff had the independence and authority to run the programme. They used highly advanced psychological methods as well as cultural and religious based methods, relevant to the location depending on children's needs. I selected this programme because it matched the selection criteria and it had innovative ideas important to the study.

1.5.2 Empirical Research Methods

In this research, I have employed combination of quantitative and qualitative research methods. The main intention was to understand operation of overall psychosocial rehabilitation programmes and how they have impacted the lives of the war-affected children. Therefore, it was important to obtain the viewpoints and perspectives of staff, children and community members who participated in the rehabilitation programmes. My array of data collection tools included observations, interviews, questionnaires, and simple

games; furthermore, I spent substantial amount of time in deciding which tools were more appropriate for children as opposed to adults. Key informant interviews were the main source in gathering data from the programme staff and informed citizens of the area.

Accordingly, in this descriptive analysis of rehabilitation programmes, I have mainly used a qualitative research methodology. The primary data gathering tool was the interview technique, but I have also used field observations and simple questionnaires (ladder of life technique) to supplement interview data. Apart from this, related articles, research reports and brochures about the selected rehabilitation programmes were used as secondary data. Related articles and research reports help to understand how rehabilitation programmes operate worldwide and to understand what kind of approaches and methodologies they utilised in order to rehabilitate war-affected children. Even though I conducted a comparative study within the selected rehabilitation programmes, previous research helped me to understand how they were similar or different from the selected programmes too. The main contribution of previous research was that I was able to develop an analytical framework based on my previous experiences. Brochures of selected programmes helped me to understand the overall scope of the programmes, and they were helpful when analysing the data as well as to validate the data.

There were several data collection phases to gather information about selected psychosocial rehabilitation programmes. For instance, the *Muditha* programme operated in *Vavuniya* district, while *Karuna* and *Upechsa* programmes operated in *Baticaloa* district. The children who did not follow any rehabilitation activities were selected from *Kokkodichole* area. The first phase was in October 2004. During the visit, informal discussions were conducted with relevant persons. Further, visits were made during the months of November 2004 and February 2005, and more information was gathered from the institutes that were engaged in rehabilitating children. During March 2005, the pilot study was carried out, while the actual study started during June 2005. Accordingly, data were collected from the children who had not undergone any rehabilitation programme, parents or care takers of those children and community leaders during the time period of 5, June 2005 to end of July. During the time period of 1August 2005 to the end of September 2005, data were collected from children participating in the *Karuna* programme, along with staff and community leaders. Data were also collected from children participating in the *Muditha* programme along with the staff and community leaders during the time period 1November 2005 to the end of December 2005. Although a pilot study was carried out on the *Upeksha* programme, most of the information was obtained via secondary

sources since the programme leadership withdrew the acceptance of doing research on this programme due to security reasons.

To ensure the validity and reliability of data collected, I used methodological triangulation techniques, which facilitate validation of data through cross verification from two or more sources. The methodological triangulation refers to using more than one method to gather data, such as interviews, observations, questionnaires and documents. In data triangulation, I compared and cross-referenced the data gathered through staff interviews with the data from children and community members.

1.5.2.1 Interviews

During the first phase of the field study (in the pilot study), information was gathered through informal discussions and unstructured interviews. I selected three categories of respondents to be interviewees for the research. The first category was the leaders and staff of the rehabilitation programmes. The second was the children, and third was parents or guardians and community leaders. Systematic sample selection methods could not be applied since some were unwilling to talk about their traumatic past. The actual study utilised semi-structured interview methods. Separate interview guides were used for children and for the other interviewees such as teachers, staff of psychosocial programmes and community leaders. Being sensitive to the needs of children meant that some interviews with children lasted between one and a half hours to two hours giving them enough time to respond. It took about 45 minutes to do interviews with the adults. None of the interviews were taped recorded due to ethical reasons and to avoid undue pressure on the children. In addition, tape recording was a security concern at times. For instance, I was strongly instructed by the LTTE[3] not to record children or anyone's voice and not to even take any pictures of the children. However, notes were taken during interviews as much as possible. Since children were relating many stories, all useful data were noted down.

The following paragraph describes the categories of persons selected as interviewees from each programme.

Category 1 – Programme leaders and staff

From the *Muditha* programme, the Buddhist monk, as the leader of the programme, was interviewed; however, his mother refused to cooperate in providing information, as she was not willing to associate with outsiders. In

[3]At the time, the study was conducted, the area where the control group was situated was under the control of the LTTE.

the *Karuna* programme, the leader and four key staff members were interviewed. In the *Upeksha* programme,at the initial stages, I was able to obtain data from the programme leader and three staff members, but later when war broke out, I had to use secondary sources to collect data, asoutsiders were refused permission to enter the premises.

Category 2 – Children

Since children were the critical focus of my research, I carefully selected a total of 55 children based on three categories for interviews: 1) Children currently in the programme,2) Children who had left the programme after completion and 3) Children who had not undergone any rehabilitation programme. Children selected were between the ages of 10 and 15, to tie in with some of the psychological theoretical ideas on childhood development that reveals that this age group is more appropriate for feedback. For instance, Piaget (1952)states that this age group is in 'concrete operation' and 'formal operation' stages, which gives the ability to think logically and resolve mathematical problems. Also, children develop their personalities individually during this age. According to Wilber (1986, 1996), children in this age category fall in-between 'rule/role mind' stage and 'formal-reflective' stage during which the child becomes aware of many things and begins to think about the world for the first time. Furthermore, both girls and boys were given equal chances to participate in the interview process, but the '*Muditha*' programme only had boys; therefore, I had to rely only on their input.

1) Children currently engaged in the programmes

   Muditha - 10 children were selected due to ethical reasons, and only those who voluntarily wanted to be part of the study were included.

   Karuna- Selected 20 children randomly, among children who were willing to talk

   Upeksha - five children were selected for the pilot study, and in later stages they could not be reached as mentioned above.

2) Children who had left after completing the programmes

   Muditha - five children who had left the programme were selected, but unfortunately it was not possible to contact them. They had left the area for work.

   Karuna-five children who had left the programme.

   Upeksha -Used secondary data available in project reports.

3) Children who had not undergone any rehabilitation programme(control group)

Twenty children were selected under this category out of whom, eight had been child-soldiers who had come back home. Another five were land-mine causalities from the rest of the 12 children. A control group for the research was incorporated to compare and highlight the impact of the rehabilitation programmes. This group was selected based upon two criteria:

I. Impact of war was direct and severe, and areas were isolated from outside access. There were many areas that fell under this category, but most of them were accessible to outsiders. However, *Kokkadicholai* was under the LTTE control and not accessible to government, especially for aid activity.

II. Not having the presence or influence of any rehabilitation activities in the area; this enables the impact of the rehabilitation programme to be clearly distinguished.

Category 3 – Parents of children, and community leaders

Under this category, total of 25 parents (including foster parents), schoolteachers and community leaders were to be interviewed.

Muditha - Since children in the *Muditha* programme had no parents or foster parents, it was not possible to get the views of the adults concerning these children. However, five teachers and two community leaders provided information on the children.

Karuna– five parents and foster parents and two school teachers were selected on a random basis depending on their willingness to talk.

Upeksha–Previously collected data (secondary sources) were used since it was difficult to access the onsite situation due to security reasons.

Eight parents of the children who had not undergone any rehabilitation programme and three community leaders from those children's area ('*Kokkadicholai*) were selected to give feedback.

1.5.2.2Observations

Participatory observations consisted of several events used to verify interview results as much as possible. One of them was observing the rehabilitation activities targeting children. Observation of programme activities helped to understand not only the work performed by the staff but

also the responses given by the children. While the children engaged in the rehabilitation work, I was able to observe their reactions and behaviour. Also, I had the opportunity to go to their school and observe them in classrooms as well as view their participation in studies. I wrote down notes regarding their behaviour, such as how they interacted with other children, teachers, their activities, classroom participation and even other extracurricular activities, and I incorporated these with the data I received through the interviews.

1.5.2.3 Questionnaires

I have used a simple questionnaire to collect data from children, but it was not done in the traditional format. The Ladder of Life technique was used for this exercise since it was more suitable for children. The 'ladder of life' technique was introduced by Hadley in 1965(Bernard, 2000). He drew a ten-rung ladder and then asked patients to rank their concerns in their lives in that ladder according to their preference. They were told before they listed their concerns in the ladder that their best concerns would be placed on the top rungs and that the bottom rungs would be for the worst things. They were asked to repeat the same for their past, present and (hope for) future in the ladder (Bernard, 2000).

In this study, I used 'ladder of life technique' to ascertain the impact of the programmes on the lives of the children. The technique was especially helpful in finding the attitudes of children towards other ethnicities before and after completing the programme. Further, the technique was effective in contrasting between the attitudes of children who did not participate in the rehabilitation programmes from those who did. Thus, this method was effective to cross-check the information provided by the programme's staff and community leaders too. The biggest advantage of this methodology was that I was able to obtain data without causing unnecessary stress on the children. Since picture cards, activities and metaphors were used instead of traditional questionnaires, children enjoyed the exercise.

1.6 Research with Children: Ethical Consideration

In any social research, there is always an ethical component, which needs to be taken into consideration. As pointed out by researches, this becomes a salient feature, especially, when studying vulnerable members of the society (Flewitt, 2008). When I carried out my research on the war-affected children, some were in the process of being rehabilitated, while others did not get the opportunity. Even though I wanted to ask them about their experience of war, it was challenging to do so without aggravating their bitterness, or weakening

their mental stability. In a contemporary world where many such research studies are carried out on vulnerable groups of societies, much attention needs to be given to ethical considerations, especially in identifying them and working towards to minimising them.

One key ethical issue was unequal power relationship between children and researchers. Given the age, gender, social status, competency and experience of researchers, this can influence the responses given by the children. For example, Einarsdottir (2007) points out that if children are not familiar with the researcher, they tend to give answers to please him or her rather than being authentic. He adds that some children are not accustomed to having adults being interested in their views and who ask for their opinion. They may perceive the adult as an authority figure and consequently try to please him or her for fear of adverse reaction (Einarsdottir, 2007:204). Also, Morrow and Richards (1996) state that most often the researchers' ideas take a more prominent place than ideas of responders. Therefore, these kinds of challenges question the validity of social science research, especially when it involves children.

Even though some may say this as an inevitable situation, Einarsdottir (2007) suggests that measures can be taken to minimise its effects. One way is to empower children to express their ideas without fear and bias, and another is to use child-friendly research methodologies and techniques. Giving children time to prepare and build their opinions will help lessen the negative power of relationship effects between researchers and children. For instance, Alderson (1995) expresses that after the introduction, a research time gap should be allowed before commencing the research, which gives an opportunity to get to know children and for them to familiarise themselves with the researchers.

Another ethical challenge is receiving children's consent to take part in research work. At the same time, there are many disagreements among researchers on methodologies that are used in research, which involve children. Some say traditional methodologies used to study adults are not appropriate for studying children. For example, Lansdown (1994) asserts that traditional methods like filling questionnaires, conducting interviews and voice recording can make children uncomfortable. Yet, Alderson (1995) points out that these can even be used with certain modifications, like using flash cards to ask questions and getting input from children when preparing the questionnaires, etc.

Most of the feedback from respondents in qualitative research is based on respondent's memory or knowledge and the way they decided to interpret it. But as far as children are concerned, the way they remember something is perhaps completely different from the way an adult remembers the actual

situation. A child's feedback varies according to age, knowledge and experience. Therefore, as pointed out by Lansdown (1994), children's way of remembering, narrating and relating some responses may be different from that of an adult. Nonetheless, researchers cannot consider this as being an issue of trust, even though it can have impact on the validity of the results. Therefore, researchers have to think seriously about what methodology is best for their research when gathering information from children.

Another concern and a prevailing dilemma in the research field is that when doing research on children, especially war-affected children, some of the questions might cause children to re-experience the war experience and recall some traumatic memories. Yet, this was counter argued by other researchers who questioned how the child could be treated if the past is not recalled. Considering all these, we could come to the conclusion that even though children face some stress due to studies involving them, they will also benefit from these studies in the long-run. Therefore, the best answer to this dilemma is for research studies on children to be flexible and also be ethical as much as possible.

During this research, I made purposeful efforts to take several steps to minimise any potential ethical issues that I could anticipate, and some of the above ideas and discussions helped to take those measures. For instance, before starting my research I conducted meetings with staff at each of the programmes, community leaders and elders of the community, to introduce my purpose and research content. I planned these meetings to obtain their consent as well as to get an opinion on selecting my control group. Then, I moved on to obtain the consent of the children. By this time, I had already reached out to them through their responsible elders and had given an introduction to my research. Before I commenced my actual work, I conducted a few group sessions with the children, which were informal and enjoyable. Children were given opportunities to showcase their talents, to help deal with stage fright and be familiarised with the research group. A few more sessions were conducted again to educate them on actual research content and the value of their participation.

The next move was to minimise the traditional research methods, which can be uncomfortable for children, for example, when collecting data I did not use tape recorders and I used flash cards (picture cards) in spite of having direct questionnaires. Also, I followed the suggestions on allowing children to withdraw at any time as they wished, on their own consent.

1.7 Outline of the Thesis

This study involved a comprehensive study of three specific psychosocial programmes in the Northern and Eastern Province of Sri Lanka to develop an

in-depth understanding of these post-war psychosocial rehabilitation programmes. Psychosocial rehabilitation was a relatively new phenomenon in Sri Lanka and many other third world countries. Given the novelty of the concept, there is relatively less academic research on the subject, whereas there are a significant number of studies available in the western countries. Therefore, this study attempted to examine the nature and operations of selected psychosocial rehabilitation programmes in Sri Lanka and explore the impact of the programme on rehabilitating war-affected children.

Accordingly, this research document consists of eight chapters. The first chapter introduces the research objectives, the research problem, contribution made to knowledge, brief introduction of the theoretical framework, research methodology and ethical considerations. In this section, justification has been given as to how and why this particular topic was selected. Also discussed is the importance of studying this research area.

The main aim of the second chapter is to develop an analytical framework in order to assess and analyse the psychosocial rehabilitation activities. Accordingly, it comprises a detailed introduction of the analytical framework, which was developed through literature surveys, theoretical debates on psychosocial rehabilitation and my fieldwork experiences. Existing literature and previous studies regarding psychosocial rehabilitation programmes co-relate to the framework that I have built in this chapter. The framework consists of two parts, with the first part of this study's framework involved in gathering knowledge and an understanding on the psychosocial rehabilitation programmes, and it will also be used for analysing the organisation (structure) of programmes. The second part will be used for analysing the impact of programmes on war-affected children.

The third chapter involves a detailed review of the *Muditha* psychosocial rehabilitation programme (one of the three programmes that was selected for the study) based on the first part of this study's framework, which consists of "identification phase, planning phase, methodological phase and programme monitoring phase". According to the review, based on the above dimensions, it appeared that this programme was solely based on Buddhist philosophy utilising mainly Buddhist practises in rehabilitating war-affected children. At the same time, this programme operated on a volunteer basis without any particular planning, structure or documentation. Only one Buddhist monk actively participated as the rehabilitator. There were 80 war-affected children involved when the study was done.

In the fourth chapter, a detailed review was done on the *Karuna* programme. This too was done using the first part of the analytical framework. According to the review of the programme, it appeared that this

programme had documented their planning, approaches, methodologies and activities adequately. The programme was funded by a foreign non-governmental organisation. They utilised many psychological approaches and methodologies in order to rehabilitate children; at the time of my study, there were 300 children enrolled in the programme.

The fifth chapter involves a detailed introduction of the *Upeksha* programme, which was the final programme selected for the study. This was also done through the first part of the study's framework. When reviewing their activities, it was evident that they too had documented their objective and the associated planning, implementation process and even monitoring process. Mainly, this programme mixed and matched culturally based rehabilitation approaches along with conventional psychological methods.

The sixth chapter includes a critical assessment based on the description of each programme in the earlier chapters (third, fourth and fifth chapters); moreover, this chapter is also based on the first part of the framework, and same dimensions were used for this task. Accordingly, this discussion is also based on their "identification phase, planning phase, methodological phase and programme monitoring phase". While assessing the three programmes' activities based on above dimensions, it was revealed that the *Upeksha* programme contributed to the rehabilitation of the war-affected children in a more practical and relevant way than other two programmes. The *Muditha* programme also exhibited some measure of success despite its handicap of not being a well-planned and well-structured programme. This particular programme gives some important insights to the field, highlighting the use of socially and culturally accepted rehabilitation methods as alternative methods in emergency situations. It also provides important ideas of using outside support when necessary. As per the assessment, the *Karuna* programme provided the least contribution towards rehabilitating war-affected children, although they had well-structured planning, methodologies, activities and resources. This programme also provided some important insights highlighting that resources and planning are not enough for a successful programme but that enthusiasm is also important for this task.

Chapter seven analyses the impact of the psychosocial rehabilitation activities based on the second part of the analytical framework. This mainly includes "impact monitoring phase" along with four sub themes such as: (1) fulfilment of basic needs of children, (2) efforts of 'empowerment', (3) efforts to re-build the social context and (4) psychological impact on children's lives. When analysing the impact of the three programmes, it was clearly revealed that the *Upeksha* programme was the top contender, while the *Karuna programme* was the lowest and the *Muditha* programme was in the middle, in relation to how successful they were.

The final chapter will comprise the conclusion of the study with recommendations to implement a successful psychosocial rehabilitation programme, theoretical and policy implication of the research and presentation of areas in need of further research.

2

War-Affected Children and Psychosocial Rehabilitation: Analytical Framework

2.1 Introduction

The main intention of this chapter is to describe the analytical framework, which was developed throughout the research process. As described in the first chapter, when the pilot study was done, certain components were identified as being of importance in psychosocial rehabilitation. This was corroborated by the works of previous researchers who highlighted that when carefully analyse the pattern of psychosocial activities, some common components that mattered could be identified. The approach was both inductive (interpretative interaction) and deductive. The theoretical framework was built in such a way that it could contribute to assess and analyse the rehabilitation programmes and their programmatic impact. Therefore, this chapter aspires to describe the basic elements that are usually focused on in a psychosocial rehabilitation programme, utilising this theoretical framework to describe, analyse and assess the impact of the three selected psychosocial rehabilitation programmes, in rehabilitating war-affected children in Sri Lanka.

There are two main factors that should be taken into account when identifying the elements of a psychosocial rehabilitation programme, as indicated by many researchers. The first one is identifying the need for psycho-

social rehabilitation of war-affected children. Many researchers have highlighted that identifying harmful social and psychological factors and resolving them will be the first responsibility of such a psychosocial rehabilitation programme. For instance, many researchers state that people can experience different kinds and levels of impact over the same particular events related to the war (Agger et al., 1995; Duncan and Arnston, 2004). Therefore, before rehabilitating a person, it is important to evaluate the nature of the impact of war on the people.

The second factor is identifying the importance of using social contextual features in rehabilitating war-affected children. Here, it is important to understand the need and advancement of psychosocial rehabilitation in war contexts and comprehend the multi-dimensional nature of such rehabilitation. The advancements in psychosocial rehabilitation took on a notable change after Second World War due to the medical and therapeutically based approaches developed during this period. Further, advancement with research from the 1960s to the 1970s broadened the scope of psychosocial rehabilitation, which led to its multi-dimensional nature, specifically, the psychological, socio-cultural and economic dimensions, with each dimension influencing the others as well. Therefore, in order to plan a meaningful rehabilitation programme, the above two factors should be taken into account when attempting to successfully rehabilitate a person from the impact of war. Moreover, these two factors should represent the framework within which a successful analysis can be built upon.

In light of these facts, I have divided this chapter into three main sections. The first section highlights the need and advancement of psychosocial rehabilitation, in war contexts. Here, I will mainly discuss 'why' and 'how' the psychosocial concept developed and expanded. The second section highlights the multi-dimensional nature of the psychosocial concept. It mainly discusses the three important dimensions such as psychological, socio-cultural and economic dimensions that prevail in a psychosocial rehabilitation programme, and how these dimensions influence each other. Moreover, the impact of a programme will mainly depend on identifying the influence of these dimensions on an individual and employing them in the rehabilitation process. In the third section, I have developed an analytical framework for assessing psychosocial rehabilitation programmes. This section will elucidate the rational for developing the framework and empirical evidence to validate its components. For instance, I have presented and analysed activities undertaken at three psychosocial rehabilitation programmes in different war contexts worldwide. Here, I have tried to identify important components used in previous psychosocial rehabilitation programmes and will use them in my framework of analyses. Considering the findings accessed through

literature, a framework with two parts was developed to assess the components of a rehabilitation programme and assess the impact of a programme. A few sub components have been taken into consideration for a more meaningful analysis.

2.2 Need and Advancement of Psychosocial Rehabilitation in War Contexts

Intense studies on the impact of war on children began after the Second World War (Loughry and Eyber, 2003). Most of these studies focused on recognising the 'psychological impact' of war (Tol et al., 2013). These research studies focused much attention on the effects of displacement since the Second World War, which caused many children to be displaced and separated from their families. For instance, citing Ressler, Boothby and Steinbock's (1988), views, Loughry and Eyber (2003) stated that within four days of the declaration of war in England, 750,000 school children were evacuated from their homes. The reason for the evacuation was security and safety. However, they further stated that evacuation and removal from their families caused the children severe mental trauma and agony.

Freud and Burlingham (1943) also did an important study on the impact of the war on children, with special reference to the Second World War in Britain. Their research findings revealed that whenever a few fundamentals are not present, children are subject to lasting psychological malfunction. These include the need for personal attachment with parents and family members, emotional stability and permanency of educational influence. This study further revealed that severe trauma was caused to children who lose their parents and loved ones rather than seeing people killed, bombed or wounded in war. The study showed that mothers' and family members' love and care were decisive factors, which stabilise children's mental status. In later years, other researchers further confirmed Freud and Burlingham's ideas related to war-affected children. For instance, Garbarino and Kostelny (1996) revealed that due to war, children were likely to lose family support - an essential aspect in their development process, explaining the role of the family, especially of the mother in early childhood development. If parents die in a war situation or experience stress and exhibit traumatic symptoms, or are displaced, children experience growth stagnation, including psychological stagnation, during development.

However, after the American-Vietnam war, there seems to have been more systematic research done on the 'psychological effects' of war on children. Especially after introducing the concept of Post-Traumatic Stress Disorder (PTSD) by the Diagnostic and Statistical Manual of Mental Disorders,

published in 1980 (Schnurr et al., 2002), most of the researchers seem to use this concept to examine the impact of war on individuals. PTSD surfaced as a result of studying mental conditions of returning soldiers from the Vietnam War, and it dealt with circumstances such as nightmares, flashbacks and painful memories of events that resulted in a breaking down of the personal and social life of individuals (Figley, 1978). Thus, it is apparent that through the development of concepts such as PTSD, trauma and stress within the mental health field, new frameworks have been developed to explain the impact of war, and even how to treat individuals.

However, from the 1960s to the 1970s, psychosocial rehabilitation changed its course with the approach turning from a medical and therapeutic base to social integration. As mentioned earlier, psychiatric and psychological aspects were the two major treatment approaches; however, these two approaches paid little attention to daily functioning and social interaction of war-affected children. Therapeutic interventions often had little impact on daily living, socialisation and work opportunities, and there were often barriers to social inclusion in the form of stigma and prejudice (Pupavac, 2004; Summerfield, 1996;Cliffe and Luckham, 2000;Monteiro, 2004). Consequently, after 1970s, psychosocial rehabilitation advanced with the aim of aiding the social contextual features.

2.3 Psychosocial Rehabilitation as a Multi-Dimensional Concept

From the above, we can clearly establish that the concept of 'psychosocial' encompasses a multi-dimensional definition and is not limited to psychological recovery alone. Further, as mentioned in the first chapter, the concept of psychosocial rehabilitation refers to the influence of social environmental factors on a person's psychological behaviour. Many researchers have highlighted how people can be affected by war due to the psychological and social impacts of these effects and the importance of applying multi-dimensional approaches to heal them. For instance, Williamson and Robinson (2006) stated:

> The term psychosocial underlines the close relationship between the psychological and social effects of armed conflict, one type of effect continually influencing the other (Williamson and Robinson, 2006: 24).

Further, according to Hepburn (2004):

> The term ‘psychosocial’ has been developed to encompass the complex nature of child development, building upon the close interplay of the psychological and social aspects of cognitive and emotional growth. Children’s psychological development includes the capacity to perceive, analyze, learn, and experience emotion. Social development includes the ability to form attachments to caregivers and peers, maintain social relationships, and learn the social codes of behavior of one’s own culture. Psychosocial programming, therefore, recognizes that there is an on-going connection between a child’s feelings, thoughts, perceptions, and the development of the child as a social being within his or her social environment. Children’s reactions to extreme events will vary according to individual characteristics and environment factors (Hepburn, 2004: 04).

Therefore, this section will explore the multi-dimensional nature of psychosocial rehabilitation and will use them in building the analytical framework.

2.3.1 Psychological Dimension

During the period of the Second World War, psychiatric and psychological aspects were the two major treatment approaches, and the main focus was on ‘risk factors’ that created psychological impacts, while little attention was given to social interaction and supporting their daily lives. "Psychiatric rehabilitation" and "psychological rehabilitation" were used interchangeably, as terms for the same practice. A psychologist who specialised in psychotherapy will generally consider the wider context of relations within a family or at work. Psychiatrists and medical doctors tended to take a more medical approach to mental health and were more inclined to prescribe drugs to alleviate stress. This is a general difference between a psychologist's approach and a psychiatrist's. However, there are many psychiatrists who also use psychotherapy.

Psychiatric treatments can be conceptualised in a number of different ways. However, treatments such as psychotherapy (Cognitive therapy, Behaviour therapy, Group Therapy and Electro Convulsion Therapy) and psychopharmacology (drugs used in mental disorders) were some popular methods under this approach. However, all these treatments can only be handled by well-trained professionals (Fazel and Stein, 2002; Kalksma-Van Lith, 2007). Especially after the Second World War, children’s situation became so complicated that they needed to use these psychiatric and psychological methods to address their war related psychological issues. It was easily adapted in that context because most Second World War countries were

European nations and they had the necessary experts to practise these advance methods.

Nonetheless, in the contemporary world, most armed conflicts have come about in third world countries where mental health field is under developed, given some of the psychological concepts and treatments have surfaced recently even in the developed countries. Furthermore, Duncan and Arnston (2004) claim that the number of individuals who require psychological treatment through psychiatric or advance psychological therapy is likely to be minimum compared to total number of people affected by war. They classify the manner in which individuals, including children can be affected by armed conflict under three categories: a) severely affected group, b) at-risk group and c) generally affected group. According to Duncan and Arnston (2004), the 'severely affected' group is likely to be about 10 percent of the total population, while 'at-risk' group is likely to be about 20 percent and finally, 'generally affected' group is about 70 percent. Therefore, the advance psychiatric and psychological treatments are only needed for those 10 percent who are severely affected, while the other 90 percent need solutions, which are likely to be discovered within social and economic dimensions.

Richman (1996) expressed that some of these advance psychiatric and psychological methodologies are not suitable to practise when the population is large. This is because it is time consuming and costly to work with individuals for over a period of time; also, some of the tools like screening instruments or questionnaires that are used to measure stress levels or assess PTSD symptoms are not feasible, because in remote war contexts most people are illiterate and/or not familiar with the filling in of questionnaires. Their levels of understanding might differ and the terminology used in the questionnaires might not be appropriate. Though such shortcomings exist in these psychiatric and psychological approaches, it is observed that they can still play a vital role in psychosocial rehabilitation. Some of the psychosocial programmes operating in Sri Lanka are using these approaches as their main methodology for rehabilitating children. In the following chapters, I intend to discuss in detail how each of the psychosocial rehabilitation programmes selected used this approach to bring about psychological healing in children.

2.3.2 Socio-Cultural Dimension

Races, traditions, language, social status, religious and cultural beliefs are important phenomena influencing an individual's life. These are diverse in nature and intermingle with each other; a society is formed by these fundamentals. Therefore, the social context of an individual is of utmost importance to understand his/her behaviour and attitudes. According to the social context theory by Earle, L and Earle, T (1999), social structure, social proc-

esses and social realities are characterised as the basic components of a social context. The social structure institutions that influence behaviour include family, education, religion and politics. These social processes are the mediums through which people view and interact with social structures, while social realities are ideas or behaviours that all individuals within a given society recognise, even if they do not always accept or practise them. These cultural and social contextual elements define the socio-cultural dimension. People are bound and governed by socio-cultural elements, which have a very strong influence on their physical and psychological conduct.

However, due to the destructive nature of armed conflict, the entire social fabric gets altered or destroyed. For instance, Somasundaram (2007) states armed conflict or war does not only affect individuals but also their entire families, communities and society. Therefore, psychosocial rehabilitation programmes have three great responsibilities regarding social context, since it is impossible to start or continue any rehabilitation activity when the social context is not functioning.

The first one is to understand how social context alters after armed conflict and its impact on the children (Summerfield, 1997).

The second one is to take some alternative actions in order to stimulate a semblance of social context to aid victimised groups. It is not an easy task to restore a social context to its original state, but making an effort to re-establish at least a few components of the social context can make a significant difference. For instance, Somasundaram (2007) states that before working directly with war-affected children, it is important to start with strengthening and rebuilding the family and village structures.

The third one is to use inherent capacity of social context for strengthening and continuing the rehabilitation process itself. This is because many researchers have proved that the elements in the social context have a unique ability to rehabilitate people who have undergone traumatic experiences in life. For instance, researchers have confirmed that 'family' is one of the strongest social contextual elements in helping war-affected children to overcome the impacts of war. Research findings reveal that love, care and support received from the mother and other family members are vital to cope with traumatic situations (Garbarino and Kostelny, 1996). Another important element is the peer group relationships. Boyden and Mann (2005) express:

> Positive peer relationships provide children with an area of support outside family, in which they can experiment, develop attitudes, skills, and values plus learn to share with one another. These relationships become prominent during middle childhood and adolescence and it contributes to mitigate negative impacts and amplify self-esteem (Boyden and Mann, 2005:8).

Researchers have also proved that education is one of the key mechanisms, which help children to cope with traumatic situations (Ajdukovic and Ajdukovic, 1998; Machel, 1996; Analyti, 2001; Sommers, 2002; Sommers, 2003; Nicolai and Triplehorn, 2003; Wessells and Jonah, 2006; Cilliers, 2006). Apart from these, religious practices and traditional beliefs are also considered as effective coping strategies at times of stress, as discussed above (Antonovesky, 1979; Moskovitz, 1983; Clifford, 1997; Rinpoche 1998, Somasundaram, 2007).

Even though there are some weaknesses observed in practising the above-mentioned social contextual elements such as male dominance and gender stereotyping (Tol et al., 2013), researchers have proved that rehabilitation programmes can be beneficial in using these elements in a few ways. Firstly, it allows a larger population to be served within the rehabilitation process. Citing de Jong's (2002) idea, Tol et al., (2013) and Somasundaram (2007) state that the social context approach facilitates coverage of a larger group of people, alongside a wider scope to create mental health awareness among the war-affected population. Secondly, it is believed that they can be accessed easily and at a lower cost. Tol et al., (2013) state that social context methods are more cost-effective in a setting where the mental health field is not much developed, especially, given that third world countries where war is more prevalent have a huge shortage of professionals in the field of psychiatry. For example, in Sri Lanka, there were only 48 psychiatrists to serve a population of twenty million people (Jenkins et al., 2012)This unfortunate situation was further exacerbated by the fact that these psychiatrists were concentrated in urban areas rather than war-affected areas.

2.3.3 Economic Dimension

Psychosocial support involves a range of care and support interventions, which are aimed at addressing children's issues and needs in a holistic manner and places psychosocial interventions inside wider developmental contexts including economic sustenance. Youth in armed-conflict countries have often been involved, both as victims as well as perpetrators of violence, responding to war and its effects in different ways. Not all individuals directly affected by conflict will develop long-term stress-related symptoms. However, those who do may be greatly and possibly even permanently affected, which limits their ability to find and hold a job. In turn, productive employment may contribute to the recovery of affected individuals and reduce their likelihood of being drawn into future violence, thereby, contributing to stability and peace building. Post-conflict development policy must address not only the reconstruction of physical capital, but also the reconstruction of

psychological and social (psychosocial) capacities of those who have lived through violent conflict.

Many of the factors exacerbating psychosocial distress including economic deprivation, the rupture of social networks and negation of sense of belonging due to displacement are mitigated when war-affected individuals are integrated into society through employment (Hamilton et al., 1997; Evans and Repper, 2000) However, research in specific armed conflict contexts finds that distress, depression, and post-traumatic stress disorder (PTSD) reduce the likelihood of employment.[4] Hence, the need for well-directed intervention is necessary to assist youth whose psychosocial health has been affected by conflicts, to prevent their further marginalisation and exclusion.

Employment plays a vital role in promoting psychological well-being; the economic autonomy, which it provides is central to defining social status. Especially for young males, their social recognition as young male adults may entail the ability to establish and support a family (Bannonand Correia, 2006). In its absence, youth may remain marginalised from economic, social, cultural and institutional systems. Therefore, more attention needs to be paid to the effects of employment on one's identity and psychological well-being, for both men and women.

2.4. Developing an Analytical Framework for Assessing Psychosocial Rehabilitation programmes

2.4.1 Introduction to the framework

A framework is generally developed to bring logical coherence into focus and bind the rationality and specificity of the scope, and this framework has two parts. The first part of the framework that I have developed will facilitate mainstream assessment criteria. This will also act as a basis for analysis of rehabilitation programmes' activities. The literature review given

[4]According to the American Psychiatric Association, post-traumatic stress disorder (PTSD) is 'a psychiatric disorder that can occur in people who have experienced or witnessed life-threatening events such as natural disasters, serious accidents, terrorist incidents, war, or violent personal assaults like rape. People who suffer from PTSD often relive the experience through flashbacks or nightmares, have difficulty sleeping, and feel detached or estranged'. (http://www.healthyminds.org/multimedia/ptsd.pdf)

below will guide as to 'how' and 'why' each component was considered for the framework, while it was re-confirmed through field observations.

The second part of the framework relates to the analysis of impact of the rehabilitation programmes. It signifies the contributing factors to overall impact, while also assessing the constituents of such impact. These components each have an identified "level" at which they can be most appropriately applied to increase impact and are validated through literature reviews plus practically experienced via field observations.

In developing this framework, I have made efforts to bring significant amounts of prior knowledge spanning different rehabilitation programmes conducted worldwide in diverse contexts, while incorporating them with new knowledge of Sri Lankan cases, and I have also tried to eliminate any misconceptions on the subject. Thereafter, based on this framework, I have assessed each programme lined up in chapters 3-5; chapter 6 will also be based on the same part of the framework for comparative analyses of the three programmes' work in rehabilitating war- affected children. At the same time in chapter 7, I will comparatively examine the kind of impact they had for the lives of war-affected children.

2.4.2. The Empirical Foundation for Psychosocial Rehabilitation Programmes and Impact Assessment Components

Recent developments in psychosocial rehabilitation programmes and impact analysis are anchored in empirical studies conducted over the last several decades by many researchers from a variety of disciplines. To validate the content of the framework, I have examined a few studies on psychosocial rehabilitation programmes done in different war contexts and attempted to derive essential programmatic components needed for a successful programme. Even though there is substantial number of research studies available on psychosocial rehabilitation programmes at a global level, my focus was on only three such programmes since these programmes provided valuable insight for my analysis of frameworks. For instance, these three programmes seem to use the multi-dimensional approach (psychological, socio-cultural and economic), which is described above for rehabilitating children, while priority is given to the needs of particular societies. At the same time though, they have their own way of rehabilitating children; the services of their community members are also utilised in tandem in suitable circumstances.

2. 4. 2. 1 Creating Life Options through Skills Training and Employment Generation in Sierra Leone

From 1991 to 2002, Sierra Leone endured a brutal civil war, which left approximately 50,000 people dead, 20,000 brutally mutilated and three quarters of the country's population displaced. Sierra Leone's civil war devastated its economy, infrastructure and social services, as well as its people, leading to human rights abuses, including mass mutilations and pervasive use of children in armed conflict.

A few key studies have been carried out on psychosocial rehabilitation of former child soldiers in Sierra Leone, including a Programme of Creating Life Options through Skills Training and Employment Generation (STEG). Wessells and Jonah (2006) commenting about this programme, stated that some people consider ex-soldiers as hardened killers who have been abused and forced to do violence, and thus have become 'damaged goods' with little chance of reintegrating into communities or recovering.

Therefore, the skills training programme was funded by Christian Children's Fund (CCF) with several objectives, the first being to carry them through a reconciliation process to cultivate behaviours of peace, justice, mercy, forgiveness and restitution. The second was to restore children from poverty and destitution, fulfilling their basic needs and rights, so that children can be kept away from violence, directing them towards education and economic development. Third, the organisers of STEG identified that child soldiers had an 'identity crisis' due to trauma, deprivation, guilt and anxiety, and thus found it difficult to turn away from military identity to civilian identity. Since they lacked life skills and confidence needed to re-integrate and lead a normal meaningful life, they felt stigmatised. At the same time, they identified that these former child soldiers suffered from a lack of positive civilian roles in their respective societies. Therefore, it is important to identify ways of empowerment to re-integrate them back to society to take up active and respected roles. Fourth, they showed that in most African societies, spirituality takes a central place in people's lives; therefore, their traditional religious beliefs hold an important place in resolving issues of conflict and violence. Honwana (2008) mentions that according to African traditional belief, people who murder or see people being murdered become contaminated spiritually because contamination originates from contact with death and bloodshed. Therefore, elders in the society are fully convinced that these children should be rehabilitated through traditional cleansing rituals.

However, most of the researchers are of the view that these indigenous practices are not sufficient to bring about the expected results of rehabilitation; therefore, the need arises to involve the intervention of experts as well.

> Humanitarian agencies can bring resources that are enormously helpful in impoverished, war-torn contexts. Sometimes outsiders can help to establish linkages between groups and villages that have been divided and isolated by war and suspicion. Outsiders play an important role in providing necessary human and material resources, facilitating community development, unity, and peace building (Wessells and Jonah, 2006: 39).

In order to solve the above-mentioned issues of child soldiers and members of the respective communities, the STEG programme was begun in 15 communities in Sierra Leone. They followed certain steps before and even after implementing this programme in the respective communities. The first step was the CCF team meeting children, community leaders, religious leaders, traditional healers and elders to discuss the objective of the programme and to plan the ways in which they intended to implement the programme. This meeting imparted important information regarding the problems facing the respective communities and the need for psychosocial care.

In the second step, the programme requested the elders of the community to get involved in identifying and prioritising the developmental needs of children. The idea was to identify most needed areas and target groups for the programme.

Third step was the training of local chiefs, elders, senior women, youths and another 30 decision makers on how indigenous practices can be effectively used in rehabilitating war-affected children as well as a wider understanding and perspective of psychosocial rehabilitation. The rehabilitation approach of this programme was purely based on Sierra Leone's indigenous practices, in spite of receiving funds and skilled training from the international agency.

The fourth step was selecting workers who would conduct the planned activities of the programme. They retained the trained workers, 60 percent of whom were former child soldiers with the other 40 percent being civilians. The fifth step was to prepare the selected workers to conduct both civic works projects and reconciliation activities. First, they conducted a two-day psychosocial workshop on reconciliation, imparting training on healing, stress reduction, spirituality and peace. They further trained on how to conduct civic works projects with the main concerns covered being health and nutrition, education and general infrastructure development.

The next step was for the funding organisation to provide the necessary finances, materials, consultations and supervision while the community engaged in planning and implementation. They completed 53 civic projects, with the support of 2,040 ex-combatants and 1,380 civilians. Each of them were paid 27$ for full time work for 20 days per month. These civic projects included trainings on carpentry, tailoring, dyeing and soup making to give the participants economic opportunities, and later they had moved out to start their own businesses. The programme also later introduced a micro-loan project for these ex-combatants to support their livelihoods.

According to the findings of Wessells and Jonah (2006), it was too soon to comment on the impact of these programmes. However, the project analysis revealed that the process had a humanising effect for former soldiers, who reported that community members were less likely to call them "rebels" and more likely to apply the more traditional process of remorse, forgiveness and reconciliation after the programme started. The comments from the community members too made it evident that the rehabilitation programme had achieved commendable impact.

> We used to fear them (child soldiers) and thought they would start fighting in our community. When they came from the bush, we looked at them as animals. At first, it was difficult to bring them together since ex-combatants themselves were hot-headed. But then they learned to get along. These works brought them together, they learned to get along and we say they are not animals (Wessells and Jonah, 2006:43).

Analysing the features of this programme as a whole, we can say that they have taken a broader approach in rehabilitating the ex-combatants. They clearly had an understanding of the war context and what needed to be done to rehabilitate these children. For instance, as the first step, they collected baseline information on the children and their particular communities, in trying to identify their specific needs for psychosocial assistance. Next, they envisioned the programme's objectives based on this information, their observations and careful analysis. Therefore, this programme proves that 'identifying' the situation is an important feature in a rehabilitation process, where data can be obtained to derive the objectives and purposes of the programme.

Furthermore, the STEG programme had planned their programme well, covering the three main dimensions (psychological, social-cultural and eco-

nomic)of psychosocial rehabilitation as the best way possible even though they did focus more on the economic dimension of rehabilitation compared to social and psychological dimensions. They had selected the target areas and gradually moved to other areas depending on the success of the programme. The purpose and objectives of the programme were clearly defined; therefore, we can conclude that effective planning was one of the key success factors of this programme. If objectives remain vague or implicit, it would be difficult to plan focused activities to achieve the objectives or to measure progress against the plans.

Since this programme was fully funded by CCF, there were sufficient financial resources to run it consistently. They were also able to obtain skilled human resources through this funding to support the programme. In addition, they maintained good networking with the community and their stakeholders, as the programme involved them in identifying and prioritising the developmental needs of children. Enabling the community leaders, receiving their support in caring for children, involving them on programme activities, etc. were some of the key networking initiatives they took to ensure the sustainability of the programme. They used community-based methodologies and strategies of skills development, employment, cooperation, dialogue and psychosocial support. Conducting civic projects, building community capacities and strengthening resilience were some of the key strategies they employed to engage with the community in social work. They selected a rehabilitation strategy, which was purely based on the traditional practices and beliefs. Their rehabilitation techniques were also derived out of these cultural and religious beliefs. Therefore, having a clear rehabilitation approach, methodology and techniques is important to a programme.

According to the content available on the STEG programme, it is apparent that they concentrated more on monitoring the activity and supervision of the programme rather than on how these activities impacted individual children. However, UNICEF (2009) specifies that both activity and child's well-being monitoring is needed for a successful psychosocial programme, as the ultimate transformation of a child's life is of utmost importance to society. Therefore, this study revealed that impact analysis is also an essential part of the monitoring aspect, because it allows us to understand the extent to which a particular child has been rehabilitated through specific programme activity.

2.4. 2. 2. Community Youth Peace Education Programme (CYPEP) in Liberia and the Youth Reintegration Training and Education for Peace Programme in Sierra Leone

The Community Youth Peace Education Programme (CYPEP) programme in Liberia was conducted from 2004–2006 after the severe 15-year war there, with the main objectives of re-integrating child soldiers to society, making attitudinal changes through education and empowerment, and developing competencies plus self-confidence. The children were educated mainly on peace, health, human rights and community development.

The Youth Reintegration Training and Education for Peace Programme was conducted from 1999 to 2003 in four regions (Northern, Southern, Eastern and Western regions) of Sierra Leone. This programme mainly focused attention on rehabilitation and reintegration of ex-combatants into their communities. Maurin (2006) conducted a study on the above two programmes and according to him, two characteristics could be specified concerning both programmes in Sierra Leone and Liberia. First, the programmes provided education for war-affected children in a non-formal setting and outside a formal education system. Next, these education programmes were conducted mainly for children who had returned to their communities from refugee camps or from rebel groups. Further, the two programmes were also funded by foreign funding agencies; therefore, they had enough financial and human resources to conduct the programmes. Maurin states that he could not give a specific account of the success or failure of these two programmes since he started his research soon after the programmes ended. However, he highlights the importance of identifying the children's problems clearly, planning an action plan for rehabilitating them, and implementing this plan into action as an essential component of a rehabilitation programme.

However, analysis done by Sallah (2006), regarding the 'Community Youth Peace Education Programme' (CYPEP) in Liberia, states that several important steps can be identified via this programme activity, even though some further improvements were needed to be done. For instance, he stated that the planning of the programme, methodology that they use for rehabilitating youth, relationship with the funding agency and even the way they monitor the programme activities and impact made by the programme seems to be effective. However, Sallah (2006) presented major recommendations in order to improve the programme through his analysis, though the results of the programme to date are impressive. He noted that there is a need for follow-up activities for the programme. Further, he added that monitoring tools and mechanism should be further improved.

This study findings also proved that before rehabilitation activities are implemented, it is essential to follow some guidelines such as "identifying the problem, planning, using suitable methodology and monitoring". For instance, they discovered that children's knowledge regarding peace and reconciliation and health was poor and they planned accordingly when implementing the programme. However, recommendations made by Sallah (2006) clearly stated through his findings that more work was needed in order to have positive impact on children's lives. For instance, he stated that skills trainings, community development activities and follow-up and monitoring activities should be developed. I will not say anything regarding quality of the CYPEP, but when the activities were observed and examined, the study findings revealed that in order to have meaningful rehabilitation, identification, planning, selecting correct methodologies and monitoring were essential steps to follow. When focusing on monitoring, the recommendation made by Sallah (2006) implies that monitoring should cover two aspects. First, programme activity should be monitored and secondly, impact should be monitored. In his analysis, he highlighted that though certain improvements were required to ensure proper rehabilitation, children nevertheless exhibited some positive changes in their lives such as developing positive attitudes, self esteem and the will to rebuild their lives and community via the programme. This shows that he had carried out impact monitoring to some extent, and used it to comment on psychological impacts – how the programme contributed towards empowerment of children, and how it helped to rebuild their social context too.

2.4.2.3 Community Based Children's Play Activity Programme in Sri Lanka

Tribe (2004) has done a study regarding the 'Community Based Children's Play Activity programme' from which we can draw several lessons that can be incorporated into this research. Play activity programme was one of a series of interlocking programmes run by the Family Rehabilitation Centre (FRC), a Sri Lankan non-governmental organization, whose aim was to assist those children affected by armed conflict in all areas of Sri Lanka, irrespective of ethnicity, religion and political ideology. This programme started in 1992, and according to Tribe, CBCPA programme continued up to the time the research was completed. It was a programme that involved multi-level interventions in working with children, including their caretakers, health and education professionals and community leaders. This programme

covers nine refugee camps located in several war-affected areas in Sri Lanka. Tribe states that there were two broad objectives in this programme:

1. Identifying the psychosocial needs of children exposed to armed conflict and providing interventions to promote their healthy growth and development.
2. Enabling caretakers, parents, teachers and others interacting with children to identify those who are at great risk and to give those interacting with children confidence in themselves in working to assist traumatized children.

It further explains how the activities were planned in the programme in order to achieve these two objectives. They were as follows:

1. Trying to provide knowledge for caretakers, parents, teachers and others who interact children about their own structured environment and convince how to give children care, and protection using their own resources'.
2. Developing an intervention programme with local experts and identifying children with "trauma or stress related difficulties".
3. Gathering knowledge about the needs of children for healthy psychosocial development.
4. Developing the participants' skills on practical therapeutic play activities, caring or parental involvement and interaction, plus other relevant interventions.
5. Developing skills among the play leaders/ caretakers to conduct training programmes at a basic level using cascade/ waterfall methodology.

Their major target group was children who were selected across nine refugee camps. These children were not categorised under any label; yet, they were recognised as war-affected children. There is considerable evidence that refugee children are at significant risk of developing psychological disturbances as they are subjected to a number of risk factors (Fazel et al., 2002). Therefore, if rehabilitation programmes address the psychosocial needs of children living in refugee camps, then these children will not be alienated. Referring to the above section, we can conclude that the CBCPA programme had clearly identified their target group and their rehabilitation need, which helped them to focus the goals of the programme as well as achieve its objectives. Therefore, target group identification can be considered as a necessity in programme planning.

The interventions were based on the FRC philosophy, which holds that well-being is multi-faceted and that psychological health is embedded in the matrix of well-being. These may include social, community, spiritual and socio-political issues. The coping strategies used by some of the survivors were incorporated as an important component of the FRC programme. Over time, the FRC team developed a multi-level play activity programme based on the research literature, community resources and skills, cultural and psychological knowledge plus training. They had different interventions planned within the programme at different levels. One level of the intervention involved organising a range of structured child centred 'play activities', which included drawing, storytelling, free play, art, dancing and traditional games. Another level of intervention involved meeting regularly with the group of care takers and adult members of the community, and providing information and resources about child development, possible reactions to being exposed to civil war, traumatic events, family process, violence and loss. The third level concerned regular meetings conducted for the health and education workers who had joined the programme. The aim of this activity was to improve their competence in working and dealing with the children as well as to strengthen their confidence for successful job performance. The play leaders undertook regular training sessions at the FRC headquarters in Colombo. The first training programme was run by workers from the Children's Rehabilitation Centre (CRC) located in the Philippines. The senior counsellors and programme director of the FRC provided on-going supervision and support for the play leaders.

Another uniqueness of the programme was their implementation strategy. They recognised the important role indigenous healers and resource persons played within their communities and invited them to collaborate and participate actively in all FRC programmes. They were making an extremely valuable contribution in helping individuals; these helpers were well-placed to assist in the re-establishment of communities and networks of helping and healing as people from displaced communities started to return and rebuild their lives and communities. Therefore, even though financial assistance ceased, people in the community had acquired an understanding, knowledge and capacity plus strength to continue the activities without external support. With this being so, a question can be raised here as to why many people refer to cultural or indigenous healing methods as important techniques in rehabilitating war-affected children. As mentioned earlier, one reason could be the lack of necessary human and material resources in war-affected countries. Therefore, it is impossible for all those who are under mental stress due to war to obtain treatment from such a small number of professionals; thus, the

alternative would be to facilitate at least the indigenous healing methods widely available.

According to the research findings of Tribe, a systematic monitoring of the programme was undertaken and sustainability was constantly reviewed. The FRC team worked alongside adults from their programme to try and assist them in re-activating and regaining some of their emotional equilibrium and coping skills, thereby, increasing their psychological resilience and regaining their ability to care for and support the children. The programme used a collaborative design to incorporate opportunities for participants to share information, strategies and narratives.

Accordingly, CBCPA programme validated all four components of the analytical framework: Identification, Planning, Methodology and Monitoring at various levels.

Under the Identification section, situation and needs analysis can be endorsed through their assessments of the armed conflict situation, coping mechanism of children and their rehabilitation needs. In the planning section, they had identified very specific objectives and clear guidance on activities, to achieve those objectives with an adequate resource base. Financial resources were mainly provided by the FRC organisation but they intentionally built on their human resources base, by providing local and international training for staff and enabling the community leaders and elders to respond to the psychosocial needs of refugee children. Accordingly, mainly indigenous healing approaches were used. The CBCPA programme took into consideration the indigenous healing methods for psychosocial rehabilitation and their expertise on play therapy. Thereafter, the methodologies, techniques and different interventions were constructed in alignment with these approaches. Further, with the external capacity building initiatives, they developed a strong network to support their interventions. Therefore, components of the implementation system could be verified through these initiatives. Research literature gives an indication on the systematic monitoring and constant review process, which was ongoing throughout the programme. However, it does not clearly identify the activity monitoring and child monitoring (impact monitoring) separately. They had however worked with adults in the refugee camps and reviewed their progress to ensure that they were well-equipped to psychologically care for their children. Therefore, I have derived from this the importance of monitoring the activities of the rehabilitation programme and also monitoring the impact and progress made on the lives of children through those activities.

2.4.3. Analytical framework on Programme Activity Assessment and Impact Analysis Components

According to the analysis done for the three psychosocial programmes mentioned above, which is also corroborated by academic literature, although psychosocial programmes operate differently and have their own aims and objectives, they function in a somewhat similar manner and follow similar processes. For instance, all three programmes described above incorporated a few of the same components. Each of the programmes first paid attention to identifying needs and problems of the children, did a baseline study and selected their target group accordingly. Creating Life Options through Skills Training and Employment Generation programme in Sierra Leone (STEG) programme and Community Based Children's Play Activity Programme in Sri Lanka (CBCPA) had done this properly. Therefore, these two examples provided the clue that the identification phase should be at the forefront when the psychosocial activity is started. Many researchers have proved this as well. For instance, Agger et al. (1995) stated that identifying the problems and needs of the children and choosing the children who really need psychosocial care should be the first step that is taken by the psychosocial rehabilitation programme. Cairns (1996) also stated that a small number of the total population would be unable to manage on their own in emergency situations and this group needed immediate psychosocial assistance; therefore, it was necessary to identify them clearly and identify their immediate needs as well.

After identifying the problem and needs of the children and primary focus groups, the programmes thereafter planned their activities. For instance, the three programmes mentioned above planned their activities in three different ways as per the children's needs. They had clearly defined their purpose and strategise dhow they would find human and financial resources and what rehabilitation approaches they would pursue. Researchers have also confirmed that planning phase is an important stage after identifying the problems and target group. Duncan and Arntson (2004) stated that defining objectives or goals within this is crucial. For instance, they stated that there were a few fundamental goals of psychosocial programming such as psychological recovery, access to opportunities for cognitive and spiritual development, physical and economic security and so on. They also stated that a particular programme might address one of them while others may address a few of them together, according to the objective and resources (human and

financial) that each programme has. This shows that resources are also one of the important factors when planning a rehabilitation programme. Wessells and Jonah, (2006) and Kaslow (2004) have stated that resources are greatly needed in order to run a programme smoothly, and they suggested that when a community is highly impacted by war, it is better to seek outside support; thus, such outsiders can play an important role in facilitating social context development, unity and peace building.

The above three programmes proved that selection of suitable methods and technique was a very important phase in rehabilitation activities. The above discussion also proves that rehabilitation methodologies and techniques will depend upon the purpose, identification of children's problems, the resources that each programme commands, etc. In this context, some programmes used psychological plus psychiatric techniques, while others utilised social contextual techniques, according to the needs and recourses available to each programme. However, most of the other studies also revealed that both approaches (psychological plus psychiatric, and social contextual techniques) have unique capacities to rehabilitate children if they are used according to the needs of the children (Ajdukovic and Ajdukovic, 1998; Machel, 1996; Richman, 1996; Analyti, 2001; Sommers, 2002; Sommers, 2003; Nicolai and Triplehorn, 2003; Wessells and Jonah, 2006; Cilliers, 2006; Antonovesky, 1979; Moskovitz, 1983; Clifford, 1997; Rinpoche 1998, Somasundaram, 2007; Duncan and Arnston, 2004; Hamilton et al., 1997; Evansand Repper, 2000). Further, some studies have also highlighted the importance of networking and partnership building as well as intervention in this phase. For instance, researchers suggest that if a programme creates partnership and networks with external partners especially in a war context, it will lead to the betterment of those who have been victimised by war. For instance, McCallin (1998) stated that:

> Conducted well and with an eye towards capacity building, long-term development and partnership with local communities, outside assistance can support peace building, and reintegration in the post-accord environment (McCallin, 1998:60-75).

This 'monitoring phase' is also highlighted as an important step in a psychosocial programme by many researchers. For instance, Duncan and Arnston (2004) stated that there should be some indicators to monitor programme's 'input' and 'output'. According to them, 'input' monitoring comprises examining whether the activities are operating on track as planned. 'Output' monitoring comprises examining whether the expected results are achieved through the planned activities. Armstrong et al. (2004) have also

proved that psychosocial programmes should comprise a monitoring phase, and they further highlighted that there are four main reasons for undertaking monitoring activities such as 'accountability, improving programming/process, learning and communication'. In analysing these discourses, we can conclude that monitoring phase should consist of two prongs, i.e. 'activity monitoring' and 'impact monitoring'.

When taking account of the 'impact monitoring' phase, there should be some mechanisms to do this task. Though such criteria depend on the programme's activities as mentioned by Duncan and Arnston (2004), some researchers have highlighted a few common steps which could be taken as important steps in order to monitor the impact of programmes. For instance, many researchers have highlighted the importance of fulfilling basic needs of victimised children before starting on direct psychosocial care because these are identified as fundamental requirements for survival (Wessells, 2005; Honwana, 2008). Referring to Sierra Leone's child soldier rehabilitation process, Wessells (2005) explains that the greater part of rehabilitation is achieved when the basic material needs are met. Even after the war there ended, many child soldiers were willing to engage in acts of violence to fulfil their basic requirements, including education. This shows that attending to these requirements is viewed as essential to rehabilitation. Therefore, when monitoring the impact of the programme, one criterion should be about how programmes pay attention to fulfilling basic needs, and their assessments of how much victims are being satisfied regarding this aspect.

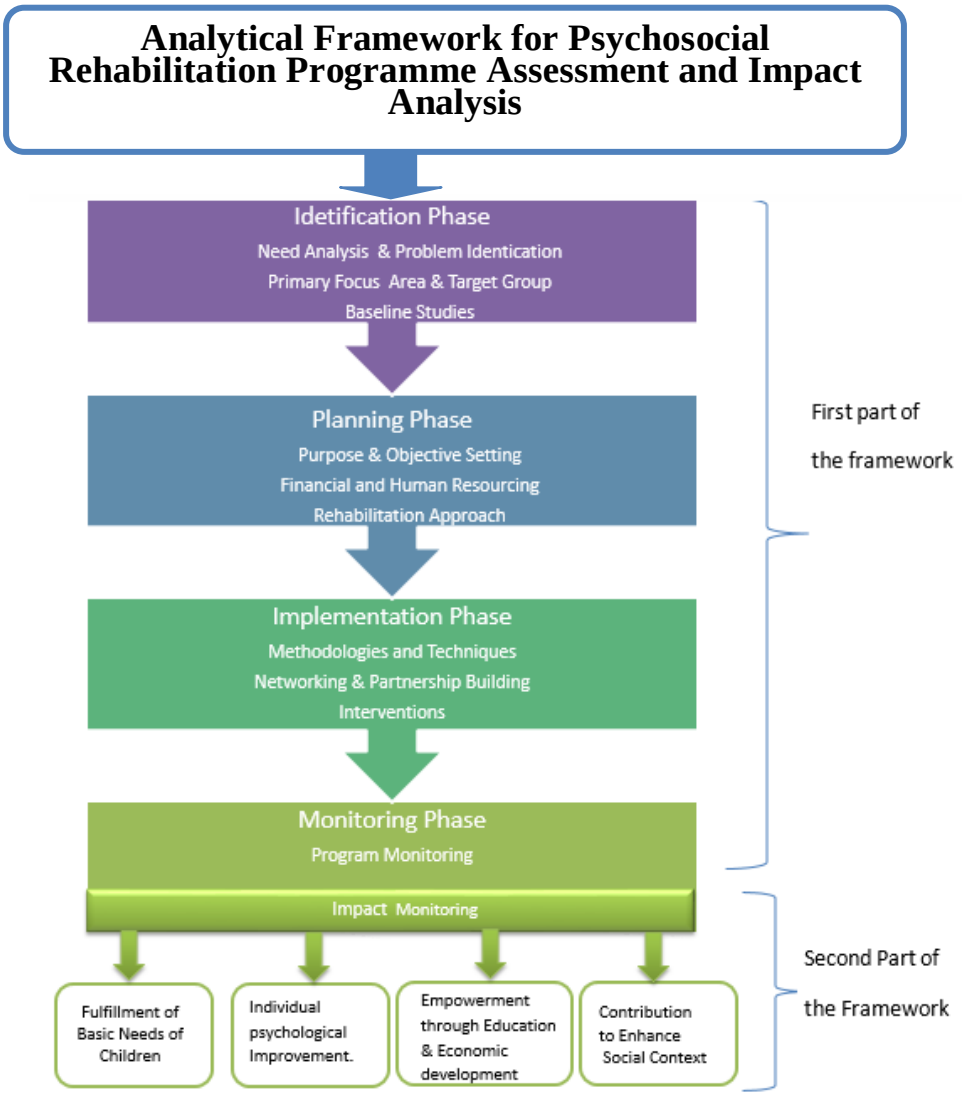
On the other hand, researchers contend that the main intention of a psychosocial rehabilitation programme is to reach out to children who are actually psychologically traumatised by war and care for them in a manner that helps them regain their physical, psychological, social and spiritual balance (Agger et al., 1995; Duncan and Arnston, 2004). Empowerment in these areas is a key strategy used by a number of rehabilitation programmes to help children regain their confidence and self-determination. Over the last decade, the concept of empowerment has emerged as the main paradigm of development in different sectors of society. The term empowerment has different meanings in different socio-cultural and political contexts, and does not translate easily into all languages. Generally, empowerment is associated with a few key terms such as inner strength, control, self-power, self-reliance, own choice, life of dignity in accordance with one's values, capable of fighting for one's rights, independence, own decision making, being free, awakening, and capability, to mention just a few. Therefore, analysing how programmes work on empowering children will be another criterion in order to monitor the impact of the programmes.

Researchers have also highlighted that one main responsibility of the rehabilitation programme is to re-build the damaged social context caused by war. According to Earle, L and Earle, T (1999), family, religion, education, perceptions, attitudes, values, norms and law are some important components of the social context. Accordingly, researchers have confirmed that if rehabilitation programmes want to achieve successful results, the damaged social contextual features should be re-built. For instance, Somasundara (2007) states that strengthening and rebuilding family and village structures are important aspects in this regard. Analyti (2001) opines that re-establishing education opportunities can create social stability, which can facilitate the rehabilitation process effectively. Green and Honwana (1999) have stated that strengthening the family structure, rebuilding the village systems, and reconstructing educational institutes and religious orders will facilitate the rehabilitation process naturally. Therefore, when assessing the impact, it is advisable to examine whether programmes pay attention to re-strengthening the social context; this could serve as an important criteria.

Researchers have also proved that if a psychosocial rehabilitation programme fulfils the above criteria, it will help to establish the psychological stability of children during rehabilitation (Somasundara, 2007; Evans and Repper, 2000; Agger et al., 1995).

Considering all the facts discussed above, I have developed a framework in order to describe, analyse the activities and analyse the impact of each of the rehabilitation programmes selected for the study. Accordingly, first part of the framework will describe each programme, while also contributing to help analyse the activities. The second part of the framework will be utilised to analyse the impact of each of the programmes. The following sections identify in detail each component and their sub elements of the framework.

Figure 1



2.4.4 Analytical framework on Programme Assessment Components

Based on some of the content discussed in the above section, I have identified certain key elements that need to be included in a study of psychosocial

rehabilitation programmes, which also serve as assessment components in the analytical framework. Accordingly, in this section I will describe how each of the programmes identify the specific problems and needs of children, how the programmes then plan their activities, the methodologies they use, and how they monitor their activities. In the first part of the framework, chapters 3-5 and chapter 6 will be described. Chapters 3 to 5 concentrate mainly on a review of all their activities based on the perspectives of people involved with the programmes, as well as literature that are available on the programmes. Chapter 6 will focus on how the programmes operate and the extent to which their activities are relevant to Sri Lanka's war-affected society. Finally, the extent to which they are able to achieve their function of rehabilitating war-affected children in Sri Lanka is also explored.

2.4.4.1Identification Phase

To ensure the success of any programme, it is essential to assess the ground realities and build an understanding before commencing project work. This process includes inquiring and gathering information in order to understand a situation and explore issues, problems and opportunities. It can start with having initial discussions with community leaders and government representatives who may act as gatekeepers to begin the re-building of children's lives, similar to what the STEG programme did. I have divided the identification phase into three different stages: identification of 1) needs and problems, 2) target groups and primary focus areas and 3) baseline information. This will help a programme to build a good foundation for the planning and implementation phases.

Needs Analysis and Problem Identification

It is important to do needs analysis in order to identify the intensity of the need to rehabilitate children in their contemporary situations. In a war context, studying the external environment is extremely important, and especially so when the programme is physically located in the area. An analysis to assess the strengths, opportunities, weaknesses and risks will enable a programme to understand the realities of its external environment.

Target group and primary focus area

Selecting a geographically based focus area and a target group (which is the group who will be directly and positively affected by the intervention) is essential for any project. In psychosocial intervention, selection of target is immensely important because they will directly influence the impact of the programme (Agger et al., 1995). Therefore, having suitable selection criteria and capable people to execute this selection procedure will be significant for a programme. Primary focus areas are selected locations from the

main impact area, where the effects of war have been heavily felt; they should also contain a significantly large population of children who are vulnerable and in need of rehabilitation. Such areas can be selected based on geographical boundaries depending on accessibility.

Baseline studies

Ideally, a baseline survey needs to be developed and created when social data is being collected at the beginning of a project. The purpose of a baseline study is to provide an information base against which to monitor and assess an activity's progress and effectiveness during implementation, as well as after its completion The baseline values can capture the pre-condition of the children before they enter into the rehabilitation programme, or conditions of the social context, or any particular intervention before commencement of the programme. Many research methods can be used to obtain baseline data, such as surveys, interviews, or focus groups, or even visual items, including photographs, maps and diagrams. It is often necessary to be creative and innovative about the data sources used since this pertains to children and psychological conditions.

2.4.4.2 Planning Phase

Purpose and objectives

The purpose and objectives will guide the programme to be focused within its area and scope of work. However, in rehabilitation programmes, purpose and objectives would also depend on the analysis done on the external and internal environment, especially focusing on the strengths and opportunities. There might be occasions where the purposes and objectives could be influenced by strong factors like funding agencies, staff capacity and even social and political will. Some psychosocial rehabilitation programmes tend to focus on negative psychological effects of war and define their purpose, while others develop their aspirations focusing on coping strategies of children. Either way, it is important to have clear and measureable objectives and indicators that are established at the initial stages of a psychosocial support intervention.

Human Resourcing

The success of an organisation is heavily reliant on the talent and strength of its employees. Therefore, having competent workers is significantly important in a psychosocial rehabilitation programme, as it is entirely a labour oriented process. Competencies are distinctive elements necessary for suc-

cess; moreover, they correlate with performance and can be evaluated against agreed upon standards (Kaslow, 2004).

Identifying workers with the above competencies is an extremely difficult task, especially to work with children in a war-torn area. Also, in many of the developing countries such competent people are rare. Therefore, most programmes will have to be satisfied with the available people and train them to acquire the skills and competencies needed.

Financial Resourcing

One of the most important elements in starting an organisation or programme is to secure funding needed to run operations. In similar manner, to ensure the continuity of a psychosocial programme and its completion, having adequate funding is a necessity. If funding is inadequate the programme should always look for alternative ways to fund itself including to the community, without discontinuing or bringing in negative impact (Wessells and Jonah, 2006).

Rehabilitation Approach

Psychosocial rehabilitation approaches mainly lead to two broad intervention areas: the first is aimed at improving the individuals' competencies, while the second aims at introducing environmental changes to improve individuals' quality of life. However, in the early years much more emphasis has been placed on the development of individual-based approaches, leading to a narrow view of psychosocial rehabilitation as a set of more or less defined techniques targeted at addressing psychological concerns. After the Second World War, more attention was paid towards the environmental change approach; this included the social, cultural and economic factors of the individuals. With the advancement of these approaches, a need arose to strike a balance between the two to increase the impact of psychosocial rehabilitation. Yet, some tend to take a more individualistic based approach geared towards psychiatric and advanced counselling therapies, while others use social contextual factors like education, family relationships, religion, traditional and cultural practices, in the process of rehabilitation.

2.4.4.3 Methodological Phase

The programme has to decide the approach, methodologies and techniques to adopt in order to implement its interventions. As mentioned in the first part of this chapter, psychosocial rehabilitation has different dimensions; therefore, the intervention can be designed considering one or several of these dimensions depending on the need, objectives and capacity of the implementers. The following section describes each of the components of the operating mechanism.

Rehabilitation Techniques

The application of psychosocial rehabilitation methods and techniques ranges from alternatives of bio-medical approaches, to counselling, to social behavioural change therapies, to empowerment of people by developing their social, vocational, and other 'living' skills. Depending on the approach selected for rehabilitation, the methods and techniques are different. Whatever the methodologies and techniques used, they need to be implemented by erudite persons of the field, with an adequate understanding of the contextual factors and the individuals under care. Impact of the programme will greatly depend on the selected methods and techniques and execution of the same.

Networking and *Partnerships*

Partners can be individuals, groups or organisations that share the programme's vision in achieving its objectives. Partnerships can support a programme to increase local ownership and capacity and will make the rehabilitation process more sustainable. Networking is a means of creating partnerships; each programme can determine which and what form of collaboration is appropriate to achieve its rehabilitation objectives. The following factors need to be considered in identifying the partners:

1. Specific outcome desired
2. Readiness and willingness to work together
3. Compatibility of values
4. Time frames available to work together

Networking will help to develop relationships at the local level and understand the power dynamics of the stakeholders, identify local resources, and culture, behaviours affecting children, hidden or invisible issues of vulnerability, and establish effective partnerships.

Interventions

Once the methods and techniques are determined, programmes can plan their intervention depending on their monetary and technical capacities plus the contextual factors. These interventions can be either direct, typically involving a targeted meeting and therapies with individuals in question, or indirect, involving work with a potential family or other relevant peer groups to support children under care. These interventions need to be carefully planned and aimed at achieving results. Counsellors, coordinators, or educators and concerned groups of family and friends can be involved in planning

direct interventions, while teachers, religious leaders and communities can be involved in planning indirect interventions.

2.4.4.4 Monitoring Phase

Monitoring is the process of examining progress against plans of a programme i.e. it is a continuous assessment that aims at providing early detailed information on the progress or delay of the ongoing activities. Its purpose is to determine if the impact, deliveries and schedules planned have been reached so that action can be taken to correct the deficiencies as quickly as possible. Monitoring can be somewhat difficult in psychosocial programmes, because presence is needed to differentiate activity monitoring and child monitoring, which would require the support of a mental health expert. However, for monitoring results to be authentic, it needs to be done over a long period of time because most psychosocial changes become relevant only once children are re-integrated into their society. The monitoring and evaluation should be built in to a programme, whereby a mechanism functions to carry out these activities and thus improves the programme's contents.

Program monitoring

Through regular and ongoing communication with all children and stakeholders, and frequent and comprehensive reviews of activities, the rehabilitation coordinator can ensure the approved activities are on track for achieving agreed outcomes. On the other hand, these rehabilitation coordinators need to be equipped to monitor the progress of interventions of the overall programme as well as the impact that it has created on larger social context and individual children(Duncan and Arnston, 2004; Armstrong et al., 2004). Therefore, I have categorised monitoring under two segments: 'programme monitoring', which will include progress of interventions and 'impact monitoring', which includes progress made on social context and individual children.

2.4. 5 Analytical Framework on Impact Analysis

Based on the above-mentioned inductive and deductive dimensions, I identified certain key components to aid the analysis of the impact of a psychosocial rehabilitation programme. These components were described in the second part of the analytical framework. Many researchers point out that it is difficult to analyse the 'impact' of psychosocial rehabilitation programmes, as there are no tools available to quantify such impact. Also, since psychosocial rehabilitation has a short history, not many impact evaluation studies are available to indicate the key measures of the impact (Nyland et al., 1999). Even though it was impractical to analyse impact of these programmes during my short research period, I have considered a few key areas,

which can serve as key impact components of a rehabilitation programme. In this endeavour, I have included in the 'impact' analysis all the positive factors that benefited war-affected children through the programme and how these influenced the children's well-being. For instance, if the children were not having their basic needs met and if they received it from a particular rehabilitation programme, then it was a good impact that the children received from the particular programme. If the children who had dropped out from their schools were reintroduced into education, that too would be a good impact on the children. In this way, four components were identified such as: Fulfilment of basic needs of children, Efforts of empowerment, Rebuilding the social context and Psychological improvement of children in order to analyse the impact of these three selected psychosocial rehabilitation programmes in Sri Lanka.

2.4.5.1 Fulfilment of basic needs of children

Many researchers have highlighted the importance of fulfilling the basic needs of victimised children before starting on psychosocial activities. Critiques state that most rehabilitation programmes concentrate on fulfilling psychological and social needs of children whereas basic needs such as food, clean water, shelter, health and sanitation are given less attention (Williamson and Robinson, 2006). In another instance, Green and Honwana (1999) and Honwana (2008), with reference to Mozambique and Angola child soldier rehabilitation, explained that the greater part of rehabilitation is achieved when the basic material needs are met. This holds true for the situation in Sierra Leone, where even when the war was over, many child soldiers were willing to engage in acts of violence to fulfil their basic requirements for food, clothing and even education, and sources of living. For instance, Wessells (2005) says that if people are very poor, and if they suffer from hunger, they will have an aversion to peace in society. He further explained how children responded when they did not have their basic needs met as follows:

> The people in Sierra Leone after the war asked 'What peace? We were hungry before the war, during the war, and still now we are hungry'. A 17-year-old former child soldier said: 'this gun gives me power, and I know how to get what I need. Why should I go back to the village when I have no money and no job, no education? (Wessells, 2005:366).

Therefore, addressing these requirements first is a good way to start rehabilitation. However, some researchers have argued that not only material needs but also non-material needs such as 'trust-building', 'identity' and

'security' should be considered simultaneously in this regard (Wessells and Jonah, 2006). From these experiences, it is clear that by providing the basic material and non-material needs, a greater part of psychosocial rehabilitation is achieved. Therefore, this study also tries to determine how the three selected programmes address this aspect and how successful they were in this regard.

2.4.5.2 Efforts of 'Empowerment'

Need to empower children victimised by war in order to rebuild their positive attitudes and behaviour towards themselves, family and society will be the prime aspect of the impact of a psychosocial rehabilitation programme. According to theoretical discussions, there are two ways to empower these children: one is to expand their educational opportunities which can help them to regain their confidence, rebuild positive self image and even lead to economic opportunities (Machel, 1996; Sommers, 2002; Sommers, 2003; Nicolai and Triplehorn, 2003; Maurin, 2006). The second way of empowerment is to direct them towards peace building activities and encourage them to take part in leadership activities.

For instance, according to Moskovitz, (1983), making children feel valued in the society and allowing them to take up social responsibilities is one coping mechanism to combat stressful situations. Researchers have shown that some institutions identified this as an essential element and actively use children as agents of social change and peace. For instance, McEvoy-Levy (2006) argues children are primary actors in grassroots level community development work and could be on the frontline of peace building activities. He has given two examples in this regard explaining how some children work as peace actors in war-affected countries. The first example cites the children of Israeli and Palestinian communities, demonstrating importance of peace through street drama. The second example is 'Children's Movement in Colombia', which McEvoy-Levy highlights as the contribution of children to national and international level peace activities.

Accepting the above view, Helsing et al. (2006) confirm that engaging children in peace related creative activities clearly has a positive impact on both the children as well as society. Therefore, they suggest that broader discussions are needed on how to empower children and motivate them towards these initiatives. Especially, workers engaged in psychosocial activities in war-torn areas need to have a greater responsibility to lead children in this direction. One important factor is selecting the right group of children. Because some researchers state that fulfilment of physical needs are more im-

portant for infants and small children, while interpersonal factors are more important for the adolescents in rehabilitation (Kimchi and Schffiner, 1990). Therefore, a child's age, ability and skills need to be taken into consideration when selecting them as peace actors. Secondly, it is important to ensure society has the right environment to facilitate their taking up societal responsibility. Thirdly, it is important to apply a suitable approach (methodology) to empower the children to make an effective change in society (Moskivitz, 1983; McEvoy-Levy, 2006; Helsing et al., 2006).

2.4.5.3 Re-building the social context

This chapter explores how social context influences the healing of people who have undergone traumatic experiences. In line with this, it was discussed that family, peer groups, educational institutions, religion and so on possess the ability to heal stressed people (Antonovesky 1979; Moskovitz, 1983; Loughry and Eyber, 2003; Garbarino, and Kostelny, 1996; Annan et al., 2006; Boyden et al., 2005; Clifford, 1997; Rinpoche, 1998; Somasundaram, 2007).

However, during a war, the above-mentioned social context and associated coping strategies might be highly curtailed or even unavailable since the entire social fabric gets altered or destroyed due to war. Somasundaram (2007) states that the entire social system can be destroyed due to conflict. Therefore, researchers are of the view that the psychosocial rehabilitation programmes bear a great responsibility to evaluate how social contexts have been altered due to the war and its consequent impact on children. If these programmes are to work for the well-being of children, they should pay attention to re-creating what was damaged.

2.4.5.4 Psychological improvement of children

Psychological improvement through direct psychotherapy or psychiatric treatment is a key expected outcome of a psychosocial rehabilitation programme. It consists of a series of techniques for treating mental health, emotional health and some psychiatric disorders. It helps children understand their thought patterns and how to deal with positive or anxious thoughts, accepting their strong and weak points. When they get to identify their feelings and ways of thinking, they become better at coping with difficult situations. This psychological empowerment will help them take control of their own care and self-preservation, whilst building understanding, trust and developing skills for improved relationships.

2.5 Concluding Remarks

This chapter being the core of the research builds the framework that supports the comparative analyses of the rehabilitation programmes and their impacts. Before constructing the analyses framework, the need and advancement of psychosocial development in war contexts was explored to understand the current status of psychosocial discourse. It led to the understanding that psychosocial development can be seen as a multi-dimensional concept. Psychological, social and economic are the broader dimensions. The treatment of mental and emotional disorders through the use of psychological techniques was designed with the goal of relieving symptoms and changes in behaviour, leading to improved social and vocational functioning and personality growth. By scrutinising these dimensions through a project cycle process, I was able to develop the analytical framework to chart these rehabilitation programmes and their impact analysis. The empirical foundations for this framework were built through research studies done on two African and Sri Lankan rehabilitation programmes plus many literature reviews.

In this chapter, I have described the three programmes used to validate the assessment components. I have reviewed the purpose and objectives of the programmes and the process of rehabilitation each followed, while commenting on the impact they have achieved in each area. Theoretical reviews have also been considered to justify some of their programme interventions.

The first part of the framework to comparatively assess rehabilitation programmes consists of four main phases: Identification phase, Planning phase, Methodological phase and Monitoring phase. Different sub-components have been listed under each phase, but I do not apply a strict principle that each sub-component should be under a given phase. Due to many practical reasons, programmes need to be flexible to adapt to the contextual changes when going through this cycle.

The second part of the framework relates mainly to impact monitoring phase and the combination areas of impact of a rehabilitation programme, and it includes fulfilment of basic needs, empowerment through education and economic development, enhancement of social context and direct psychological advancement of children. The comparative impact assessments have been based on these components.

3

The *Muditha* Psychosocial Rehabilitation Programme

3.1 Introduction

The main intention of this chapter is to get a comprehensive understanding of the *Muditha* psychosocial rehabilitation programme, which is selected in this study as a comparative case. Accordingly, the aim is to describe the programme in detail, and this description is based on the first part of the analytical framework that I developed in the second chapter. Accordingly, this chapter includes a detailed introduction and a systematic analysis of their rehabilitation components. To develop this chapter, I have obtained information from the leader and staff of the particular programme, children and community, and combined it with my own observations and experiences. Following are the main components of the analysis.

(1) Identification phase: needs analysis and problem identification, primary focus area and target group, baseline Information
(2) Planning phase: purpose and objective setting, human and financial resourcing, rehabilitation approach
(3) Methodological phase: techniques, networking and partnership building and interventions
(4) Monitoring phase: programme monitoring

3.2 Identification Phase

The *Muditha* programme operated in a Sinhala village of *Vavuniya* district of North Central Province in Sri Lanka. This village is considered as a 'border' village since it was attacked by the LTTE several times. This programme was initiated by a Buddhist monk, in a Buddhist temple when some children sought his protection and care. At the time of this study, there were nearly 80 children, about 90 percent of whom were Tamils who came from *Jaffna* and *Killinochchi*of the Northern Province, while the remaining 10 percent were Sinhalese from *Vavuniya*. All these children were direct victims of war, displaced, having lost their parents, loved ones, homes, communities and education. The Buddhist monk operated the programme on his own, supported by his mother who helped in caring for the children along with a few villagers. The programme only had boys of different ages, ranging from new born infants to adolescents.

3.2.1 Needs Analysis and Problem Identification

The *Muditha* programme began operations when children started to seek refuge at the temple in expectation of shelter and protection. These children were not from the community where the temple was located; therefore, the monk who led the programme found it hard to access precise background information for each child. He only had the knowledge of a general consensus on war contexts and how it has affected children at large. Since the monk was the only one involved directly with children, he did not have time to investigate into each child's needs and problems in detail as well. He had to directly start providing the basic needs of children due to the urgency of that need. However, eventually he recognised how these orphaned children were mentally traumatised, after losing their parents and loved ones and their way of life. They were distressed because of displacement, having no proper place to live, and no educational opportunities. Since each child had been directly exposed to war, the monk suspected that they had experienced the terror of it intensely. Based on these observations, he was able to discern the need to rehabilitate these children. However, it seems that he could not identify the problems of each child individually or evaluate their mental condition because, as he acknowledged himself, he lacked the skilled knowledge of psychology required to do so.

3.2.2 Target Group and Primary Focus Area

The *Muditha* programme was not a highly organised, well-structured rehabilitation programme since it was started without prior objectives, planning or even resources. Therefore, they did not have any criteria for selecting their target group, even for their primary focus areas. For instance, although this programme was conducted in a Sinhala village in *Vavuniya* district, 90 per cent of the children were Tamils, and they had come mainly from the Northern Province. This highlights that this programme does not cover or focus on any particular area, and due to the nature of the programme, there was no particular geographical area they could focus on. At the same time, they did not use a specific criterion to choose target groups for the programme either. According to the monk, only boys[5] were recruited for this programme, and they could join the programme at any time. If children were adversely affected by war or having other difficult circumstances and in need of help, they could join the programme on their own or through another elder. There was no age limit for the children to join this programme. For instance, at the time this study was conducted, there were children ranging in age from three months to teenagers. The monk's mother also helped to look after the small children. They were given facilities for lodging, until they could leave the place as adults.

Selection process for a rehabilitation programme plays an important role, because the impact depends on the appropriate selection. Therefore, a programme should have a proper mechanism of identifying target groups who are really in need of rehabilitation. The *Muditha* programme leader believed (interview no 69) that all the children in his programme fell in the latter category. Because as per the monk's justification, when considering the war experience of these children, almost all of them had gone through similar experiences. All had lost their parents, loved ones, homes, their community and education, as mentioned above. Therefore, all of them showed clear need to be rehabilitated. As pointed out by Antonovesky (1979) and Moskovitz (1983), these children did not have strong social context to overcome their war trauma since they were already orphaned. With this background, the programme leader's opinion may be correct regarding the children's condition.

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[5]According to the programme leader, due to a lack of resources this programme has limited intake only for boys. If girls were to be accepted, more staff would be needed. At the same time, this programme is conducted at a Buddhist temple. According to cultural norms, normally girls cannot be accommodated in a Buddhist temple. Consequently, this programme is only limited to boys.

Having observed these children, I can also relay that they really deserved care and protection. Yet, the question is whether the selection mechanism truly emphasised identifying children who needed urgent psychological care and rehabilitation. Because, in a war environment even if all children become victims, there should be mechanism to select the severely affected (Agger et al., 1995). Therefore, due to the absence of a structured way of selecting children to the *Muditha* programme, children who needed urgent care may have been overlooked. The other issue here is that they only accommodated boys mostly due to the fact the premises was a temple and the leader was a Buddhist monk operating with limited resources. As per cultural norms, girls were not usually accommodated in a Buddhist temple. This situation confirms views of some scholars on gender imbalances of traditional rehabilitation methods, which give less attention to girls (Tol et al., 2013).

3.2.3 Baseline Information

As written earlier, baseline refers to information about the pre-condition of the children before they entered into the rehabilitation programme or condition of the social context or any particular intervention before commencement of the programme. A baseline is usually represented by qualitative or quantitative data, which helps to assess the progress made through different activities. However, the *Muditha* programme had very limited space to gather such information, mostly because it was a programme, which emerged unintentionally under an emergency context. Also practically, it was not easy for them to obtain information on these children as all of them were orphans and had no family or friends that knew them in the same area. Due to security reasons, access to the original villages of these children was completely restricted. Moreover, the programme was run by only one monk who had limited expertise in the field of psychology and who thus had no knowledge on obtaining specific baseline information on the mental condition of each child. What he had was a general perception of how each child had become a victim of war and the trauma it had created. Therefore, the level of trauma was not particularly recognised and documented before this programme was initiated.

3.3 Planning Phase

3.3.1. Purpose and Objective setting

According to the monk, the main purpose of the programme was to help children recover from mental trauma instigated by the war. Commenting on this, he further explained that direct and indirect war experiences such as

losing one's parents and loved ones, being displaced and losing education opportunities could affect mental stability of children, which could even lead to damaging their social life. Therefore, the *Muditha* rehabilitation programme intended to help them overcome this trauma and gradually assimilate into society as normal citizens.

The programme leader also explained that the reason for initiating this programme had a direct influence on setting its objectives. It began with one child, who became an orphan during the war in November 1993. The initiator of this programme had not expected it would become an extensive rehabilitation programme. However, during the war, many children started coming to him forcing the programme to expand; thus, the *Muditha* programme came into being. Therefore, he wanted these children to first go through a process of relieving their mental stress and trauma and dealing with the shock. Then, he designed a course of actions with his limited understanding to re-integrate them back into society. He wanted the war mentality to be completely wiped out and be able to help them regain normalcy and move back into society as productive citizens.

As pointed out in chapter two, purposes and objectives of a rehabilitation programme should be based on problem identification and need assessments, especially the psychological condition, social and spiritual disturbances and basic needs. The *Muditha* programme had made deliberate efforts to consider these factors before setting up the objectives and the purposes of the programme, although they had not done any problem identification and needs assessments.

3.3.2 Financial and Human Resourcing

Many researchers have revealed that in order to conduct a successful rehabilitation programme, sufficient human and material resources need to be in place (Wessells and Jonah, 2006). However, the *Muditha* programme ran with minimum funding; they did not have a regular income source or a stable funding mechanism. Most of their contributions of money and kind came from the community. One of their reasons they limited their intake only to boys was also due to funding constraints. If girls were to be accepted more staff would have been needed.

The *Muditha* programme fulfilled their basic requirements through almsgiving[6] and other voluntary contributions of food and clothing, given by the

[6]*Almsgiving* is making voluntary contributions of food, cloth or aid to the poor. Buddhists practise it as a form of ritualistic worship.

community members and devotees and from the income from the properties belonging to the temple. There was no specific donor agency, local or foreign that contributed funds to the programme. The village where the programme was conducted was very poor; therefore, villagers could not help children because of their own economic difficulties. But even so, when they harvested their paddy farms, they offered their quota to the temple, which was done as a tradition and a customary event.

However, the monk revealed that at the time this programme was initiated, many of the adults in the area did not show any particular interest, since the majority of the children were Tamils. Their argument was that in this area, Sinhalese children have also been affected by war; thus, this programme should concentrate only on them. He expressed that gradually people in the community had come to understand the situation of the children and agreed to support the programme. However, it was not realistic that the income of the temple and poor villagers could provide a regular supply of food for 80 children. When the monk was asked this question, he said that from time to time the programme also received some donations such as books, clothes, shoes, etc. from some institutions. Yet, these were not at all sufficient for the smooth running of the programme.

The *Gramaseveke* (village headman, interview no 84) also commented that since the programme did not have regular funding arrangements, it faced difficulties. However, he stated that the programme received some major help from several organisations from time to time. One community leader (interview no 85) revealed that he has seen lorry loads of books, shoes and clothes being provided by several organisations. Some people are critical that these items are not given to the children, but are being sold sometimes. However, some community leaders reveal that the monk does that to find the money for buying essential commodities such as food, clothes and medicine for the children. They further stated that although the children do not have a very comfortable life, the leader tries to meet their needs as much as possible.

When considering the human resources of the *Muditha* programme, there is a shortage of staff in relation to the large number of children. For instance, the Buddhist monk is the only working staff member in this programme, and he is the one who conducts the rehabilitation activities for the children. According to him, the main reason for this situation is the lack of resources, which leads to non-recruitment of trained staff. Looking after 80 children all by himself was commendable at this point even though it seemed impossible at times. But he has taken several steps to minimise the risk of this task by asking for his mother's support, especially to look after the infants; at the time of this study, there were two infants of 14 days and 3 months. According to the monk, one reason for this is that it is essential to obtain help from a

female to take care of these small children. Further, he says that assistance is needed to prepare the food for 80 children.

Also, he has taken support from the older children giving them responsibility of looking after the younger ones. Small groups were formed with the younger children, and one older child was placed as the head of each group, where these elder children acted as 'god-fathers'. The Buddhist monk uses the concept of 'God-father' even though it originates from Christianity. These older children have to oversee whether the small children in his group bathe, eat and do their school work properly, etc. It means that he has to play a father's role, though he is not a real father for those children.

According to the monk, this helps not only the smaller children but also the older children in different ways. For instance, the older children learn how to face some responsibility and challenges by acting as a 'God father'. Most of them have not seen their own father; therefore, it can be challenging for them to handle this responsibility. Some researchers have proved that giving responsibility to children works as a special kind of hidden rehabilitation mechanism. For instance, Moskivitz (1983) says that making children feel valued to the society and allowing them to take up social responsibilities helps children to cope with the war situation themselves .For the smaller children, it is a great advantage to be cared by someone of the same level, and they are usually happy about it. Some researchers have also pointed out that positive peer relationship may lead to positive development among the children (Boyden and Mann, 2005). Therefore, the 'God-father' concept has a hidden psychosocial benefit and acts as a restorative measure. I will explore further in later chapters how this concept has impacted the well-being of children.

3.3.3 Rehabilitation Approach

As discussed in the second chapter, the rehabilitation approaches should be decided based on the nature of the war-affected children and their level of trauma. In the early days, it was believed that advance psychological therapies, counselling and PTSD related treatments were needed to heal the war-affected children (Loughry and Eyber, 2003; Tol et al., 2013). But later, social contextual methodologies were identified to rehabilitate children. Most of these concepts were based on family values, religious beliefs, cultural values and norms, etc. (Antonovesky, 1979; Moskovitz, 1983; Clifford, 1997; Rinpoche, 1998; Smith, 2000). The *Muditha* programme seems to be following the latter approach since it adheres to religious practices in rehabilitating children.

Accordingly, the *Muditha* programme leaned towards a traditional approach of rehabilitation utilising socio-cultural features. The monk used reli-

gious practices to rehabilitate these children. Since the programme had approximately 80 children, it was difficult for the monk to give individual attention to each of them, to evaluate their psychological state and work towards improving them. Therefore, he considered everyone as having a common state and used traditional and religious practices to rehabilitate them. Even though majority of these children were from Hindu backgrounds and had no knowledge of Buddhist practices, the monk got all children to follow Buddhist precepts, as it was all he knew and was confident that these were very effective in helping them overcome trauma. He said in an interview:

> *I don't use any special methods to rehabilitate these children except Buddhist principles. I use only Buddha's path to heal them. I know and I can see that some children have some kind of problems related to the war. They are highly affected children who came from highly affected areas like Jaffna and Killinochchi. They have been caught up in the crossfire; they have lost their parents due to war. But through Buddhism and meditation, they are persuaded to think of life. Every child has to worship Buddha in the morning and evening. And they have to engage in meditation. I think meditation is the best self-counselling method (Interview with the monk of the programme, Interview no.69)*

3.4 Methodological Phase

3.4.1 Techniques

As per the fieldwork, it could be clearly observed that the *Muditha* programme has chosen religion based activities as their main method of rehabilitation by getting children involved in different Buddhist practices, thus, using the force of spirituality to relieve them of their mental trauma. As described in the second chapter, there are a few reasons why some psychosocial rehabilitation programmes mainly use social contextual and local methods when rehabilitating war-affected children. One is that it can be applied to a larger population (Somasundara, 2007; Tol et al., 2013). In addition, they are easily accessible and cost-effective (Tol et al., 2013). For instance, due to shortage of professionals in mental health fields, in war-affected areas psychiatric treatments are almost non-existent. Therefore, people have to use alternative ways, especially local treatments for their physical as well as psychological malaises. Further, some researchers believe that social contextual methodologies are sufficient to rehabilitate majority of children who are affected by war (Duncan and Arnston, 2004). At the same time, poverty, lack of awareness

and misinformed beliefs can also lead people in war-torn areas to apply local, cultural based, rehabilitation practices.

According to the monk's view, the *Muditha* programme uses local religion based rehabilitation methods mainly due to the belief that those methods are very much applicable and suitable for rehabilitating war-affected children. In this regard, the monk's view seems to be in line with Duncan and Arnston's (2004) ideas. However, there are some other reasons too such as lack of resources, experiences, etc. Therefore, the leader of the programme cannot obtain medical, psychiatric or any other external expert's support for the children's physical or psychological needs. At the same time, due to poverty, a large number of children have been limited to local, religion based activities. Thus, the monk decided to use his Buddhist knowledge for conducting this programme for children's health and well-being. Moreover, when he was asked whether these methods were suitable for children to overcome their mental and physical problems, he was confident these practices were very effective in helping them overcome trauma.

In the second chapter, I have discussed how war threatens the mental and social stability of children. Some children recover from the experience a lot better than others, while some get severely traumatised. Therefore, researchers have closely analysed how some children recover more successfully than others. They found that the support received from the social environment including religious beliefs act as coping strategies in the recovery process (Antonovesky, 1979; Moskovitz, 1983). Researchers have proved that religious beliefs are very much helpful for a child to recover from the trauma and stress (Clifford, 1997; Rinpoche, 1998; Smith, 2000 ;). Likewise, as I have observed, the *Muditha* programme also has applied Buddhist religious practices and beliefs in the process of rehabilitation, which they also see as a way to help children recover.

Accordingly, different types of 'meditations' are the main techniques used in this programme. The monk assumes that psychological conditions such as fear, sorrow and anxiety can be easily cured and replaced with loving-kindness (*metta)* and compassion *(karuna)* through meditation. In Buddhism, there is one special practice of meditation named *maître bhavanava (maître* meditation),[7]which the children should practice at least 15 minutes

[7]The Sanskrit word *maître* means friendliness, or loving kindness, while *bhavanave* (meditation) means virtue or quality. So *maitre bhavanave* is the practice of expanding loving-kindness without limits, or unlimited friendliness (http://portland.shambhala.org/ongoing-offerings/maitri-bahavana.Accessed on 25October 2014).

each morning and each evening. The first step in this practice is that the children have to come to the main building in the temple at the scheduled time for meditation and sit in a restful manner. Then, they slowly start to meditate according to the way they were taught. For instance, they are asked to sit in silence and concentrate their minds in one posture. With the *maître bhavanava (maître* meditation*)*, the children proclaim wellness over themselves and then others. As an example, first they visualise the thought pattern: 'may I be free of suffering, may I be free of disease, and may I be healed and so on. Then these thoughts are extended to their parents, relatives, villagers and even to enemies. By this method, it is expected to bless everyone with positive thoughts of well-being.

In this rehabilitation process, 'worshipping Buddha' was compulsory, as this was part of the rehabilitation process. The normal Buddhist practitioners worshiped Buddha daily. Some of them did this in the mornings as well as in the evenings. While reciting the five precepts,[8] in paying homage to Buddha, they gave offerings of flowers, oil and joss sticks. The children in the *Muditha* programme were also expected to practise this daily. In the morning around 7 a.m. and in the evening before they went to bed, they worshiped Buddha. According to the monk, this practice was expected to create mental balance for the children and help children to create an optimistic attitude. The children did this religious practise as well as the meditation concurrently. The picture below shows how children worshiped Buddha daily.

[8]Five precepts are: 1. I undertake the precept to refrain from taking the life (killing) of living beings; 2. I undertake the precept to refrain from stealing; 3. I undertake the precept to refrain from sexual misconduct; 4. I undertake the precept to refrain from false speech; 5. I undertake the precept to refrain from intoxicants which lead to heedlessness.

Picture 3.1 1

The children practise Buddhist rituals in the programme

Source: The *Muditha* programme, 2005

Through the above facts, it is clear that the monk was very confident about the main techniques that he used for rehabilitating children. Of course, in Buddhism, there are special kinds of healing methods, which will be described later. However, it is difficult to judge whether these young children could grasp these practises since they were too small to internalise this deep Buddhist doctrine and its meaning. At the same time, it is difficult to determine with certainty whether all the children can be healed only from Buddhist practices. However, as per his own admission, even though he was conducting such a programme, he did not have any knowledge or experience regarding rehabilitation activities. Therefore, it is questionable whether he can be fully confident about rehabilitating these children only through Buddhism. It is only his personal belief in its operation. If some children were severely traumatised and in need of advanced psychological treatments, there is a chance that their needs were not addressed during these processes.

Further, a problem in the above-mentioned practice is that they did not consider the background of the children. Majority of them were either born as

Hindus or Christians. Since the great majority (90 percent) of these children were non-Buddhists, there is room for criticism regarding these types of practices, because there is a great agitation in Sri Lanka saying that there is a conspiracy aiming to convert Buddhist people to Christianity. Therefore, anybody has the right to argue whether this is also a conspiracy to convert non-Buddhists to Buddhism. But the leader was of the opinion that since his intention was not to convert them, but to rehabilitate them by using Buddhist values and practices, it was acceptable. For instance, he stated that since he only knew of Buddhism as a rehabilitative mechanism, he used his knowledge for the sake of the war-affected children. He was of the opinion that rather than doing nothing, doing something by using his techniques might help children to address their traumas of war. He further mentioned that these non-Buddhist children had the choice to worship and practise their own religion also. The following quotation describes why he used Buddhist thinking for rehabilitating war-affected children.

> *I do not have any theoretical psychological knowledge, background or training in terms of working with children. I only know Buddha's path to resolve internal and external problems of a man (Interview with the leader (monk) of the programme, interview no 69).*

Another technique used by the *Muditha* programme was to delegate responsibilities to these children in performing various tasks. As previously described, children who were more than 16– 17 years of age were given the responsibility to look after the smaller children and to act as a 'god-father' for a group of children. Not only older children but also all the others, except the very small ones, had some responsibility such as assisting in the kitchen work, or cleaning the garden or some kind of other duty in this programme. The following picture shows how some of those children did garden activities after school hours.

Picture 3. 1

Some of the responsibilities of the children in the *Muditha* programme

Source: The *Muditha* programme, 2005

The leader of the programme believed that because of these kinds of responsibilities and activities, children would build friendships with one another since they had to fulfil these activities as a group. In addition, the children were able to get on with their daily lives, which improved positive thinking and created balance. Since there was no regular funding source, getting children to do their own work helped to cut the cost of the programme too.

As discussed in the second chapter, some researchers point out that by engaging children in community activities and giving them opportunity to take leadership, in some instances this can naturally rehabilitate them. Yet, we need to be cautious about the child's age, their capabilities, personality and security of the environment (Kimchi and Schffiner, 1990). During the time the *Muditha* programme commenced its work, there was considerable opposition from the villagers, and even though it seemed to have died down in later years, we cannot say with certainty that it was completely removed.

Since there was no proper security system or even a retaining wall around the temple, anybody could walk in and children could go out to the village freely. Therefore, while getting the children engaged in the community activities, one should take necessary steps to ensure their security as well. Therefore, how this programme considered children's capacities and security before they were involved with the community work will be critically analysed in later chapters.

3.4.2 Networking and Partnership Building

One of the unique features of the *Muditha* programme's rehabilitation process was to engage children in community activities to help them develop relationships and form reconciliation. Since most children were from the Tamil ethnicity living in Sinhalese communities, reconciliation was important to ensure healing of mental trauma. Even though the monk did not make special efforts to network with the village people, traditionally the villagers came to the temple, worship and brought alms for the monk. He used this as an opportunity to introduce the children to them. Gradually, children started participating in village activities, taking part in common festivals, rituals and social activities. The leader of the programme stated that since the village was in close proximity to the Tamil villages, it had been attacked by the LTTE several times. Therefore, earlier on, villagers did not like the programme since it was directed mostly towards the Tamil children. The monk stated that since he took action to involve Tamil children in village activities, these objections had died down in later years.

Moreover, the monk was of the idea that all these activities would therefore assist the process of bringing peace, and give an opportunity to learn, practise and respect each other's culture. He added that this religious programme was rehabilitating most of the children who were victims of war, irrespective of their religion or ethnic group. He further mentioned that since rehabilitation was achieved in a mixed culture, the children had an opportunity to understand the language and other cultural practices from one another. According to him, this was an opportunity for Tamil children to learn to write and speak Sinhalese and Sinhalese children to learn Tamil. The language problem was one of the basic reasons for the beginning of this war, which had lasted nearly three decades in Sri Lanka. For instance, the Sinhalese Language Act of 1956 is considered as a main reason that ignited a series of events that finally led to the emergence of this ethnic war. After the Parliamentary Act of 1956, Sinhala was made the official language, which the Tamils considered as discriminative against them. Therefore, the monk stated that this programme had already started the simple solution for this problem,

and so far it had achieved successful results in creating ethnic harmony; this will be further explored in detail in the later chapters.

3.4.3 Interventions

The *Muditha* programme had directly intervened in a few ways intentionally and un-intentionally to take the children through a rehabilitation process. Firstly, this programme made every possible effort to fulfil the basic needs of the children, and they recognised it as a direct contributing factor to the rehabilitation process. Researchers have also proved that fulfilling basic material needs such as food, clothing and housing can bring some kind of comfort to children, adding that most of the rehabilitation process could be completed when basic needs were fulfilled (Wessells, 2005; Wessells and Jonah, 2006; Honwana, 2008). The monk also spent most of his resources on providing, food, shelter and clothing for the children, but there had been occasions where children did not have sufficient food and had to stay hungry, but they were happy with what they received.

Secondly, they had made efforts to create an environment similar to a home and the children's neighbourhood. The intention was to re-build the social context the children lost due to the war and bring them consolation and reassurance of their environment. In the second chapter, I explained the effects of social context (family, religion, education, norms and values, law, etc.) on child development (Garbarino and Kostelny, 1996; Annan et al., 2006; Boyden and Mann, 2005; Machel, 2001; Cilliers, 2006, 1979; Moskovitz, 1983; Loughry and Eyber, 2003). However, scholars point out that social context can be destroyed due to war, which negatively affects children; therefore, it is important to re-build this in the process of rehabilitation (Somasundara, 2007). As mentioned earlier, most of the children in this programme were orphans who had lost both their parents. Therefore, the leader had made attempts to fill the gap left by their parents in different ways. As an example, all the children were allowed to call the Buddhist monk as 'father' and the mother of the monk as 'mother'. The leader believed that this helped the children to ease their burden of losing their parents and gave them a homely environment. The monk expected children to consider the residence as their own home and not as an orphanage or a home for refugees. Since there were about 80 children who were permanently living there, this programme had to be registered as a 'children's home' for official purposes. So it had been given the name '*Muditha*'. According to the monk's views, if not for the official formalities, he would not have given the name '*Muditha*' to this programme, as children would tend to think they are orphans. However, during field visits, it was evident that these children played games freely in the temple area after school hours; they also played with their pet animals and did gardening in groups. There was no name board and no wall around

the temple where the programme was established. The children had been visiting nearby houses and speaking with those who passed by. All these facts show that the monk has made a great efforts to create a 'homely environment' in this programme. The quotation below describes the views of the monk in this regard.

> *The children always have the freedom to do what they want. They can play; they can listen to music, etc. I try my best to provide them with all the necessary things and to create their home environment here. I don't like to call this home 'children's home' or 'refugee home' because I don't want the children to feel that this is not their home. I want the children to think that this is their own home (Interview with the monk of the Muditha programme." Interview no 69).*

According to the above explanation, it seems that even though the leader of the *Muditha* programme did not possess structural and strategic knowledge on rehabilitation methods, he has succeeded in his efforts to design a programme that includes the essential elements of a rehabilitation process.

Further, the temple premises where the activities were conducted had been arranged in a child-friendly manner. Even though this was not a direct rehabilitation method, the monk stated that children could relax and play freely here. At the same time, he added that he wanted the children to be engaged in playing within this programme exactly as they did in their homes, instead of being like in a rehabilitation programme. For this task, the environment of the temple premises was re-created. There were pet animals, cats, dogs, deer, birds, and fruit and vegetable gardens. He described that children were engaged in working or playing in the premises and helping in the gardening work in groups after school hours. The monk was of the strong opinion that since these children were engaged in all these creative processes, they would gradually move away from the war trauma that they experienced in the past.

The other determining feature of the *Muditha* programme was to provide every child with the opportunity of education. Children had been enrolled in the village school with the intention of building up their personal lives and making them good citizens of society. At times, it was difficult to enrol children into school because all their legal documents had been destroyed during

the war (e.g. birth certificates[9]). But the local school gave special approvals and provisions to enrol them into school.

3.5 Programme Monitoring

As noted before, the *Muditha* programme was an unintended programme and the founder (monk) was not a well-trained person to conduct such a rehabilitation programme. Due to these reasons, he did not have any idea about the importance of monitoring the programme's activities or the importance of monitoring how the programme's activities impacted on the children's well-being as well. Therefore, he did not use any direct monitoring mechanism. However, when considering the activity monitoring, the entire programme activities had been conducted by him. Thus, he knows whether planned activities were conducted or not, whether all the children participated in the activities or not, etc. As stated by Duncan and Arnston (2004) and Armstrong et al. (2004), the aim of this monitoring phase is to examine whether planned activities are on track and see whether these activities impacted on the children's lives. Therefore, since the leader of the *Muditha* programme did all the activities by himself, he did the monitoring task as well, with or without knowing it.

3.6 Concluding Remarks

As described earlier in this chapter regarding the first part of the analytical framework, there are four components including identification phase, planning phase, methodological phase and monitoring phase.

According to the first component (identification phase), it seems that the leader of the programme did not have any opportunity to follow this component due to the nature of the programme and programme leader's capacity on working with children. Therefore, the leader had no opportunity to identify problems and do a proper needs analysis or a baseline study to attain prior background knowledge on the children. However, all children under this programme were those who had been directly affected by the war in some form or another. Therefore, it was difficult to do an analysis on their own contextual war experience; it was not difficult to conclude they needed help and rehabilitation.

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[9] Birth certificate is a compulsory document for entrance to a Sri Lankan school.

When considering the 'planning phase' (the second criterion),it was revealed that the sole intention of the leader was to release these children from their mental trauma and re-integrate them back into society as good citizens. Though he could not do a proper identification regarding children's problems, he himself realised that children came to the temple by themselves due to great trauma of war effects. However, analysing the facts on the *Muditha* programme, it is evident that it was not a planned and structured programme but initiated on a contingency basis and run in an ad-hoc manner. When considering the financial and human resources or lack thereof, the uniqueness of the programme lay in the fact that it was initiated and implemented by only one person. He had difficulty making appropriate plans to run the rehabilitation programme due to limited capacity in obtaining and retaining resources, both financial and human. Therefore, planning was done on a day-to-day basis, but the programme did succeed in providing meals, accommodation and schooling for 80 children. Community members and other individual donors helped the programme because the monk was reluctant to receive financial assistance from foreign organisations to avoid the risk of being influenced by them. The main rehabilitation approach in this programme was social contextual approach, and he mainly used Buddhist philosophy in order to rehabilitate children.

When considering the methodological phase, 'meditation' and 'worshipping Buddha' paid an important role in rehabilitating children. Apart from that, by giving responsibilities, creating ethnic harmony and providing basic necessities, the programme intervened in the children's development to enable them to be active social members. However, when observing and analysing the content of the programme, it appears that the *Muditha* programme had not made an intense and isolated effort to rehabilitate these children, but rather used the social environment to cater to the needs of children and bring them to a state of normalcy. For example, according to the Buddhist culture in Sri Lanka, it is a normal ritual to engage in religious worship and offerings during the morning and evening hours of the day. Therefore, the children in the *Muditha* programme were also directed to follow this same ritual. Thus, the thinking was that even though these children had been traumatised by the war, they were not victims; therefore, the leaders believed that they could direct these children to be socially responsible citizens through this rehabilitation process. The other important feature in this programme was that each

and every child was directed to the government school and encouraged to access various levels of educational opportunities.

However, when considering the 'monitoring phase', it seems that this particular programme did not pay any attention towards the monitoring of this activity or its impact directly. Especially, in the practical sense, it seems that the monk used indirect monitoring mechanisms in order to assess the impact of the programme as well as the progress of the children. One such activity was the 'god-father' concept. To be a 'god-father', children needed to first develop certain leadership qualities and be self-motivated and empowered. By observing and gathering a general consensus over these aspects, he selected some children as 'god-fathers'. In this regard, we can gather that unintentionally the monk was able to come to a conclusion on the improved mental state of the children. However, the issue here is that since he did this without any knowledge, he will not change his methodology but rather continue his regular rehabilitating mechanisms even though he has room to improve.

However, when analysing the programme activities it seems that these two aspects are fulfilled, to some extent, through community involvement. For instance, the school teachers in the particular village could evaluate the children once they had enrolled in school. They revealed that this was not because of school activities alone but also due to the Buddhist practices within the programme that showed a greater impact on rehabilitating children. Therefore, it seems that although there was no formal monitoring of the activities and its impact, it was happening in indirect ways. When observing and analysing the content of the programme as above, it appears that the *Muditha* programme succeeded in taking care of children. However, the question of how effective it was in psychosocial rehabilitation will be discussed in detail in the later chapters.

4

The *Karuna* Psychosocial Rehabilitation Programme

4.1Introduction

The objective of this chapter is to learn in detail about the *Karuna* programme that was selected as another comparative case in this study. This chapter is also based on the elements of the first part of the framework, similar to the third chapter. For this chapter too, most details have been obtained through primary data collection methods: interviews, observations and questionnaires while few details have been obtained through secondary sources. Accordingly, this chapter consists of details of the full programme and brief analysis on different components based on theoretical reviews. Thus, reasons for the origin of the programme's function and the organisation of the programme will be described using four criteria:

(4) Identification phase: needs analysis and problem identification, primary focus area and target group, baseline Information
(5) Planning phase: purpose and objective setting, human and financial resourcing, rehabilitation approach
(3) Methodological phase: techniques, networking and partnership building and intervention.
(4) Monitoring phase: programme monitoring

4.2 Identification Phase

The *Karuna* programme was based in the *Batticaloa* district, Eastern Province in Sri Lanka; it started working with war-affected children in December 1999. The programme was started due to requests made by government and non-government officials since children were badly affected

by the war in this area, and they had limited capacity to engage in rehabilitation activities to help them due to national security priorities. Thus, the programme was launched as a pilot project with 75 children. When the study was conducted, the programme covered three areas within the district, and there were more than 300 children enrolled. All the children were Tamil since the particular area does not have other ethnic communities. This programme employed 46 staff members including the programme leader. All staff members had prior knowledge of conducting a psychosocial rehabilitation programme since they had conducted similar projects earlier, and had stopped due to escalation of conflict and cessation of financial aid, etc. That is why authorities insisted on starting a similar programme for the children. The programme received financial support from a foreign non-government organisation, which covered all the expenses including salaries of the staff, infrastructure facilities, training and other necessary materials for the children.

4.2.1 Problem Identification and Needs Analysis

As described in the second chapter, before commencement of any programme it is essential to find out whether a need exists to conduct such a programme and whether it is ready to be accepted contextually. In examining the background of needs analysis and problem identification of the *Karuna* programme, it appears that they had made minimum intentional effort to conduct such an assessment exercise because the programme started upon request of government agents who already had 'informed information' to start such a rehabilitation programme. For instance, the Government Agent[10] of the particular area relayed the intensity of the need and ongoing problems in war context, with issues related to children, mostly through verbal, informal communications with the leader and respective staff. Therefore, no structured process was followed to gather information on the specific contexts they focused on. Also, since all the field workers were from the project areas, they were quite aware of the community context and family backgrounds and effects of the war. Therefore, limited effort was made to conduct a proper assessment on needs analysis since it was already accessible in an informal manner.

[10]Government Agent is the head person of the particular region.

4.2.2 Target Group and Primary Focus Area

Target group of the *Karuna* programme was selected from three areas in the *Batticaloa* district. These three areas were severely affected by the war and as such were approved by government officials keen on rehabilitating children from these areas. However, the children were selected to the programme by applying only one selection criteria, which was 'orphaned children'; this included children who had lost either one or both parents. There was no gender discrimination in their selection; it was very much balanced. They were between the ages of 0–18-years-old. After 18 years, they had the opportunity to join as helpers to the programme. Children were selected from different family backgrounds, which they considered as fitting the criteria of being an orphan. For example, even if children lived with their widowed mother, if she re-married or went out of the country for work (most women leave to work in the Middle East as housemaids), children were accepted into the programme as they fit the criteria of being an orphan. Therefore, each of their family backgrounds was taken into consideration before selecting the children. The leader and staff were of the strong opinion that these children were victims of trauma because they had lost either their parents or caregivers. Following is a story of a child related to me by the leader.

> *Some children are in very difficult situations. One teenager named Wasanthi was severely affected by the war and left without anyone to look after her. She was living with her sister, but her brother-in-law did not want to keep her. Therefore, she went out wandering the whole day, sitting under trees and thinking about her miserable situation. One day, the Karuna Programme field officers found her sitting under a tree and invited her to join the programme. Today, she is a happy person. Later, she got married to one of the boys from the centre and leads a content normal life (Interview with a leader of the programme, interview no 60).*

Looking at the above quotation, we can observe that some orphan children did not receive the proper care and protection even from family members and guardians. Therefore, these children needed protection, rehabilitation and even urgent psychosocial care, as pointed out by Freud and Burlingham (1943) and,Loughry and Eyber(2003). There were however some orphans who joined the programme because of the material benefits they received rather than psychological needs, for example, books and school stationery (interview no49, 53 and 57). However, there were many children in the area who needed urgent psychological as well as socio-economic help,

especially those who were disabled and injured due to the atrocities of war. These children were quite desperately in need of basic amenities in life, which the parents were unable to provide, and they had in turn become burdens to their families. Even though the situation was such, the *Karuna* programme did not accept them into the programme because they did not fit the criteria of being orphans. Therefore, as per my observations, restricted selection criteria and ad-hoc selection methodology of the *Karuna* programme left out some children who were in urgent need of psychological care and healing.

4.2.3. Baseline Information

Information on psychological, physical, social, economic and spiritual state of children before commencement of programme and social contextual information related to plan interventions would serve best as baseline information. However, the *Karuna* programme had not obtained such information from children at the point of selection. Since the staff members were from the same communities, general information on families were used as a basis for selection. Therefore, no mechanism was followed to collect or document specific information on the psychological, social and economical dimensions of these children. Even after accepting children to the programme, an assessment was not conducted to find out their current psychological states. The staff assumed that since all children had lost either one or both parents, they were all traumatised and in need of rehabilitation. However, this assumption has been clearly challenged by scholars in the past. For instance, Richman (1996) stated that either screening instruments or questionnaires need to be used in order to define and confirm the levels of trauma before application of rehabilitation activities. Therefore, I conclude that the programme did not gather any useful baseline data on children, for planned interventions.

4.3 Planning Phase

4.3.1 Purpose and Objective setting

The main purpose of the *Karuna* programme was to assist children to recover from the mental trauma of war. Programme leaders stated that a few factors led to development of this programme, including their own intentions. Because the leader himself was a victim of the war, he was keenly interested in helping children to deal with this dreadful experience. He opined that

given that it was extremely hard for an adult to deal with consequences of war, then how much worse would it be for a child? Therefore, he personally believed that children should be redeemed of such dreadful experiences. Accordingly, the programme was designed with the following objectives in mind:

- To rebuild the family structure through a foster parent concept
- To support children to find their missing family members and place them under their care
- Look for suitable families to place children as foster kids
- To facilitate adoption whenever possible, for the benefit of orphan children
- Facilitate death and marriage certificates of parents in order to enable children to obtain compensation for their losses
- Counsel children to alleviate their mental trauma
- Provide stimulation and training for children through educational and recreation activities (Children's club, Libraries, Youth exchange programmes)

When looking at the objectives of the *Karuna* programme, I observed that it reflected the concepts brought forward by Freud and Burlingham(1943) and Loughry and Eyber(2003). Their main argument was that children get more traumatised by losing their parents than in being caught up in cross fires. In light of this thought and believing in its reality, the *Karuna* programme selected children who had lost their parents and thus became orphans. They realised that these children were traumatised due to the fact they had lost their parents and were in need of psychological healing. However, given the theory that levels of trauma can be different for individuals depending on each person's coping mechanisms (Antonovesky, 1979; Moskovitz, 1983; Loughry and Eyber, 2003), assuming that all children are in need of psychological healing can be questionable. I will discuss more critically on this point in my later chapters.

4.3.2 Financial and Human Resourcing

This programme was conducted with the support of an international non-governmental organisation (INGO). Almost all their activities were financed by this INGO, including the staff's capacity building, both locally and internationally. The INGO also helped to maintain the *Karuna* programme's offices in the town and centres at village level. The programme had a considerable asset base, including three vehicles along with buildings and furniture.

In the second chapter, I discussed the importance of having sufficient resources to conduct and sustain a psychosocial rehabilitation programme. Any organisation working in this field will have to look for continuous and stable funding sources, to ensure that their programme is not abandoned due to lack of funding; otherwise, it would demean the programme's impact (Wessells and Jonah, 2006). On the other hand, influences of the funding agencies also need to be managed in a way that will not hinder the ground realities. However, it seems that most activities of the *Karuna* programme were planned and decided by the international funding agency. For instance, they influenced the planning and designing of the selection criteria for children who would be accepted into the programme. It was their intention to only select children who had lost either one or both parents. Having these selection criteria limited the *Karuna* programme's outreach to extend help to other children, even given the context that those children also desperately needed help too. One of the key allegations against such rehabilitation programmes is that they are unable to fully support the communities as needed due to strong influence by foreign funded agencies (Pupavac, 2004; Summerfield, 1996; Cliffe and Luckham, 2000; Monnteiro and Wessells, 2004). The *Karuna* programme seems to be proof of this allegation up to some extent when looking at the way they operated; this will be discussed later in length.

Regarding their human resources, this programme had 46 staff including its team leader. All of them were residents of the area and of Tamil ethnicity. Five staff worked in the office and were responsible for paperwork, while others worked in the field with the children, responsible for their well-being. Since all workers were female, the children felt very comfortable approaching them and found it easy to relate to them; therefore, having female workers was beneficial for the team.

Although these staff had prior experience and training, after my observations and discussions with them, I had difficulty in being convinced of their capability to handle a psychosocial rehabilitation programme of this intensity. When I looked at the activity schedule addressing the programme goals, it included activities with advanced psychological treatments and processes. The project leader could not be considered as being an expert in the mental health field, as he only had training on counselling and that too, for only two months. Only six staff members out of the total of 40 had two weeks of counselling training, and the rest of the 34 had not had any structured training at all. Below is a quotation by a staff member on her own training experience. Therefore, with this background information and interview feedback from the staff, I was challenged by the question as to

whether the staff of the programme had sufficient skills and knowledge to handle this programme.

> *We were trained for counselling by experts. We received training at India Valu counselling centre for two months in counselling as well. So now our field officers and I myself are doing counselling for these children. Sometimes an expert is helping us for this purpose. Duration of the counselling varies depending on the year's plan (Interview with a leader of the programme, interview no 60).*

How the knowledge and training of staff will affect the rehabilitation process of children will be discussed in detail in later chapters.

4.3.3 Rehabilitation Approaches

The Karuna programme promoted the concept of foster parenting and caregivers. They allowed the children to stay with their own family members and conducted rehabilitation activities on a part-time basis. They would pick up children from their homes after school and over the weekends and bring them to the rehabilitation centres, then drop them back at home afterwards. Staff members associated with children on a weekly basis to carry out counselling sessions, interspersed with playgroups and creative activities on other days. Use of the concept of 'family', which is a key social contextual element, was quite evident in their approach to rehabilitation. They clearly wanted the children to live in a family environment and be nurtured through that. In order to address psychological trauma, they used counselling techniques as their key rehabilitation method. Therefore, they took a mixed approach on traditional approaches as well as advanced psychological approaches in addressing rehabilitation needs of the children.

Another unique feature in their approach was taking initiatives to rebuild the damaged social context. They supported building infrastructure and schools, which helped many people in regaining their social environments. Their approach to rehabilitation took a holistic view in conceptual terms, but practically it was not evident in their implementation activities.

4.4 Methodological Phase

4.4.1 Techniques

When the programme began in 1999, the only method used for rehabilitation was 'counselling', as some children were suffering from severe mental

trauma. The counselling was delivered to children in various forms, depending on their age group. Children less than six years old were only given what was known as 'play therapy' since they could not explain themselves in descriptive or drawing formats. Play therapy was often used as a tool of diagnosis or to determine causes of disturbed behaviour. According to the findings, each child was referred to the necessary counselling sessions. Children above six years of age received another form of counselling, which was known as 'Basic Therapeutic Action'. Through this technique, children were encouraged to express their feelings about their home environments and experiences of the war; as they related their stories, staff made necessary observations and took steps for appropriate counselling. Since some children had lost both parents, they lived with relatives or grandparents. Therefore, most did not have a comfortable environment to express their feelings such as fear, anger or sorrow. Therefore, through 'Basic Therapeutic Action', an effort was made to help children release their suppressed feelings.

'Cognitive Behavioural Therapy' is another technique used by the programme. 'Cognitive' describes the mental process that people use to remember, reason, understand, resolve problems and judge things. Behaviour describes a person's actions and reactions to a situation. Therefore, the expectation of 'Cognitive Behavioural Therapy' is to prepare children to learn how they should act and react in a particular emotionally disturbing situation. If a child was feeling some discomfort or stress, he/she was encouraged to discuss it with a teacher or close friends instead of thinking too much on their own. These methods gave some alternative ways for children to get rid of unnecessary mental stress. At the same time, children were taught to reduce tension by listening to music or reading books. If there was no satisfaction through these alternative means, they were advised to meet a staff member to discuss their problems.

They also practiced 'Group counselling' in this process. Since most children had undergone similar experiences due to the war, group counselling was promoted, where they got to discuss each other's problems. By doing so, it was believed that they themselves would realise that everybody was faced with similar problems. The following quotation from the leader of the programme explains their counselling activities further.

> *We have divided children into age groups such as 0 - 6, 7 - 12, 13 - 15 and 16 to 18. For the children under 6 years, we are giving only play therapy. They cannot listen, explain their feelings or draw how they*

feel. But the other children are given BTA[11] and activities like workshops, leadership programmes and drawing activities (Interview with a leader of the programme, interview no 60).

Amidst the rehabilitation methods practised here, drawing, storytelling and drama play a major role. Staff are of the opinion that these activities performed side by side with counselling will help in understanding the inner feelings of children a lot better. If a child depicted fear and sorrow in their artwork, staff paid more attention to such children. A similar system was followed in storytelling, where children were given an opportunity to make up a story based on a real life situation or a dream. When they related stories based on their experiences of parental loss, destruction of schools and loss of friends, staff took notes to address each child differently according to their story. Some children broke down heavily during these sessions; such children were given special attention and extra counselling. Although counselling was practised at the beginning of the programme, it was gradually reduced and other methods were introduced into the rehabilitation process. The staff members were of the opinion that after the programme, these children would be ready to mix with society as normal children.

4.4.2 Networking and Partnership Building

Attempts to intentionally build networks and partnerships were fairly minimal within the operational structure of the *Karuna* programme. However, they had made some efforts to include children in different communal activities in order to promote peace and reconciliation. One such attempt was a youth exchange programme to build ethnic harmony. Since most children had been born during the war and had limitations in mobility and access to information, they had very little knowledge of other ethnic groups in the country; therefore, it served as a platform to build relationships with different ethnic groups in the society and being aware of their cultures. Here, their employed strategy was to take groups of children within the programme to selected Sinhalese areas to engage in interactive activities with the Sinhalese children. Thereafter, some Sinhalese children were invited to the areas where the programme operated where they could engage in similar kind of activities with the Tamil children. The programme staff believed that these exchange programmes would help to build unity and reconciliation.

[11] BTA= Basic Therapeutic Action

However, due to resource constraints and poor planning, the programme was able to conduct exchange programmes only thrice.

The programme staff also tried to engage children in community work like '*shramadana*' (communal sharing of labour). According to the staff, the main purpose of this activity was for children to get involved in their own society. They further stated that some children had been living alone and detached from the society due to restrictive war conditions. For instance, some of these children had become innocent victims of the war. In some cases, parents had been LTTE members who got killed in the battlefield or by LTTE themselves due to various conspiracies. The children of such parents had expressed fear and sorrow, preventing them from even playing with other children or going to school, thinking that they would be bullied. Therefore, it was believed that by involving these children in community work, it might minimise their discomfort and reduce their mistrust, enabling them to become part of the society. Further, the staff stated that this activity would give children an opportunity to create and develop friendships, work in harmony, develop patience and give them a chance to exhibit their talents.

However, one of the criticisms of this programme from the community was the lack of effort to involve local communities in their rehabilitation activities. The selection process to accept children into the programme, in particular, was disapproved of by many villagers because there was no involvement by the community leaders or teachers, only the respective family members. The direct approach taken by the programme staff was not effective in many instances as the selection was comparatively biased. Even though the *Karuma* programme began as a result of the Government Agent's request, there was no evidence to demonstrate they had any affiliation with the government agencies in conducting rehabilitation activities. In most instances, they operated under the influence of the funding agency and their own will.

4.4.3 Interventions

The *Karuna* programme had conducted many interventions for the benefit of children with their direct involvement. One of the key interventions was finding out suitable 'foster parents' for children. According to their current statistics, out of a total of 300 children, 48 children who had lost both parents had been assigned to foster families. They carefully selected foster parents by ensuring the family environment was suitable to live in and that they had necessary security. They consulted the closest relations of the children and handed them over to the foster parents' care but conducted periodic house visits to ensure the child's well-being. It was challenging for

the foster families to find necessary finances to provide for the children. Therefore, staff decided to assist foster families with a loan on concessionary interest rates to start a small business. However, during the research period this practice had been discontinued.

Secondly, the *Karuna* programme had also intervened to rebuild the social context of their working area. As an example, they were able to reconstruct destroyed access roads with the support of the government authorities. Everyone in the village benefited from road constructions as it gave them access to markets and other facilities, helping them to overcome isolation. The programme also repaired and reconstructed several school buildings to improve the school system and regain its functionality.

Thirdly, the programme introduced new methods to direct children to be active social members. 'Children's clubs' was one such activity, which is known as an effective way to engage children in the rehabilitation process, and it is also identified as a new way of working with conflict-displaced children (Hart, 2002). The aim of these children's clubs is to allow children to exchange ideas, encourage friendships and provide an opportunity to showcase their talents. In the process, children are encouraged to participate, especially in decision-making activities.

A few other rehabilitation programmes in Sri Lanka also used children's clubs as a platform to rehabilitate children. For example, in *Mannar* district, eight children's clubs were initiated by the '*Sewalanka Foundation',*[12] with the aim to help six hundred war-affected children.[13]The *Karuna* programme set up three clubs targeting the three communities. They conducted many activities along with weekly meetings where children were given an opportunity to talk about the problems they faced either at home or at school. This helped the staff to do group counselling and assist children as needed. For example, if a child faced a problem at school, a staff member could visit the school and discuss it with the teacher concerned to find a solution. These meetings also indirectly helped the staff to get closer to the children. The following quotation describes the programme's expectations through the children's clubs.

> *We implemented children's clubs for them in the villages. We talked with the guardians of the children and asked that they involve the children in the programmes and clubs. We provided the children a chance to express their problems and difficulties once a week. We*

[12]*Sewalanka Foundation is one of the International Non Government Organisations working in war-affected areas.*

[13] http:// www. Sewalanka.org. Accessed on 7 November 2007.

> *were able to recognise their problems this way. It was also possible to construct a sense of community and develop friendship with the children through these activities and create positive thinking in their minds (Interview with a staff member of the Karuna programme, interview no 66).*

Establishing library facilities was another initiative undertaken by the programme, and they had set up three relatively small libraries along with the children's clubs. During the war, many children could not attend school, and they fell behind in their learning. Therefore, it was thought that libraries would help the children improve their reading habit and direct their attention towards education. An important feature was that the children themselves had the responsibility to maintain the library. They carried out the issuing and receiving of books, membership cards, maintenance of catalogues, etc. As mentioned in the second chapter, some researchers have proved that giving responsibility to children can act as a hidden rehabilitation methodology (Moskivitz, 1983). Through this activity, children felt valued, which can help to develop self-esteem, increase their societal responsibility, let them take ownership of their property and learn to protect it. The staff described how children developed their capacities through this activity as follows.

> *We also made libraries and got the children to develop reading habits. Even though we provide all the necessary items such as books and funds, the children are given the responsibility to maintain the libraries in the proper manner. The idea is to promote and develop children's participation and doing things in a proper manner" (Interview with a staff member of the Karuna programme, Interview no 68).*

4.5 Programme Monitoring

Monitoring of programme activity refers to assessing the progress of ongoing activities against the planned targets. This helps to decide whether the programme is on the right track in achieving its objectives. In an ideal situation, the baseline figures would be used to monitor the programme's progress for a given time period. However, looking at the weight that the *Karuna* programme had given to its programme monitoring activities, I was not satisfied with their efforts. Given their financial stability as well as amount of staff and their capacity, they had not made attempts to monitor the progress of activities in a systematic way. I could not find a monitoring plan,

monitoring tools or mechanisms that they used to measure and document activity progress. When reviewing their ad-hoc approach to monitoring, it was reasonable to understand the criticisms by the community and the disappointments in the children due to discontinued activities. They had missed many opportunities to incorporate corrective actions into their programme and to include internal and external factors that could help to improve their work. Also, being funded by an international development agency, they surely needed to convey their progress to them, but according to what I gathered, this was also on an ad-hoc basis, with the input given by the staff only. Therefore, this was definitely an area, which required improvement.

4. 6 Concluding Remarks

The intention of this chapter was to give a comprehensive description of the *Karuna* programme based on the broader analytical components of identification phase, planning phase, methodological phase and monitoring phase.

When considering the identification phase, there are a few key concerns that arose after my observations and takeaways on the *Karuna* programme. Firstly, the fact that they operated on the assumption that all children who had lost their parents were severely traumatised. Secondly, with this assumption, they did not follow any mechanisms to identify children's problems and needs; moreover, without any need analysis and baseline studies they made decisions on whether to accept children into the programme or not.

Therefore, in the 'planning phase', they paid a lot of attention to liberating children from this trauma, but the need for psychological care could be irrational at times. Based on research findings, trauma has different levels and its consequences depend on each individual's coping strategies. Therefore, not everyone suffers from the same level of stress or trauma, and they need different types of care. Further, according to Duncan and Arnston (2004), 'out of the total population affected by war, only about 10 percent are likely to be seriously affected psychologically and thus likely to require psychiatric treatment'. Therefore, I think the programme should exercise more flexibility in their perceptions.

When considering their methodological phase, it can be seen that they tried to use advanced psychological and psychiatric treatments for the children. However, two concerns arose here: the first is whether those children identified as orphans actually had psychological problems or not. The second concern is the capacity of the staff presumably using advanced psychological treatments in this programme. Ideally, they should be well-

trained professionals in that particular field to use such sophisticated approaches like counselling techniques and psychiatric therapy. However, this programme did not employ any psychiatrists, psychologists or even consultant doctors to get involved in the particular programme. While the staff had undergone a short training course in trauma counselling, this was certainly not sufficient to scientifically execute some of these methodologies. Therefore, their diagnosis on children and their level of treatments are questionable. Furthermore, other techniques that they conducted also do not seem to be operating according to a well-structured plan. For example, although they were conducting activities for children, trainings and workshops, along with community work like *shramadhana*, they did not ensure all children got an equal opportunity to benefit from these activities. They also conducted activities at irregular intervals, which broke the momentum and hindered effectiveness of the rehabilitation activities. Most activities were discontinued halfway without proper reasoning.

When considering the monitoring phase, it seems that they paid less attention to both activity monitoring and impact monitoring as well. However, the area of child (impact) monitoring was given much more attention than activity monitoring. One key priority of the programme was to visit children in their foster homes and find out about their progress on a weekly basis. This helped programme staff to develop a very strong relationship with the parents and guardians of numerous children. Also, it gave them a chance to observe the child in his or her own setting. Programme staff took a keen interest in children whom they placed under foster care. They monitored children's interest in studies, eating habits, cleanliness, and other daily routines to see whether these children showed any feelings of depression or abnormal behaviour at any time. If such observations were made, staff would refer them to corrective action with immediate effect. Foster parents were also very helpful in this process. The staff was of the view that home visits had actually benefited children, as they tended to think that children felt 'there was someone who cares for them', which reduced feelings of hopelessness and being isolated. However, the effectiveness of their follow-up actions on the monitoring findings is a little questionable as some families expressed their dissatisfaction over the continuity of their visits. The limited skills that staff had on identifying and addressing psychological needs and performing counselling for parents as well as children was also a concern I observed through feedback received from household members.

The above discussion also revealed that the activities are conducted in an irregular manner, which also shows that they did not have a proper mechanism to monitor their activities. At the same time, at the impact level, it

seems that children were not satisfied with some aspects of the programme. For instance, many children and family members were dissatisfied with their implementation approach and blamed them for launching a programme that was not contextualised to suit the needs of children. Many villagers also disapproved of the heavy influence of the funding agency, and the non-involvement of community leaders in the decision making process was viewed negatively. However, their efforts to rehabilitate war-affected children need to be appreciated given the difficult circumstances in which they operated amidst a war context.

5
The *Upeksha* Psychosocial Rehabilitation Programme

5.1 Introduction

The main objective of this chapter is to present a comprehensive introduction to the final psychosocial rehabilitation programme *Upeksha,* one of the three comparative cases chosen for this research. As mentioned in the first chapter, I had a few constraints in gathering information for this particular programme due to the resumption of war after the ceasefire was breached. The permission granted to access the area and gather data was withdrawn. However, a few primary data on activities of the programme were collected along with secondary data, observations and staff interviews in order to get a complete view of the *Upeksha* programme. I have used the same analytical model; therefore, the first part of the framework was used to introduce the fundamentals of this programme focusing on:

(1). Identification phase: needs analysis and problem identification, primary focus area and target group, baseline Information
(2). Planning phase: purpose and objective setting, human and financial resourcing, rehabilitation approach
(3) Methodological phase: techniques, networking and partnership building and interventions
(4) Monitoring: programme monitoring

5.2 Identification Phase

The *Upeksha* programme was conducted in the main city of *Batticaloa*, in the Eastern part of the country, and the programme has been in operation

since 1996, covering nine areas of the Eastern Province where the war was heavily fought. Fifty children were selected initially, consisting of twenty-five Tamils and twenty-five Muslims in the age group of 6 to 18. Equal numbers of girls and boys were selected across both ethnicities, giving opportunity for them to take part without any discrimination. Duration of the programme was nine months at a time, and at the end of the nine months another group was given the opportunity. Activities for children were conducted every Saturday and Sunday as full day programmes. On Thursdays and Fridays, activities were conducted after school hours. They provided transportation and brought children to the programme centre. Children were provided with food and the necessary educational equipment while they were in the rehabilitation centre.

5.2.1 Need Analysis and Problem Identification

The initiator of the *Upeksha* Programme was a catholic priest who lived in the same war-torn area as the communities he was serving. He had received training locally as well as internationally as a psychological counsellor. The foreign organisation that trained him wanted to give him the opportunity to implement his learned concepts in Sri Lanka. The rehabilitation approach and methods of the *Upeksha* programme was therefore a concept practised widely in the international arena. Having realised the necessity and suitability of such a programme for war-affected children, he remodelled the programme to suit the Sri Lankan context. The programme was mainly funded by an international organisation, which was interested in launching the concept.

Since the leader of the programme was a professional on mental health, he wanted to help people suffering from impacts of war. Therefore, in the beginning, he started a counselling clinic for all those affected and found many children walking in to his clinic. This prompted him to start a separate psychosocial care programme for children. As a result, the *Upeksha* programme was initiated with support from the International Organisation, which trained him in counselling. The priest and the counselling clinic staff had already good knowledge of context and war impacts including factors causing children to suffer. He started by approaching schools to support him in identifying children who really needed psychological care and protection. He began working with teachers, training them to identify and diagnose children with psychological trauma and stress. Through this initiative, a proper problem identification and needs analysis process were carried out before launching the programme. This was further strengthened through the advanced diagnostic process run by trained staff on each individual child to find out more details about their psychological condition. Therefore, the

Upeksha programme staff were quite aware of the psychological condition of each child in the programme as well as their social and economic issues caused by war. This helped them to conduct a very comprehensive programme with a holistic view.

5.2.2 Primary Focus and Area Target Group

The *Upeksha* programme selected a few geographical areas to focus its activities on, taking into account the severity of the war impact in those regions. These included *Ariyampathy, Kangkeyanodai, Periyaporathivu, Thalankudah, Mylampavely, Vakarai, Savukaddi, Kattankudy, and Eravur*. These are areas where the war has caused immense destruction. A few of these areas like *Vakarai* and *Savukaddi*were under the LTTEs control during the research period. Communities living in these areas were mostly Muslims and Tamils. In 1990, there was ethnic tension between the Tamils and Muslims reported in this area. For instance, in *Kattankudy,* the LTTE militants killed 108 Muslims worshiping in a mosque. In *Eravur,* there was an abduction of Muslim passengers in a bus who later were killed. Therefore, the tension between these two ethnicities was quite high at the time. Yet, the *Upeksha* programme had made efforts to help children from both these ethnicities, attempting to bring reconciliation between them.

As mentioned above, their schoolteachers were primarily involved in selecting the participant children to this programme. They were requested to observe children with unusual behaviour such as those not interested in studies, not taking part in any extracurricular activities, frequently isolating themselves, unhappy, quarrelling with other children, frequently absent, etc. Then, teachers were required to unearth more information on these children including family status, war experience, economic status, etc. and report it to the programme staff. The staff thereafter would conduct the necessary rehabilitation activities for them within the programme. One key factor I observed on their selection methodology was that it was limited only to schoolchildren, who had privilege to attend school amidst the war situation. Therefore, the programme was restricted in its scope to reach out to children who were really in need of psychological care but unable to attend school.

5.2.3. Baseline Information

The systematic needs analysis and problem identification process carried out by the *Upeksha* programme in the initial stages led to a database from which baseline data about the children and communities could be obtained. Since the programme had conducted a proper data collection at the point of recruiting children and before rehabilitation techniques were applied, they had a detailed, systematic understanding on the precondition of the children. Teachers' involvement in the recruitment process was helpful to gather data

on children as well. Within the programme too, they had semi-structured questionnaires, systematic recordings and images to tactfully gather information from children. This baseline information was helpful in their child monitoring process.

5.3 Planning Phase

5.3.1. Purpose and Objective setting

The main objective of the *Upeksha* programme was to support children to overcome the mental trauma of war and to strengthen their social life. The knowledge and capacity of the leader and staff gave them a good understanding of their scope of outreach with available resources, and they set the objectives accordingly. They had set up both short-term and long-term objectives in their programme.

Short-term objectives

- To support children and families to overcome war-related trauma and stress
- To build capable staff and stakeholders to support the rehabilitation process

Lon- term objectives

- To carry children through a healing process and to reintegrate them into society as normal people
- To promote peace and reconciliation and nurture a harmonious community

Their objectives were clear and defined in documentary form for further reference. Therefore, I observed that they made efforts to develop these with the knowledge and understanding about the context as well as the direction they wanted to move in.

5.3.2 Financial and Human Resourcing

The programme was funded mainly by two international aid agencies - the *Humanistisch Instituut Voor Ontwikkelings Samenwerking (HIVOS*- Netherlands) and the *Canadian International Development Agency (CIDA).* Apart from these donors, there were several professionals living in Canada helping to train the local staff. My field observation revealed that this programme had stable funding sources and that their asset base and facilities

were adequate to conduct the programme. This financial base supported them to run the programme in a systematic manner while involving qualified workers and professionals in the rehabilitation process. The influence and constraints of funding is one of the allegations against rehabilitation programmes; specifically, that they are being subjected to manipulation by these international funding agencies, which in the end loses the impact in the field (Pupavac, 2004; Summerfield, 1996; Cliffe and Luckham, 2000; Monnteiro, 2004). However, even though the *Upeksha* programme was dependant on the support of the international agencies, they had the flexibility to make decisions locally and contextualise the programme as necessary. For example, child selection was done as per a process designed by the local staff.

Regarding the human resources, as already observed, the leader of the programme was a locally and internationally trained person on the subject of psychosocial rehabilitation and mental health. He had a bachelor's degree and post graduate degree in psychology, with a focus on counselling. He was a catholic priest and his religious convictions also impelled him with a passion and a genuine interest to help these children. Though a catholic priest, he was educated in a Hindu school. Therefore, he possessed the ability to work with people of different faith backgrounds. He also used to be a school teacher, which made it easier to face the challenges of rehabilitating children.

The programme primarily used 'art' as their main mode of communication with children. The 'creative founder' of the programme was a foreign artist who used his talents to enrich the programme and identify rehabilitation needs. The programme also had partners of various capacities other than the core team, including doctors, teachers, foreign and local trainers, volunteers, plus animators, caretakers, caregivers and logistical supporters. For instance, this programme had 12 full-time animators and resource persons from the local communities. Their main responsibility was to organise the given rehabilitation activities and to observe the children's behaviour and report to the core team for further support.

5.3.3 Rehabilitation Approaches

The *Upeksha* programme had a combination of social and psychological approaches within their rehabilitation process. Since the leader was a trained counsellor with an understanding of mental health, he was able to support children with severe mental trauma and psychological impact. His clergy background and his previous profession as a schoolteacher helped him work effectively with people and communities. Therefore, the programme maintained a good balance between these two approaches.

The *Upeksha* programme had a holistic view on the child's psychological development. All three dimensions: psychological, social and economic were taken into consideration in developing their methods of rehabilitation. They used simplified, child-friendly, creative, age appropriate programmes and took the children through a very systematic, gradual and intentional rehabilitation process with a combination of psychological and social contextual methods.

5.4 Methodological Phase

5.4.1 Techniques

The programme staff utilised techniques such as play, art and music in their rehabilitation process, which are mainly viewed as a means of engaging with children. They used the above mechanisms in different programmes designed upon concepts of 'earthwork, artwork, heart-work, and healing'. The aim was to use the natural environment as well as creativity in the process of rehabilitation. The programme's main activities were planned according to the following principles, and it was clearly mentioned how children were directed to achieve mental healing.

1. Earthwork: This is a programme designed to direct the children to the natural environment. The physical world teaches many lessons about cause and effect, life and death, beauty and mystery. Therefore, the children are encouraged to get engaged in activities with the surrounding plants, animals and environment in the *Upeksha* programme.
2. Artwork: Children are engaged in exploring and expressing the creative energy within themselves through artwork. The children are encouraged to paint with different colours, play musical instruments, or act in dramas. The animators facilitate this by preparing the activities, helping and encouraging the children without compelling them. They play a more supportive role than a leading or a counselling role in this process.
3. Heart-work: Children will often raise questions and seek knowledge that seems vital to their own growth. The animators are to give them space to think and wonder and only attend to them if they need it. This can appropriately be linked to the experience of an artist developing a rapport with their 'muse' or 'daemon'. When children with inner distress and suffering sense enough trust to develop a

relationship with their environment, the elements within it naturally take them through a healing process.

4. Healing: This is the principle by which the *Upeksha* programme approaches trauma healing. They used different kinds of methods such as painting, drama, music and religious activities to heal the war-affected children. Children learned to express life themes and feelings through creativity, through which healing is achieved in a natural way.

Based on the above main principles, they used a few techniques, which were unique to the programme. They specifically conducted their rehabilitation activities in three main stages.

The first stage was for three months, and at this stage, a few simple activities were introduced with the aim of getting the children to familiarise themselves with the programme environment and to introduce them to each other, create trust and build mutual understanding. For instance, the children were given opportunities to sing and play with animals in the garden or play with clay and create anything they wished. Many of the activities were conducted in the open air, which relaxes children and activates imagination, improving their creative abilities.

In the second stage, further psychodynamic activities were conducted with a focus on subjects like identity, family, hopes and fears. This stage was more advanced than the first stage. The children were directed to express their complex feelings through artistic forms. For instance, the pictures below show how some of the children expressed their inner feelings through 'art'. This was a stage specifically commenced for children in need of special care and healing. 'Cuckoo's world' was a technique they used in the second stage to identify children needing special psychological care and healing.

In the third stage, children mainly exhibited their talents to the public, including parents and their adults. On the one hand, this stage gave a chance to monitor whether children had improved or not. On the other hand, children were given the chance to interact with the community and enhance their relationship with society.

Cuckoo's world

As mentioned earlier, they conducted some special activities for the children and 'Cuckoo's World' was the technique that they used for selecting children who required special psychological help and healing. It had three phases: Cuckoo's nest, Cuckoo's chariot, and Cuckoo's cloud; according to researchers, 'Cuckoo world' symbolises a scenario in nature. The cuckoo bird lays its eggs in crows` nests and the crows hatch those eggs without realising that they are not their own. When cuckoo birdlings emerge from their

cracked shells, they automatically become orphans. This scenario was considered reflective of these children's situation too, in this programme; therefore, they named it as 'cuckoo world (Lawrence, 2003). 'Cuckoo's World' was conducted in the four stages mentioned below.

1. Random psychological profiling of the children using the '*AmmaAppa'* game.

The aim of this activity was to discover the inner world of children and identify their need of care and categorise them accordingly to receive therapy; these sessions were planned very methodically. A semi-structured questionnaire, systematic recording and images were used to extract information sensitively from children. A well-trained counsellor conducted this activity, and its main objectives were as follows:

- To enable children to tell their life story and review elements of their personal, family and social environment that were risk factors, which had caused psychological troubles, as well as sources of resiliency from which they derived personal strength and a positive outlook.
- To promote psychological integration and healing for children through attentive non-judgemental listening and to promote the use of guided imagination and healing rituals appropriately.
- To gain the trust of the children by ensuring their rights to confidentiality.

(Chase, 2000:27).

During the activity, while children were directed to get engaged in various activities, only one particular child was chosen and taken to the cuckoo's nest. In Cuckoo's world, 'clean environment and an atmosphere of privacy' was highlighted. Before entering the premises where Cuckoo's World was conducted, all children had to remove their shoes and then sit comfortably on a mat. After a moment of silence, the guide asked questions and raised discussions based on the information they had on each child and family. They used various cards with pictures and icons to obtain information from children. These pictures depicted scenarios of life events of family and social world, roles and relationships, causes of death or disability, sources of distress and happiness, etc. There were24 to 28 such icons painted on round cards, which they used for this exercise.

Feedback from the children for these images were recorded by the guide under six themes as follows: (a) basic family and household structure; (b) physical risk factors and death-family and household; (c) emotional risk

factors; (d) extra-familial/community risk factors; (e) three saddest/worst experiences; (f) and three happiest / best experiences. After gathering this information, the child was directed to relax using methods from their own religious backgrounds. After this process, one animator went through an art session with the child to conclude with the *ammaappa game*. Thereafter, the child was again taken back to spend some time with the animals in the garden and to experience nature. It took about an hour for the *ammaappa game,* and through this activity the situational context of the child was revealed and activities were conducted according to the analysed feedback of the child.

2. Select children for the 'one-on-one' session using 'blind cuckoo tag' game.

After the children had been categorised according to their emotional and physical needs, staff identified children with special needs and conducted separate programmes to address their concerns; 'One-on-one' session was one such activity. The children were selected for the 'one-on-one' session without being noticed by the others. The staff used creative ways of doing this; they did a 'blind cuckoo tag' game to select children for this activity, to make them unaware that they had been selected for counselling sessions. Animators covered their faces and acted as the 'cuckoo daddy', then all the children ran around the dad, who picked a child seemingly at random. The animators were trained and skilful enough to identify the children who needed special attention even though it looked like a random choice. Once the session started, animators built confidence and mutual understanding to make children feel at ease so that they would start to communicate and interact freely**.**

3. Using Creativity in Rehabilitation

After selecting a child to the 'one-on-one' session, various forms of art, music and rituals were used to interact with the child, according to a timetable. This timetable was compiled based on the input of the child as well as the animator who worked with that particular child. The number of sessions varied from child to child and there was flexibility to decide according to their needs. One-on-one sessions were conducted at the special hut known as Cuckoo's chariot. The emotional situation of the child was taken into consideration in choosing the particular type of art session, and those sessions are described as follows.

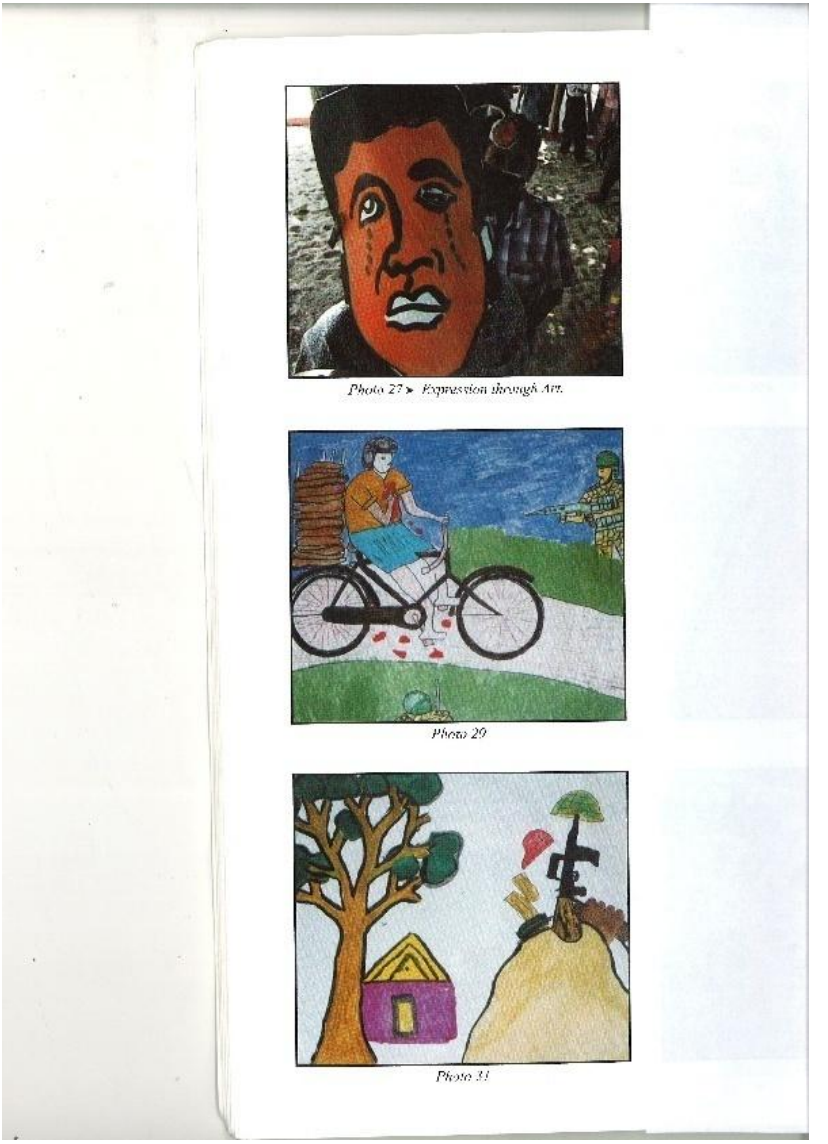
- Splash paint collage: a child is asked to spray various colours on to a paper and asked to cut his/her favourite animal. The motive is to achieve different shapes and create different art forms and to create some surprises for the children.

- Alien Painting: the child is given a chance to make paint by blowing colours through a straw. Afterwards, they are asked to recognise some special figures on it. Then, they are asked to draw that identified figure in a separate paper. This is repeated several times, and they are asked to identify and draw several figures in this session.
- Puppets: children are encouraged to express their feelings using puppets in this session. The staff think that puppets give a voice to the feelings; therefore, they use it to reveal children's feelings too. In the ritual theatre, for example, the stories are developed through puppets, and positive ceremonial occasions are enacted to create a hopeful scenario for the children.
- Feeling pictures: the children are asked to draw a full human figure on a big white paper, and they are asked to paint it in any colour that they wish. Then, the child is directed to recognise the emotions, after which the child and animator discuss his/ her emotions further.
- Clay figures: making use of clay, the children are directed to create various types of figures and also to develop stories with them.
- Dream catcher: the child and animator discuss dreams together. If the child can recall the dreams that he/she saw the previous night or when he/she comes to the garden, they share and discuss their dreams with the animator.
- 'Worry" and "Inspiration" boxes: the children and animators get together and make two boxes: one for worry and the other for inspirations. If the child has a worry, he/she is directed to write it and place it in one of the boxes on a daily basis, while animator and child write inspirational quotations or beautiful thoughts and place them in another box. Afterwards, both of them get together and choose randomly from the box of worries and discuss them together. Then, they pick up one from the inspirational box. The animator makes use of the opportunity to direct the child to positive thinking through inspirational quotations and gives him/her comfort over his/her worry.

Apart from these activities, the feeling wheel, feeling grab bag, feeling mirror, scrabble and sand play were types of activities that were used in these sessions. Further, religious rituals were used according to each child's

religion to complement the activities. For examples on how some of the children expressed their inner feelings through 'art', see below.

Picture 5.1
The artwork created by the children in the *Upeksha* programme



Sources: Chase, 2000:48

4. The animator had to de-brief regarding sessions with 'Cuckoo Daddy'.

This was the last stage of healing in the act of the 'Cuckoo's world'. After all these activities, all of the animators met the person who acted as "Cuckoo Daddy" or the person who acted as leader and discussed the situation and problems that were brought up by the children while the programme was ongoing. Thereupon, the proper remedial measures were decided.

The use of Rituals and Religion as Rehabilitation Methodologies

This programme had a religious base as it was run by a catholic priest, but since most children were from differing religious backgrounds, he ensured they were not forced to follow any one religion. Therefore, he used the principles and concepts of each religion and applied them along with his rehabilitation techniques. One such observation was the breathing exercise after conducting 'one-on-one' session, which was practised as a ritual in some religions. This was identified as an instance where they merged rituals into the programme.

The staff made use of this meditation activity along with a simple activity. They used four pebbles or seashells, and then painted them according to the children's wish with four colours. After this, the four coloured pebbles or seashell were named 'flower, water, mountain and space'. These were also named again as 'beautiful, clear, strong and free'. Once it was done, the children were asked to pick the pebble or shells that represented flowers. They were to pick it up with their left hand, and with their right hand they picked a real flower from the garden and began the breathing exercise.

> Closing the eyes and while breathing in, the child says, "I am a flower". Breathing out, the child says, "I am beautiful" (three times).After that the child chooses the seashell she/he painted to represent "water". Then, while breathing in, the child says, "I am water". Breathing out, the child says, "I am flowing" (three times). After that the child chooses seashell that represents "mountain". Then, breathing in, the child says, "I am a mountain". Breathing out, the child says, "I am strong" (three times). Then picks up the seashell that represents "space" and breathing in, the child says, "I am space". Breathing out, the child says, "I am free" (three times). Finally, the child says, holding all the shells, "flower, water, mountain, space, I am beautiful, clear, strong and free" (Lawrence, 2003: 62).

Even though this programme had a religious base, it was conducted in such a way that children did not see it as a religious ritual. The staff tried to make them understand the benefit of this breathing exercise. They revealed that some of these religious practices were used to heal children according to their needs, but all these ritualistic methods were only used according to the social context, which I will discuss further in later chapters.

5.4.2 Networking and Partnership Building

Establishing connections and building up partnerships with different stakeholders was evident in the *Upeksha* programme. From the time of selection of children till they moved out from the centre, the programme leader worked with external entities to get the maximum possible support for the children. Schoolteachers and administrative authorities, community leaders and family members were all invited to be involved in the rehabilitation process. Children were encouraged to take part in community activities as much as possible to get them to develop social relationships. At the end of the nine-month period, an open exhibition was held showcasing the children's creative output for all community members to enjoy. This gave the children a platform to be appreciated and encouraged. Travelling theatre was another special activity where the children were given the chance to integrate in to the community by introducing their skills and talents to others through drama.

5.4.3 Interventions

There were several interventions undertaken by the *Upeksha* programme, one was providing for the children's basic needs like food, clothes and school supplies. Since most children came from economically deprived homes, they needed these things to survive. Since the programme had the necessary funds to provide for the material needs of children, it kept them motivated to take part in programme activities.

Apart from their main rehabilitation activities, they conducted activities like story theatre, story parade, parent-child art classes, art exhibitions, song and dance performances and clown shows to keep the children engaged in the rehabilitation process. These were all formed based on creativity. Capacity building was another key area they were involved in, in the training of staff, community leaders and teachers on different aspects of mental health. These trainings were done in partnership with experts in the profession. Youth exchange programmes were also conducted by them to promote ethnic harmony, especially among Muslim and Tamil ethnic groups. Most children enjoyed this activity as they had never been out of their own area and it gave them the opportunity to learn and see new things.

5.5 Programme Monitoring

It was a requirement of the *Upeksha* programme's funding agencies to have a proper monitoring and evaluation plan. Therefore, they had to develop an activity monitoring plan and ensure that it was done accordingly. Since they had dedicated staff to work in the field and in the office, monitoring could take place as planned. But due to the war situation and security concerns, they could not constantly keep up with monitoring activities in the field. They still managed to improve on their activities, because they received feedback from the teachers, community leaders and the professionals involved in the work. Also, staff had reflection-oriented meetings which provided insights on how to improve their activities.

5.6 Concluding Remarks

The main intention of this chapter was to get clear understanding of the *Upeksha* programme based on the first part of the analytical framework; accordingly, introduction was given based on four components such as 'identification phase, planning phase, methodological phase and monitoring phase'. When taking into account the identification phase, it can be concluded that the overall examination and observations of the *Upeksha* programme was conducted in a systematic and structured manner. For instance, before the programme was initiated, they had good baseline information regarding the children's situation in the particular area since the founder of the programme had already started working with war-affected children. At the same time, before selecting the children, they got the support of school teachers in order to select the most needy children for the programme. As theoretically proven, some children may be less affected as others (Duncan and Arnston, 2004) and their coping mechanisms can be different from each other (Antonovesky, 1979; Moskovitz, 1983; and Loughry and Eyber, 2003). Therefore, it was important to give priority to those who really needed urgent care but not leave behind others who were affected. Having sufficiently trained staff was a strong positive factor of the programme, which gave them the ability to diagnose the needs of children correctly and apply the appropriate therapy.

When considering the 'planning phase', they had a very clear idea of how they wanted to rehabilitate children and the kind of results they expected from their work. The programme's main objective was focused on treating each child according to their level of trauma rather than taking a generic approach and treating everyone equally. Their financial stability was another

strong point, which enabled them to conduct a systematic and holistic programme. They were able to take care of the children's basic needs and give them security and comfort during the programme activities. The influence of the funding agency too was handled well in the local context. The remodelling of the programme's concept to suit the local culture was helpful for them to reach out to communities and children and make them understand the importance of psychological care; accordingly, they used a mixed rehabilitation approach (psychological and psychiatric approach and social cultural approach) in order to rehabilitate the children.

Accordingly, they blended the social contextual features well with the advanced psychological and psychiatric methods in their main rehabilitation methods by adapting features like family, education and religious practices of the environment. In order to do this, they had built several connections with various stakeholders, and in this regard the contribution of school teachers, community leaders, artists, medical doctors and even parents were highlighted.

Further, the continuous monitoring of activities and progress of children was also a commendable feature of the *Upeksha* programme. This helped them to keep track of the programme's progress and ensure that they were reaching their objectives. Especially, impact monitoring was given prominence in the *Upeksha* programme. From the moment children entered the programme, they had different ways of monitoring their progress. Teachers constantly monitored children's behaviour, education progress, relationships and reported to the staff. This helped the staff to carry in-depth monitoring on psychological behaviour after applying the rehabilitation techniques. Teachers claimed that in the beginning it was difficult to work with these children, stating that they exhibited disturbed behaviours, which interrupted the class activities. However later, these children learnt to behave well in the class and had good relationships with other students. Second stage of monitoring took place while they were in the rehabilitation centre. The staff gave each child individual attention and established a mentoring relationship. This helped the children to feel comfortable with the staff and to share their feelings and difficulties. Sometimes home visits were also conducted to check on the progress of children; parents and community members were included in the process. However, they were not able to keep track of children who left the programme. Monitoring their progress would have supported to affirm the impact of the programme. Overall, the *Upeksha* programme seems to have done commendable work in rehabilitating children affectedbywar.

6
Assessment of Psychosocial Rehabilitation Programmes

6.1 Introduction

The main goal of this chapter is to assess the three rehabilitation programmes that were selected for the study based on four components included in the first part of the analytical framework such as 'identification phase, planning phase, methodological phase and monitoring phase'. In the previous three chapters, each of the rehabilitation programmes were described and analysed in detail based on the same four components. However, it is just a brief analysis about their objectives, rehabilitation approaches, methodologies and activities, and no systematic assessment was done in any of those chapters. Therefore, on the one hand, in this chapter, one of the aims is to assess and examine whether the selected programmes adhere to and operate their activities as explained in previous three chapters and will explore the nature of each rehabilitation programme in relation to overall scope, operation, approaches and methodologies. On the other hand, this chapter provides a comparative assessment and analysis of the selected programmes. As mentioned in the first chapter, the aim is to do a comparative analysis to explore the similarities and differences of each programme and identify the most suitable methods of rehabilitation in relation to the Sri Lankan context. Through that I hope to reaffirm the essentials that can drive a post-war psychosocial rehabilitation programme to attain its objectives.

6.2 Identification Phase

Identification is an important component to recognise to be able to understand the scope, severity and potentiality of a given situation. In a psychosocial programme, it is important because assessing the conditions of war, its effects, physical and psychological impacts, as well as possibility of reha-

bilitation are some key areas that will affect the success of a rehabilitation programme. Each of the programmes under this research has done their assessment at different levels using various mechanisms. I have comparatively analysed them based on each sub component under 'identification phase'.

6.2.1 Needs Analysis and Problem identification

As mentioned in the third chapter, due to the ad-hoc nature of the *Muditha* programme they could not invest time and effort in proper problem identification and needs analysis; therefore, significant incompatibility between children's actual needs and the programme's activities could be observed. As mentioned in the third chapter, this programme was initiated due to the orphan children asking for care and protection and later became a home for children who lost their families and homes due to war. Therefore, though the monk in charge did not have much chance to identify the particular problems of each child, he did identify their common problems and tried to resolve them within the limits of his own capacity. However, since there was no opportunity to categorise children according to identified physical, social, psychological and spiritual issues, the activities sometimes appeared to contradict with the rehabilitation needs of children. The *Karuna* programme also did not conduct an intentional process to identify problems and needs of children beforehand; they mainly relied on secondary data and information from the government and communities. Since their approach was to conduct rehabilitation while the child stayed with family at home, they did not see the need to conduct an overall needs analysis. Compared to the two programmes mentioned above, the *Upeksha* programme conducted an intentional analysis of children and their family backgrounds before applying any rehabilitation therapy. They received the support of professionals to assess and diagnose psychological issues of children. Since the leader and staff were fully trained on psychology, they understood the importance of conducting a proper problem and needs identification process.

This shows that each programme has applied different levels of identification, which may lead to different levels of impact in the rehabilitation process too. This will be explored in the next chapter where we discuss the impact of each programme.

6.2.2 Primary Focus Area and Target group selection

As described in the second chapter, one of the key processes that will decide the success of a rehabilitation programme is its target area and target group selection process. Any programme should give priority to select children who are in urgent need of psychosocial care. If the selections are not properly administrated, the programme can overlook children who have se-

vere trauma and cater to children with less needs, for trauma can have its variations. This factor can cause the programme to be unsuccessful. For instance, Duncan and Arnston (2004) argued that only 10 per cent of children will be affected with severe and complex trauma in a conflict situation, whereas another 20 per cent were identified as 'at risk', and the rest of the 70 per cent are merely affected by war but were not faced with its prolonged complications. Therefore, it is important to prioritise this 10 per cent of children and then consider second the 20 per cent at risk, before finally moving on to the 70 per cent if resources are adequate. If this order were not followed, effectiveness of the programme would be limited. Therefore, researchers are of the view that it is important to identify children who are really affected by war and who need care in a war situation (Agger et al., 1995).

In Sri Lanka's context, most rehabilitation programmes were based in the Northern and Eastern Provinces because the worst effects of war were seen in those areas. Therefore, the target groups were also from the same areas. Further, when looking at each of these rehabilitation programmes, I could observe that they had given considerable attention to this aspect and selected children who were most devastated. However, the *Muditha* programme did not have a well-defined primary focus area or target group because of its ad-hoc inception. The rehabilitation facility was situated in a Sinhala border village where LTTE attacks were quite frequent, while the children were from adjoining Tamil villages. Similarly, the *Karuna* programme selected children from three Eastern areas where battles had caused severe damage. The *Upeksha* programme also covered nine areas in the Eastern Province with similar devastation. During the period of this study, most areas were under the control of the LTTE and the war was ongoing, but there was a ceasefire agreement for a few years during which these rehabilitation programmes surfaced to help children and ease their burden.

However, target group selection of each programme took different approaches. The *Muditha* programme had no particular selection criteria or methodology, while the *Karuna* and *Upeksha* programmes had specified set of criteria. However, the main focus of all programmes was to select orphans and psychologically impacted children. The process of selecting the target group was also unique to each programme.

For instance, the *Muditha* programme never followed a specific criterion for child selection, as mentioned in the third chapter. According to the leader of the programme, the doors were always open to any child who needed help; children were encouraged to come on their own or through an adult. Therefore, the leader of the programme was of the view that children who had joined the programme were the ones who were really affected by war and who needed psychosocial assistance. He reasoned that if parents and relatives

of these children could be found, they would definitely be with them and would not come here. Since the children had lost all they had including connections with family and community, they joined the programme.

Even though his argument seems to be practical given the context, when it comes to selection process, one may argue that even though children joined the programme on their own or through an adult, there could be others who deserve to receive care but were not able to access the facility. Because this programme was not known by those in the area, given the limitation of communication and access during this time, there was little chance for the news to spread wide. Also, the temple was situated in a rural village far away from town so children who really needed help could not access it unless someone led them to it. When I inquired from the monk about this, he said that since refugee camps in the *Vavunia* district were aware of the programme, they sent war-affected children who needed special care to the programme. This means that some adults indirectly helped to select children for the programme. However, if the monk could do this in a more formal way, then more vulnerable children would benefit from the programme.

Also in the third chapter, I highlighted that this programme supported only boys who were less than 18 years of age. They might have been following this strategy due to practical reasons, but someone could argue that it was a weakness in itself since they ignored girls who could be affected by war. In the second chapter, I referenced literature reviews, which expressed that gender disparity could occur when traditional and religious beliefs were applied in psychosocial rehabilitation work (Tol et al., 2013). In looking at the *Muditha* rehabilitation programme, we can see this assumption confirmed because the programme was located in a Buddhist temple, and according to their religious beliefs it was against discipline to retain females in the temple premises. However, in order to adhere to this discipline and not having sufficient security facilities for female children, the programme only supported male children. This scenario stands out as strong evidence to prove that gender disparity can surface in psychosocial approach when using traditional beliefs for rehabilitation.

Considering the elements in the *Karuna* programme, their main selection criteria was being a war-affected child who lost either one or both parents to war. The programme staff stated that they had particularly chosen 'traumatised' children and also those children with PTSD. It seems that they had unconsciously believed those parentless children were naturally traumatised and therefore should be rehabilitated. For instance, when the staff were asked if they used any psychological methods in assessing whether these children had trauma or PTSD, the answer was negative. As mentioned in the second chapter, some special mechanisms should be applied such as screening in-

struments and special questionnaires in order to measure whether people actually have trauma or not (Richman, 1996). However, this particular programme did not use any of the mechanisms to measure trauma levels. They only went by their own assumption. Therefore, one can critically argue that the assumption that "all parentless children have trauma", might prevent children with more serious needs from accessing what is given to those who already have strong coping mechanisms. As previously mentioned, it is quite evident that when children lose their parents there will be some impact, but in a situation like war, everyone is affected in one way or another. Thus, there should be some mechanism to pick out the people who really need urgent help instead of working under a special theme as pointed out by Agger et al. (1995). Yet, in this programme, they did not make any efforts to apply psychological methodologies such as screening instruments or special questionnaires, or receiving community support, in selecting children.

After listening to some of the views of children who joined the programme, I found that the assumption of the programme was somewhat problematic. For instance, there were some contradictions between the views of children and the staff regarding the selection. Even though the staff said that parentless children were traumatised by war, which was why they selected them to the programme, some children highlighted that they joined the programme because of economic constraints rather than psychological factors. The quotation below gives an insight into the reasons why some children attended the programme.

> *My mother found it very hard to raise us after the death of my father. We had many financial problems. There wasn't much to be particularly feared due to war. Yes, we all fear war generally but eventually gun shots and bomb blasts wasn't anything special. (Interview with a girl who already left the programme, interview no 57)*

> *When I joined this programme, they provided me with various things. They also provided me with school equipment. My aim was to get these donations. I loved what they gave me (Interview with a child, interview no 49)*

The above quotations highlight that though staff might say that psychological factors were the main reason to extend rehabilitation to these children, in practice it was not only psychological factors but also economic and social constraints. The feelings of majority of the children were similar to those mentioned above. The significant feature was that some of these children did not require urgent psychological assistance as Agger et al., (1995) pointed out, but merely social and economic assistance. Including such children in

rehabilitation programmes without intensely studying their background can negatively affect the programme's success and efficiency. Therefore, I saw that there was a significant incompatibility between the needs of the children and the programme's activities. In this context, neither the programme's goals nor the children's needs were met as expected.

Further, even though there were children who needed urgent psychosocial care in the particular areas where the programme was operating, they had been neglected due to a lack of understanding by the staff and their restricted mindset. According to the observations and information gathered, I observed several children who really needed some kind of rehabilitation being neglected. These included those who were disabled due to land mine explosions and former child soldiers. They deserved more psychological, social and even physical rehabilitation given the circumstance, but they could not be included in the programme since they were not orphans and were living with parents. Therefore, it is important to design the selection criteria in a way that selects the most deserving children in the given context.

It was pointed out in the fifth chapter that the *Upeksha* programme received direct support from the particular communities in selecting the target group for their programme. It was discussed in the second chapter that the best method to select vulnerable children was to get community support since they knew more about their children (Green and Honwana, 1999). Accordingly, it seems that the *Upeksha* programme used the best practice that researchers approved in order to select children for their programme. They got assistance from school teachers to select children and believed that, next to the parents, teachers were the most reliable persons to get information about children. Researchers also believed that an educational environment was key mechanism that helps children to cope with traumatic situations (Cilliers, 2006). This included not only studies but also teachers' involvement in children's issues. This particular programme believed that if children displayed behavioural changes, teachers could observe and monitor and report them to the guardians as appropriate. Further, there was a possibility that the children could become closer to their teachers to fill the void of losing their parents. Due to this fact, the *Upeksha* programme had decided to involve teachers in this process.

After selecting children through the support of teachers, programme staff processed another selection once children were in the programme, which was to identify children with severe traumatic conditions. As introduced by Richman (1996), screening instruments and special questionnaires are used as tools for this identification. A game called *"AmmaAppa"* was an act specially designed for this purpose in this programme, which was conducted by a psychology expert. Therefore, we can see that the *Upeksha* programme obtained

the support of the community plus psychosocial experts in their selection process.

However, this programme only covered children who attended school; therefore, it seems that one of the most vulnerable segments of children who actually needed psychosocial care were being left out from this programme. For instance, there were children who had lost their limbs due to landmines and were unable to go to school, while some others worked as child labourers to provide for the family. There was another set of children who were former child soldiers, and I did not see them going back to school, after returning home. None of these children were included in the programme. Most rehabilitation programmes conducted for war-affected children prioritise former child soldiers (Green and Honwana, 1999; Monteiro and Wessells, 2004; Wessells and Jonah, 2006; Maurin, 2006; Honwana, 2008). But this programme did not include them mainly because they refused to go to school.

In any case, when comparing the aspect of 'target group selection' in all three programmes, the highest practicality was observed in the *Upeksha* programme. Comparatively, their group of children seemed very much deserving of being in a rehabilitation programme even though they only selected school children. Every child was selected after doing a thorough analysis on his or her behaviours and social environment. The *Muditha* programme also showed some practical effort in recruiting children who really needed some help. Yet, most of their vulnerable children joined the programme on their own accord rather than being selected. Therefore, the programme could improve by absorbing some selection methods as mentioned earlier. Also, they were not limited to a special theme in recruiting children; therefore, there was a wide variety of affected children being treated in this programme. In the *Karuna* programme, the selection was restricted to one criterion, 'orphans'; therefore, it created a certain limitation to select the children who had the most need. Due to this flaw, it is difficult to say whether this programme recruited children who really needed urgent help or not. Of course, in a war situation, all children may need some care and attention, but since this programme was limited only to a special category, there was a possibility that the children who needed urgent help but who were not in this category may have been excluded from the programme.

6.2.3 Baseline Surveys

Baseline surveys are directly linked with information gathered in a problem identification and needs analysis process. This information should then be collated properly to evaluate the change against the base conditions. Using baseline information, there are two common ways that changes can be analysed such as 'with or without the activity' and 'before and after the activity'. Therefore, if a programme does not carry proper baseline information it

is difficult to monitor their progress. This gathered information would also provide the details necessary for the design of the project. Therefore, it is important to have baseline data during the assessment period. Ideally information needs to be gathered on each individual child (personality, family, level of trauma, coping mechanisms, etc.), as well as the war situation, socio-economic and political factors.

The *Muditha* and *Karuna* programmes did not have proper problem identification and needs analysis processes; therefore, no proper baseline information was gathered. Even though the necessary baseline information was accessible to them, there was no mechanism to collate it in a coherent and useful manner to measure progress. Therefore, when they were doing monitoring, they could not use any data to analyse and measure their progress or achievement in the programme or in the lives of children. However, the *Upeksha* programme performed a proper data collection before commencing the programme and at the point of recruiting children; therefore, they could clearly show progress of each child before and after the programme. Since they gave individual attention to each child, staff could chart their progress before, during and after rehabilitation.

6.3 Planning Phase

6.3.1 Purpose and Objective

Any project or programme needs to have specified purposes and objectives in order to be focused on its journey and define its scope, as described in the second chapter. Each of the rehabilitation programmes except the *Muditha* programme had objectives laid out before they started their work, which helped to achieve targets and monitor their progress against the objectives. Since the *Muditha* programme had an ad-hoc start, they developed their objectives when the programme started expanding, but more or less opted for a day-to-day approach in running their programme. Each programme however had the objective of addressing the mental trauma of war on children, even though each had a different understanding on trauma and the solutions required. The *Karuna* and *Upeksha* programme had set their objectives in a holistic manner including psychological, social and economical dimensions even though in practice, the *Karuna* programme showed some drawbacks in comparison to the *Upeksha* programme. However, as mentioned previously, purposes and objective should be based on the identified programme and outcomes of the needs analysis. None of these programmes had performed an objective analysis to identify the goals, including the main and sub objectives, or their strategies to reach them. Therefore, chances to

identify the most feasible, extremely ambiguous and unrealistic objectives were limited; this resulted in yielding low impact from the programme activities. Out of all three programmes, only the *Upeksha* programme had the most organised structure of project management; they at least had both short-term and long-term objectives specified to ensure that the programme was on track. Therefore, the *Upeksha* programme's impact was higher than the other two programmes, which were also endorsed by its beneficiaries.

6.3.2 Resources of Psychosocial programmes

One of the key success factors of rehabilitation programmes is the adequacy of financial and human resources. Therefore, the intention of this section is to assess the ways in which each programme had acquired, managed and sustained their financial and human resources.

Financial Resources

Assessment of the financial situation of each programme was conducted with respect to confidential and ethical factors. Some programmes limited the information that could be accessed by me due to restrictions; also, according to the culture, it was not ethical to directly question their finances, which could have led to misunderstandings between respondent and researcher. However, through my observations and discussions with leaders and staff members, I was able to gather substantial information about their financial status.

The *Muditha* programme had the least financial resources available for its activities as it was conducted with help from villagers and a few donors. The lack of financial support seemed to have had a direct impact on its activities in two ways. First, they were unable to use trained and experienced staff to conduct the programme systematically. Therefore, they had to rely on available support, which was not effective in most circumstances. For instance, the programme used Buddhist philosophy as a means of rehabilitating children, but they could not break it down properly in a way that Hindu and Christian children could understand, according to their ability, age and experience.

Secondly, due to the unreliable nature of their funding, it was difficult for them to provide for 80 children, which also put the children in difficult circumstances. For example, every day, one or more people would bring food daily as alms giving to the temple, then the monk and others including the children had to ensure the food was enough for 80 children, and if not, they had to start cooking. Thus, this created a chaotic situation especially on weekends; however, according to the leader, it was not so apparent on weekdays, since children were in school and were somehow able to get food on the table when they come back. Nonetheless, according to my observations

and suggestions, it would have been better for them to receive help from an outside humanitarian organisation, as pointed out by Wessells and Jonah (2006) to run the programme more smoothly than it was. However, we cannot deny the fact that this programme rendered an excellent service during the war with a good understanding of the needs of children.

The *Karuna* programme had a more stable funding situation compared to the *Muditha* programme because they were funded by an international organisation. Funds had been released to fulfil their assets and other infrastructure needs and cover ongoing expenses. The programme had to budget their expenses and put it forward for review and approval. There had been instances where some funding requests had not been granted, but they always provided for essential needs of children. However, by doing so the *Karuna* programme had to come under the influence of the funding agency to some extent, and carry out their requirements, one of which was restricting the selection criteria only to orphaned children. There is a criticism about the outside funding agencies that they subvert the sovereignty and identity of the local organisations (Pupavac, 2004; Summerfield, 1996; Cliffe and Luckham, 2000; Monnteiro and Wessells, 2004). When considering how the *Karuna* programme follows what the funding agency approved, one can see that above-mentioned criticism is suitable for this particular programme.

Furthermore, the *Karuna* programme utilised a lot of money for their infrastructure development activities compared to what they spent on actual rehabilitation activities for the children. It seems that they did not conduct rehabilitation activities regularly. The resurgence of war at that time also contributed to limiting the activities for children. However, their efficiency was not evident enough even with sufficient funding. For example, when we scrutinised the *Muditha* programme, although some shortcomings were noticed because of financial factors, they still showed efficiency in conducting their programme. This was quite evident to any observer by the manner in which the children went about in their religious activities and schoolwork on a daily basis. But in the *Karuna* programme, it was not possible to see such activities. Even though the buildings and the roads they repaired were there to be seen, what they did in terms of real activities for the benefit of the children was not visible. Despite the fact that they possessed resources, these were not used at the optimum level. Therefore, it is shown that although money is necessary, the success of a psychosocial rehabilitation programme does not depend on money alone. The *Karuna* programme has shown this very clearly.

The *Upeksha* programme was financially more powerful than the other two, as was quite evident when looking at their asset base and human resources. Even though they were fully funded by international organisations,

they managed to properly contextualise the programme without being under the influence of the funding agencies. They had made most of their programmatic decisions with the support of the community, which had helped to sustain their work. The funding agency intervened with the local programme only upon request. Considering their structure and methodology of work, I can clearly say that they had successfully discredited the allegation of loss of sovereignty when funded by international sources. They have been able to address this challenge well mainly due to the understanding and agreement they had with their funding agency.

Human Resources

It is essential for any programme to have a set of skilful and competent workers regardless of whether advanced psychological or traditional approaches are being used, as described in the second chapter. When considering the *Muditha* programme, which was run by only a Buddhist monk, most of its rehabilitation techniques were based on Buddhist philosophy. The monk who conducted the programme was evidently well-versed in his techniques since he was already a Buddhist monk. But the problem was how far could these techniques be applied in rehabilitation process in an appropriate way for children, especially as they were mostly non-Buddhist. Even though the monk had theoretical knowledge on Buddhist scripture, he had no practical experience in a worldly sense and in handling rehabilitation work.[14] Sometimes he punished children for their little mischievous acts, and the children felt it was inappropriate as he punished them even for making a small noise or climbing a tree. Therefore, it was quite evident that the monk needed to understand and experience child behaviour and their psychology. Had he had this knowledge, it would have definitely increased the impact of the programme.

According to Sri Lankan Buddhist culture, a monk's behaviour is different from an ordinary laypersons.[15] His food habits, his clothing and social relations[16] are different from the laypersons. Therefore, he did not have

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[14] When he was interviewed, he himself explained that he did not have any kind of experience or training in working with children.

[15] The rules and regulations a monk should follow have been mentioned in the *vinayapitakaya.*

[16] Normally, a Buddhist monk eats only breakfast and lunch. He wears a yellow colour robe. After starting a life of being a monk, he does not keep kinship even with his mother or father. They are all considered as devotees.

any practical experiences and training in the life of a layperson, especially in dealing with children.[17] In his life, the main area of attention was the performance of religious duties and rituals, whereas for children, the main areas of attention could be play and creative activities. Therefore, when they were under a person who had an entirely different way of life, this could cause a change in the behavioural patterns of children. This might have had a positive as well as a negative impact. Most of the children were not meant to be monks in the future, but to lead normal lives as laypersons with secure employment, and make a future that was worth living. These unequal social traits had an impact on children's behaviour, as mentioned by a few teachers at school. According to them, it would have been better if the children were counselled and disciplined by a layperson with an understanding of the nature and psychology of children.

Therefore, lack of knowledge and experience of the person leading a rehabilitation programme can have negative impacts, even when using traditional methodologies. As pointed out by Green and Honwana (1999) in rehabilitating child soldiers in Angola and Mozambique, the workers did not have proper understanding of how to use traditional methodologies appropriately. Therefore, the programmatic impact was demeaned. Nonetheless, the *Muditha* programme had made some efforts to compensate for their lack of skills. One was to enrol children in vocational training centres to ensure opportunities for economic support. The other was to enrol all children into the government school in the area.

With regard to the *Karuna* programme, it can be observed that the staff had more experience in working with children. The staff, including the leader, had previous experience in conducting similar types of programmes. In addition, there were 46 staff members involved in the *Karuna* programme, and since the number of staff was high they had the time and capacity to pay attention to each child. Their primary task was to help children, attend to their needs and spend time with them. Even though staff members of the *Karuna* programme had some knowledge and experience, the programme mostly utilised 'counselling' techniques for which their knowledge was not adequate. The leader had only three months of training in 'counselling', while only six staff members had completed two-week training course on counselling. One staff member explained about the length of the training she has had.

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[17] The aim was not to insult the Buddhist monk. As a researcher, I had to raise this fact as an important aspect in working with children.

I do have some training in counselling. I went to Vely counselling centre in India for 15-day training course on psychological training. That was in October 2002. (Interview with a staff member of the Karuna programme (interview no 63).

The person, who discussed training, as mentioned-above, was involved in this programme from the beginning (in 1999) and counselled war-affected children from then. However, the woman in the above quotation had training for only15 days in 2002. It shows that many of the staff members had counselled children without an adequate foundation at the initial stage of the programme.

Furthermore, it could be seen that most of the staff in the *Karuna* programme had minimal knowledge of some techniques that were used in the programme. As an example, many of them did not understand concepts like 'psychological work', 'rehabilitation', and their meanings and why these concepts were incorporated into the programme. When they were interviewed, one of the questions that I posed to them was 'what is the meaning of 'rehabilitation' in this programme. The reason for asking this question was that a variety of interpretations of the word 'rehabilitation' were given by the different programmes. But many of the staff members were unable to give a proper response to this query. Some of them stated that it was not necessary for them to learn the meaning of concepts such as 'rehabilitation'. It took more than twenty minutes for me to explain the question to some of them, while others were annoyed when this question was posed to them. According to my knowledge, these terms indicate the purposes of the *Karuna* Programme. If the staff members were unable to grasp the significance of these concepts, how could they understand the aim of this programme? Based on these facts, it can be seen that even though they tried to show that the programme was based on modern techniques, they did not have proper knowledge or training in these methods. Therefore, achieving more important dimensions of psychological treatment may not have been possible if the staff could not fulfil the task. Comparing to the *Muditha* programme, even though the monk was knowledgeable on his approach to rehabilitation, which was religious beliefs, he did not have enough knowledge to apply it in an effective manner for the benefit of children. However, in the *Karuna* programme, a large number of staff seemed to not have enough knowledge of their main rehabilitation methodology itself.

In comparison, as mentioned in the fifth chapter, the *Upeksha* programme was a combination of a group of people with various capabilities. This group consisted of religious leaders, doctors, artists, school teachers and some other people who were working as children's supporters. Since this

programme consisted of people who worked in various fields such as education, health, arts and social services, it seems that children's needs could be understood easily and appropriate healing could be conducted accordingly.

As mentioned in the fifth chapter, the director of this programme was a well-trained and knowledgeable person working with war-affected children. Even though he was a Christian priest, he had been working earlier as a teacher. Since he had previous experience in dealing with children, he may have had an ability to grasp their thinking and behaviour patterns. At the same time, even though he was a Christian, he had his early education in a Hindu School, which enabled him to understand a different culture and Hindu religion too. In addition, he had obtained a Master's degree in education from Loyola University in USA in 1972. In his post-graduate studies, his major areas had been counselling and guidance. He did another MA in counselling psychology and had rendered his services at the Chicago High School counselling Department for two years to obtain practical experience. After returning to Sri Lanka, he tried to use his knowledge to help the war-affected people. In 1993, he started 'Professional Psychological Counselling Centre' in the Eastern Province in Sri Lanka to help the victims of war. This centre was open to anyone, including the former child soldiers and families affected by the war. Before initiating to deal with children, he had already made his services available to all persons affected by the war. Therefore, such a background has definitely helped him to initiate his *Upeksha* programme, with understanding and a firm footing.

Apart from the official leader, there was a 'creative founder' in this programme who was a visual artist and as well as a writer. As pointed out earlier, this programme was initiated following the model of the Canadian child rehabilitation programme. In this particular programme, creative activities were used to heal the children. The individual, who introduced these activities to this programme, also provided assistance to the *Upeksha* programme.

There were also nine other resource persons from various disciplines involved in this programme. These persons represented the fields of health, education and arts, with seven of them being expatriates while two were local resource persons. These persons conducted training programmes for the local staff and helped in developing new plans as well as developing the programme. As indicated by Wessells and Jonah (2006), it seems that this particular programme obtained lots of outside support in order to develop itself.

Further, there were twelve animators to conduct various activities in this programme. Specifically, these animators were working to identify the skills of children in arts, crafts, drama and creative play, and they organised activity sessions for the children. In the process of selection of the animators to the programme, special attention was paid to their commitment and skills in

working with children. As an example, Lawrence (2003) points out that when an animator is needed for the programme, the applications are called through public newspaper advertisements. Applicants are asked to state their experiences and their resourcefulness. They have to be honest, and the commitment for the programme is a must. The following quotation describes the requirement to be an animator in the *Upeksha* programme.

> The discipline of those who come there to play with the children is to stay open, aware, and spontaneous. To learn to dance with the moment. (Lawrence, 2003:37)

Since there were Tamil and Muslim children involved in this rehabilitation programme, special care was paid to select animators from both ethnic groups. At the same time, since majority of the selected animators were from *Batticaloa*, they were already aware of impacts of war on their children and their communities. These factors helped them to understand the children more effectively. Accordingly, it can be pointed out that the staff and those involved in the programme were knowledgeable and well-trained to work with children. Due to this, the above-mentioned researchers point out that activities were conducted according to the needs of the children in a successful manner and it was a well-planned, well-organised, methodically executed programme overall. In discussions with staff, I came to realise that they had a well-trained fleet of workers compared to the other programmes.

6.3.3 Rehabilitation Approach

One important factor of success for a rehabilitation programme is adapting correct approaches and methodologies. Considering the three programmes, I observed that they used both western psychological practices and traditional healing methods depending on the nature of the programme, children selected, ability of programme leaders and workers and financial resources. Therefore, their programmatic impact differed from each other.

As discussed earlier, provision of psychosocial rehabilitation should be grounded in a thorough assessment of the background of children. It includes their war environment and their nature and social context. For each individual differs greatly in the outcome of their trauma subject to their coping mechanisms. Therefore, rehabilitation approaches should differ for each individual. As discussed in the second chapter, in the earlier years, the rehabilitation methods were mostly narrowed to psychiatric (bio-medical) approach, but in later years many researchers adapted psychosocial methods, recognising the differences of trauma outcomes for each individual (Antonovesky, 1979; Moskovitz, 1983; Loughry and Eyber, 2003). Some researchers are of the strong opinion that psychiatric (bio-medical) approach is not appropriate for

the Eastern culture (Cairns, 1995; Summerfield, 1996, 1999). However, through my study, I came to realise that for us to adapt highly sophisticated techniques, we do not have necessary resources or the human skills in war-affected areas. Therefore, it is not only mere cultural suitability that needs to be addressed, but also easy accessibility and cost effective alternatives, which should be considered in a given context (Tol et al., 2013).

Accordingly, it seems that the *Muditha* programme totally adhered to the social cultural approach, while the *Upeksha* programme used both social cultural approach and psychological and psychiatric approaches in their rehabilitation activities, mainly due to the availability of sufficient human and material resources. However, the *Karuna* programme mainly used psychological and psychiatric approaches but when examined, they were not operating as planned due to many human incapacities and inconsistencies. Again, the next chapter will explore how this influenced their programme impact in detail.

6.4 Methodological Phase

6.4.1 Techniques

The *Muditha* programme used Buddhist religious values as their main rehabilitation technique of rehabilitation. Buddhist literature records some examples of making peace and providing psychological relief through different ritualistic practices. According to local beliefs, these have strong power to address conflict and to create peace. Some of these qualities were also reflected in the Indian Buddhist doctrines. Therefore, many believe that Buddhism has complex yet successful healing methods for both psychological and physical healing (Rinpoche, 1998; Clifford, 1990). In the canonical scriptures in the *Sutra Pitaka*[18] of Buddhism, deep descriptions have been made on healing methods. In these descriptions, the diseases are mentioned along with their causes, including also how these diseases can be cured. According

[18]*Sutra pitakaya* is a collection of all the discourses as entirely delivered by the Buddha on various occasions. The discourses of the Buddha complied together in the *sutra pitakaya* were expounded to suit different occasions, for various persons with different temperaments. Although the discourses were mostly intended for the benefit of Priests, and deal with the practice of the pure life with the exposition of the teaching, there are also several other discourses that deal with the material and normal progress of lay disciples.

to Buddhism, desire *(loba)*, hatred *(dwesha)* and ignorance *(moha)* can cause both physical ailments and mental suffering. They are the main reasons behind suffering. Consequently, an individual can be healed only when these causes are removed from the mind and replaced by generosity, sympathy and understanding. The leader of the *Muditha* programme also believed that the causes of these children's suffering were due to desire, hatred and ignorance. According to his view, if these causes were removed, then the children would get complete relief.

However, the main problem here is whether these children were able to grasp these deep salient doctrinal teachings, which need a mind of cultivated intellectual discernment. According to age appropriate child development concepts, cognitive capabilities are different for each child. For instance, Piaget (1952), Erikson (1995) and Wilber (1986, 1996) have clearly mentioned in their child development theories that children below 11 years of age are less capable of logical thinking, and only after 12 years of age can they gradually develop that ability. This situation might change according to different experiences that children have, the way they socialise and according to different socio-economic situations. However, if a methodology that is simple, suitable and interesting can be put in place, chances of obtaining greater benefits exist.

The *Karuna* programme purely based their rehabilitation activities on psychological and psychiatric approaches and used counselling as their main methodology. Basic Therapeutic Action, Cognitive Behavioural Therapy and Group counselling were mainly used. They identified the above as the most suitable techniques to rehabilitate traumatised children. Psychological and psychiatric approaches can only be applied if there are trained workers available. However, it seems that most of their staff were not trained and experienced in executing these counselling methods. Their activities were planned only till the funding lasted; thus, they had no plans of sustaining the programme. Therefore, they did not continue counselling sessions for some children, which was a failure on the part of the programme. I believe if the activities were integrated to the social network and partners on religious, educational entities and community, they would have helped to build a supportive network for these children. Even though they claimed they used counselling techniques, based on my observations it was not evident in their activities; instead, they utilised social contextual factors like education, family relationships and social connections in their rehabilitation activities.

Some researchers argue that some of these psychosocial rehabilitation programmes use psychological and psychiatric approaches mainly to attract more foreign funding. For instance, Summerfield (1996) says "projects have been more specifically designated as 'trauma' work, rapidly becoming attractive and even fashionable for western donors" (p 12). Even though this criti-

cism is not applicable to all psychosocial rehabilitation programmes, when considering the nature of the *Karuna* programme, it seems that it is valid for them to some extent.

The *Upeksha* programme used both advanced psychological methods and social contextual methods in rehabilitating activities. Counselling was used as the main technique coupled with creativity. They believed in engaging children in forms of creativity like art, drama, dance, singing, etc., because it can bring healing to the inner being of the child allowing expression of feelings. This concept was theoretically elaborated by Chase. (2000)

> Imagination and engagement in art, painting, sculpture music, song, dance, and theatre brings ones to creativity to encounter with the unknown. Out of this encounter arises a confirming experience of the process through which creative intelligence emerges in the world. The opening of oneself to this creative intelligence through exercises of imagination brings with it a new kind of confidence in handling life situations, which, by their nature, include contradiction, conflicts, and chaos (Chase, 2000: 18).

According to Chase (2000), creativity is a means of establishing peace and reconciliation, especially when children have gone through a traumatic experience. The *Upeksha* programme had children from different religious denominations, and the leader had good understanding of their backgrounds and was careful not to make any discriminative moves. He was constantly vigilant to separate his parish work as a Jesuit priest to his work in the *Upeksha* programme, where he did not wear his Catholic vestments and ensured that the faith and traditions of all children coming to the programme were respected and treated equally. Another uniqueness of the *Upeksha* programme was the consideration given according to level of trauma of each child before deciding upon approach and methodology of rehabilitation, whereas the other two programmess only gave minimum consideration to this area. The qualified staff of the *Upeksha* programme also made a difference in the way they operated the programme.

6.4.2 Networking and Partnership Building

Networking and partnership building was evident in all three programmes according to their own capacities, strategies and resource availability. However, intentional networking was only limited to the *Upeksha* programme because they followed a very systematic rehabilitation process. All three programmes had a networking relationship with the community, especially in selecting children. Both the *Muditha* and *Karuna* programmes had

limited connections with the government agencies to support their work. Intentional inclusion of government authorities was not part of their implementation strategies, as they were not focused on sustainability. Nonetheless, in a war context, it is difficult for a private or non-government organisation to establish consistent relationships with government agencies due to security reasons. Yet, since the *Upeksha* programme followed a systematic approach, they were able to officially make connections with the relevant government authorities to support their programmatic activities. They also connected with the professionals in the field and received their expertise in the rehabilitation process. Since they were able to successfully contextualise the programme, recognising the ground realities and without being under the influence of the funding agency, they made feasible decisions to liaise with community partners, parents, leaders, professionals and governments authorities, which made them successful in their interventions.

6.4.3 Interventions

Different direct and indirect interventions were undertaken by each programme in addressing psychosocial needs of children. The *Muditha* programme only had indirect interventions because they had limited resources in terms of finance and human capital. They were thus mainly concerned with providing children's basic material needs. Most of their other interventions did not need much finance. For example, the community support they received was sufficient for them to recreate the temple into a more homely environment where children would feel at home. Also, sending children to school did not cost them money because government education is free in Sri Lanka. However, they managed to get the school supplies for children through community donations.

The *Karuna* programme had more of a community focus than individual focus; therefore, most of their interventions were indirect. They did a considerable amount of infrastructure development such as constructing schools, roads, libraries and nurseries, etc. Another intervention was re-creating family environment through foster parenting concept. They monitored children on a regular basis to ensure their well-being and counselled children through these sessions. This was the only direct intervention they conducted with children.

The *Upeksha* programme conducted both direct and indirect intervention because they had the resources and capable staff to support these interventions. They also took initiatives to provide the basic needs of children but they were more interested in their psychological development. Capacity building of teachers and community members on psychosocial development was one unique intervention they conducted. The impact they created through these interventions was helpful to sustain their programme.

6.5 Programme Monitoring

Monitoring is a key component of a programme or project that helps to check programme progress against plans. Monitoring requires a systematic and routine collection of information from projects and programmes to ensure a few things, namely, activities being aligned to their objectives, to improve practices and activities in the future, to maintain accountability of resources used and results obtained and to make informed decisions on future initiatives. In a psychosocial rehabilitation programme, monitoring is essential because it is purely grounded on evidence-based progress of human psychological and social conditions. Therefore, measuring progress and gathering evidences requires regular and ongoing communication with all stakeholders, frequent and comprehensive reviews of activities, regular documentation, reporting progress and making recommendations.

Considering the aspect of monitoring in each programme, we can clearly identify that each used different mechanism of child and programme monitoring. The *Muditha* programme paid least attention to their monitoring activities, mostly due to lack of funds to carry out necessary activities and lack of knowledge in psychosocial rehabilitation. They were only concerned with looking after the children; thus, as long as they seemed happy and healthy, it was considered that the children had made psychological and physical progress. Therefore, no evidence was found on the before and after conditions of children except what was related by the monk. They had also not carried out any progress reviews of their own programme, though there had been criticism and praise coming from the surrounding communities, which acted as verbal reviews for improvement of the programme.

The *Karuna* programme introduced a systematic child monitoring process along with the concept of foster parenting. They conducted 'weekly meetings' and 'home visits', which were activities planned to understand children's problems and design solutions. However, according to my observation, they were very irregular in conducting home visits and weekly meetings due to their own time constraints, poor planning and even access limitations. Therefore, no documentation evidence was present on monitoring progress and follow-up on children. They conducted activity monitoring on most of their community infrastructure projects, as it was a requirement from the foreign funding agency.

In comparison to the other two programmes, the *Upeksha* programme had relatively the best monitoring mechanism in place for activity and child monitoring. They had experts in child psychology and creative art to support them in monitoring the progress of the children through different activities. They also practised a systematic documentation process to record the progress of children. They gave individual attention to each child and regularly

made observations of their behaviour while in the centres, at school or at home. Therefore, it was easy for them to keep focused and make recommendation to improve the programme based on the data analysis. Activity monitoring was also built into the programme, as this came as a requirement of the funding agency. The staff were consistent in the conduct of their regular rehabilitation activities as well as community development activities, which can be viewed as a result of regular and systematic monitoring.

6.6 Concluding Remarks

The main intention in this chapter was to assess the three psychosocial rehabilitation programmes, in terms of four main components such as identification, planning, methodology and monitoring. As described earlier in the previous three chapters, only basic introduction was given; therefore, this chapter explored whether they operated and conducted activities as explained in the third, fourth and fifth chapters and at the same time tried to examine whether they were on the right track of systematic rehabilitation of children. This assessment was done mainly as a comparative analysis, and the aim was to identify the similarities and differences of each rehabilitation programme and through that to highlight the suitable methods for further rehabilitating activities according to the Sri Lankan context.

When taking into account the identification phase in relative terms, I can conclude that only the *Upeksha* programme had the internal and external circumstances in their favour to conduct a proper identification of children's situation and needs. Their approach towards selecting children with the support of teachers was an important step in this regard. They also took every effort to transfer the rehabilitation knowledge to teachers, community leaders and parents who were the more permanent caregivers of children. It seems that with the proper identification of the children's situation and needs they had planned their activities with the objective of giving psychological relief to the affected children. Since this programme had an expert or professional as a leader of the programme and the stability of capital and human resources as another key factor, it led to the programme being conducted smoothly which led to the design of their main rehabilitation approach as well. For instance, here they had enough resources to use psychiatric methods or social contextual methods according to the particular child's needs. Another important aspect was that they continually monitored their activities since they had developed systematic monitoring plan, and it was compulsory to do so as a donor agency policy too.

When comparing the other two programmes with the *Upeksha* programme, it seems that the *Muditha* programme lies between the *Upeksha* and

Karuna programme, in terms of the four components. For instance, in identification phase, it was clear that they did not follow any baseline study and did not use any systematic selection criteria in order to select the most needy children to the programme although all the children who were in the programme were highly affected by the war. Therefore, they had automatically planned their activities with the objective of giving psychological relief to the children. However, the *Muditha* programme was a purely volunteer based programme which ran only on individual donations and support from the community. Even though limitations in funding affected the rehabilitation process to some extent, the leader managed to mitigate its effects using the assistance of the social context, and it was clear that they tried their utmost to provide for children's needs although psychological and psychiatric provisions was missing in this programme. Consequently, this programme was completely based on social cultural context approach and used religion as the main rehabilitation technique. However, there was no systematic monitoring at all, though the community monitored the activities indirectly.

The *Karuna* programme was different from each of the programmes mentioned above in many ways. However, when taking into the account the identification phase and planning, it was clear that they identified the children's situation and planned their activities with recognition of the war situation. Further, it was revealed that the *Karuna* programme was adequately funded; however, it showed slow progress in its rehabilitation work due to inefficiency of fund utilisation and staff commitment. For instance, they were mainly based on psychologically advanced approach and used mostly psychological and psychiatric techniques in rehabilitating children. But in practical terms, those techniques were not put forward. The lapses and ineffectiveness of the programme were blamed on the access restrictions and other government security restrictions at the time.

As mentioned earlier, the aim of this chapter was to assess the activities of each programme in order to explore whether they planned their activities in a systematic manner, whether they conducted activities properly and to see whether they were on the right track in order to conduct meaningful rehabilitation activities. However, as discussed above, it was revealed that they were at different levels in identification of children's situations and needs, planning, designing methodology and monitoring their activities too. Thus, all these different levels of activities planning and selection of methodologies and monitoring mechanisms will lead to different levels of impact in rehabilitation. Therefore, in the next chapter, the programme's activities and planning impact will be discussed in detail.

7

Impact Analysis of the Psychosocial Rehabilitation Programmes

7.1. Introduction

The main intention of this chapter is to analyse the programmatic impact of the three rehabilitation programmes. Impact of a rehabilitation programme can be viewed via different time scopes: immediate, intermediate and long-term. With the time available, we can only analyse immediate and intermediate impacts since most psychosocial rehabilitation programmes were started in recent years and the time elapsed is not sufficient to complete a long-term impact analysis. Furthermore, it is difficult, costly and time consuming to locate the rehabilitated cohorts to obtain information (Nyland et al., 1999). Therefore, based on the second part of the framework that I have designed in chapter two, I will analyse the impact of psychosocial programmes, paying special attention to immediate and intermediate impacts. The first element of analysis was to examine the fulfilment of basic needs of the children by providing the fulfilment of material and non-material needs. The second criterion was the efforts of empowerment through investments in children's education, plus reconciliation and peace to enable their re-integration back into society with confidence and trust. The third criterion was to analyse efforts of rebuilding the social context of children as an essential element of sustaining the rehabilitation work, while the fourth was to analyse the direct individual psychological development of the children through the rehabilitation.

7. 2 Fulfilling Basic Needs of Children

One common criticism against psychosocial programmes is that they are limited to attempting to fulfil only the psychological needs of war-

affected people (Williamson and Robinson, 2006). However, some researchers argue that not only material needs but also non-material needs such as 'trust-building', 'identity', and 'security' should be considered simultaneously in this regard (Wessells and Jonah, 2006). At the same time, Green and Honwana (1999) point out that in Angola and Mozambique, the main psychosocial rehabilitation was done not only via healing but also through meeting the children's basic needs, as requested by their parents. The key areas of intervention requiring provision of non-material needs were education and empowerment for children. Education is essential even if the children are destitute and orphaned. The responsibility lies with the society to provide them with an opportunity to learn as it is recognised as a fundamental right of a child. Education can do much for children in developing their thoughts, behaviours and social relationships along with providing academic knowledge (Machel, 1996; Sommers, 2002; Sommers, 2003; Nicolai and Triplehorn, 2003; Maurin, 2006). From these experiences, it is clear that provision of basic material and non-material needs help achieve the greater part of psychosocial rehabilitation.

Children in the *Muditha* programme were clearly lacking in fulfilment of both material and non-material needs before they joined the programme. Many of them had lost their parents and lived in refugee camps. Even though refugee camps do their best to cover the basic provisions, there is always a lack due to funding and administrative constraints. Therefore, the *Muditha* programme took much effort to fulfil the basic needs of these children, although resource constraints curtailed their ability to do so. Food, shelter and clothing needs were met as much as possible, while every effort was made to give the children an opportunity for education. Since Sri Lanka has a free education system, it was easy for them to enrol children in government schools. The programme provided children with their necessary textbooks and stationery for school. According to their teachers, these children's education level was not on par with the other children, but enrolling them in school itself had done much in developing their social skills. The monk even made the effort to facilitate extra tuition for a few selected subjects considered important such as computer studies.

According to the leader of the programme, they tried to give love, care and a sense of belonging to the children even with their limited human resources. It could be observed that the leader (monk) was personally involved in their primary care such as bathing and feeding the younger children. They all called him 'father'. The adaptation of the 'god-father' concept was also one method to give love, attention, sense of belonging and security. He also received his mother's support in looking after the young children. She was the only helper around the centre. The children's attitude with regard to her care, however, was rather controversial. As per our own

observations, she appeared to bathe, feed and care for them to the best of her ability. Therefore, we conclude that the *Muditha* programme workers had done their best to fulfil the material and non-material basic needs of the children despite their limited resources (material and human). Their efforts resulted in keeping the children healthy and happy even with limitations, as pointed out by Wessells (2005), Honwana (2008) and Wessells and Jonah (2006).

The *Karuna* programme involved a lot of complex duties such as providing basic needs not only for children but also for the community. At the beginning, the programme had paid more attention to the building of infrastructure facilities destroyed by war for that particular community. The programme officially began in 1999 and within one year (in 2000), they repaired some school buildings and roads leading to the schools. As an example, in one particular area where the programme was conducted, school buildings were totally destroyed by war, and with the permission of the Education Department, they had reconstructed it as an immediate step in the process of rehabilitation of children. On the 2nd of September 2000, they were able to hand over these school buildings to the Department of Education. This particular school was a primary school with classes up to grade five. They have since been able to extend it up to grade nine and recruit three additional teachers.

On September 2001, they built a clubhouse for the children in the rehabilitation programme along with a nursery and a library. They also supplied relevant materials for education in order to create an interest in studies among the children. One of the roads to a particular village was damaged due to war and the security forces had closed it. Owing to the request of *Karuna* programme staff, they opened this road for transportation, which was a great relief for the villagers. This shows that the *Karuna* programme took an effort to fulfil the basic needs of children with an extended approach of fulfilling social requirements as well.

Their extended approach even included fulfilment of children's non-material needs. According to staff, they organised a few activities to achieve this goal. 'Weekly meetings' and 'home visits' were few of those activities undertaken to understand the children's problems and design solutions plus show love, security and caring. The staff could evaluate children's behaviour better by visiting their homes. Yet, I observed an irregularity in these meetings; during my field research, I did not see any of these meetings taking place even though I had requested them to take me to see this activity. In spite of all my attempts to observe this activity being carried out, the staff members put it off with many excuses. Therefore, though they have included these activities in their plans, I conclude that it was not much practised due to their time constraints, poor planning and even access limitations.

The *Karuna* programme staff felt that 'foster-parents' scheme was another method to meet the non-material needs of children. Since the programme worked with orphaned children, it was indeed a great asset for them to feel the love and care of adults. This programme had plans to facilitate a loan scheme for these foster parents to help them bear the expenses for the children and to give them more security. Yet, during field visits, I did not see the loan scheme in operation, even though they viewed it as an innovative step for achieving the fulfilment of basic needs. In conclusion, their efforts have resulted more in fulfilment of material needs, both physical and social, rather than non-material, despite their intention to do that too.

The *Upeksha* programme, in contrast, has not paid as much attention as the *Karuna* programme to rebuild community infrastructure, prioritising instead on the provision of tangible material needs of the children including food and school stationery. Lunch was provided on three weekdays after school and during weekend classes, which was appreciated by all the children, and it helped them to be engaged in the programme. They also paid considerable attention to non-material needs via the provision of educational support. This was an important step in securing their future and supporting the children towards upward mobility. Their intervention motivated children to go to school, especially those who did not have an interest. Providing transportation after school was a real blessing for the children. Since these buses were marked with the programme's name and a logo, it was not subject to attacks; therefore, the children found it safe and inexpensive to travel in it.

As per the above-mentioned facts, it can be seen that the three programmes selected for the study met the children's basic needs in different ways. Each programme understood the importance of their work. I observed that they paid close attention to provide the children not only with food and clothes but also security, love and attention.

When contrasting with those children who were not involved with any rehabilitation programme, the situations were seen to be drastically different. Since those children at that time were within the LTTE controlled area and access was impossible to those areas, the children were isolated. They were bereft and were not taken care of by the adults in the area. Thus, most of those children had been deprived of both material and non-material needs; therefore, it appears that many of them tried to join the LTTE as child soldiers. The following quotation explains it further.

> *Within four months of my birth, my brother and my mother were shot and killed during the war. I think of her a lot, especially during the days of Thai pongal and other festival days. I can't stop myself from crying when I see other children with their mothers. Since my father is*

also not around much, I do not have anyone in this world. I do not have enough food when I feel hungry. I do not have a nice dress or any chance to go to school. No one in this world loves me, and I feel very insecure. So in future, I definitely will join with LTTE; then at least, I will have some food to eat (interview with a child. interview no 5).

In the area where the above child lived, no rehabilitation programmes were in operation; therefore, no one was there to address the needs of the war-affected children including the above child. Looking at the above quotation, we can clearly see the level of frustration created when there is an absence of basic needs. As pointed out by Wessells (2005), children will even go to the extent of involving in acts of violence to feed themselves as in the case of the children of Sierra Leone who wielded weapons when faced with brutalising poverty. Therefore, the above quotation further explains how important rehabilitation programmes are in addressing basic needs while repatriating the affected children.

7.3 Empowerment of children

Two important empowerment mechanisms are identified for rehabilitation of war-affected children. Firstly, in the process of empowerment, 'education' plays a vital role; many victims gain their lost opportunities, confidence and self-esteem through educational empowerment (Machel, 1996; Verhev, 2001; Analyti, 2001; Sommers, 2002; Sommers, 2003; Betancourt, 2005). Another mechanism is the reconciliation and peace efforts because, as per scholars, rehabilitation can be expedited if children are empowered to make peace and reconcile with their anguishes (McEvoy-Levy, 2001, 2006; Helsing et al., 2006).

7.3.1 Empowerment of War-Affected Children through Education

According to Article 29 of United Nations Convention on the Rights of Children, education is a fundamental right of a child. However, some researchers state that war completely damages the system of education, thereby, causing immense desolation to the lives of children (Sommers, 2002). Thus, one of the main challenging responsibilities of a psychosocial programme would be to re-establish educational opportunities in the war-torn areas and send children back to school (Machel, 1996; Verhev, 2001; Wessells, 2006).

When it comes to the Sri Lankan context, it is significant to look at the position education enjoys in our societal structure and our attitudes towards it. Especially in developing countries like Sri Lanka, 'education' is a key primary factor for upward social mobility. After gaining independence from Britain in 1948, the educational sector was well established and achieved successful results in Sri Lanka. For instance, the number of schools increased by over 50 per cent, while students attending school increased by more than 300 per cent, and teachers increased by more than 400 per cent within a period of less than 40 years (Ministry of Education in Sri Lanka, 2009). Education was made compulsory for all children in Sri Lanka within the age group of 5–14 years, and it is provided free of charge at primary, secondary and even university levels. As a result, the literacy rate in Sri Lanka had grown correspondingly by mid-2008; over 92 per cent of the population were literate, this is the highest literacy rate in South Asia, as well as one of the highest literacy rates in Asia.

Therefore, though there is sufficient access to basic education for all children in Sri Lanka, a number of elements hamper the quality of education. For instance, it can be noted that nearly 30 years of Sri Lankan civil war has had a negative impact on education in the war zone and villages bordering the war zone. Even though there is lack of research in these areas to ascertain the exact number of children not attending schools due to effects of war, UNICEF (2005) stated that annually 15 per cent of Sri Lankan children drop out of school before completing studies. Selvarajah, (2004) referring to the Ministry of Education data in 1998, stated that in the *Vanni* district alone, 25 per cent of the potential student population did not attend school.

Many researchers have indicated that next to the family environment, school is the second best place for development of mental health for children. They further state that child rights, love and protection can be gained in the school atmosphere (Bowman, 2001; Cilliers, 2006; Maurin, 2006). However, as the above data show, in war-torn areas in Sri Lanka, the school dropout rates among younger children marked an increasing trend, because most schools were destroyed during the war. Many teachers refused to work in war-torn areas due to safety reasons, while people also migrated rapidly. A study done by Save the Children in 1998 shows that approximately 41 schools in the *Vanni* district alone (Northern Province) have been destroyed by the war. Within this kind of background, it is essential to see and assess how and in what ways the selected three programmes worked towards improvement of education of war-affected children.

Children in the *Muditha* programme had been displaced over a long period of time, moving from one shelter or refugee camp to another. Therefore, having continued education had not been possible for them. However, after joining the programme, they had the opportunity to re-enrol

in school. This was a major step in their lives, and many of the children enjoyed being able to go back to school, although not at first because they got into trouble with others due to their aggressive behaviour. Even their teachers faced challenges in teaching and interacting with them. Since these children had not received age appropriate education, they were placed with younger children, which led to ethical and behavioural issues. Teachers stated that those children's capacity and ability to learn were not satisfactory but schooling helped them to develop cognitive skills, social behaviour and nurture spirituality, to some extent. Most teachers also confirmed that the children became quite disciplined later due to the continuous involvement of religious practices in the *Muditha* programme and disciplinary action and counsel from school teachers. The following quotation captures this:

> *At first, most of these children could not even sit for five minutes in one place and concentrate, but now they are more attentive and can concentrate much better on their studies (Interview with a school teacher, Interview no 76).*

Since the children had been away from school for an extended period of time, they were not mature enough to grasp the subject content. Their language skills however improved over the years. At first, they could only speak Tamil, their mother tongue, but later they learned to write and read Tamil plus Sinhala and English to a fair extent as well. Therefore, even if they did not pass the government examinations, they developed positive thinking and behaviour and nurtured their spirituality, accordingly. Nonetheless, they were given vocational training after completing school, focused on carpentry and construction work, which was of significant help to them; today, most of them are recognised carpenters and masonry workers around the country.

Expanding educational opportunity can empower children in many ways. For example, Sierra Leone's rehabilitation programme was intended to focus on four main objectives, besides psychological considerations such as "identity formation, curriculum and education consideration, labour market consideration, and community education" (Maurin, 2000). As pointed out by Machel (1996), enhancing language and life skills through education can increase their economic opportunities, it also helps cultivate positive attitudes towards the future (Betancourt, 2005) and achieve a sense of normalcy (Sommers, 2003).

Viewing the children of the *Muditha* programme, we can confirm to an extent that they had achieved some of the intended outcomes of education as mentioned above. Teachers reported that when they first came to school, they could not concentrate for even a few minutes on studies and they used to

urinate in class making all other children uncomfortable. But later, because of teachers' care and discipline they became more orderly children. Since they learnt to converse in the Sinhala language, their scope of economic opportunities also expanded. According to the school principal, these children became worthwhile citizens for the country. Even though education was not the main rehabilitation methodology of the *Muditha* programme, they had managed to achieve a significant part of rehabilitation through education.

The *Karuna* programme had also made efforts to improve educational opportunities for war-affected children, but their approach was different from the *Muditha* programmes. They invested in rebuilding schools, providing educational materials and reconstructing roads to motivate teachers and children to attend schools. In spite of their efforts, a few problems were identified in their approach to rebuilding education. They had failed to connect with government authorities responsible for school development. Communities and school teachers reported that as an organisation involved in rehabilitation work, they failed to engage with community stakeholders and religious leaders of the respective areas to make the process more transparent and sustainable to the people. The programme also failed to carry out proper monitoring and follow-ups of their rehabilitation efforts. For example, they donated school stationery without bothering to find out if the children even knew how to use them, or were in fact utilising them for the intended purposes. In some instances, the children used them for other purposes than what was intended, in a wrongful manner. Following is a quote from one of the teachers on the above issue.

> *I have seen instances where the children misuse school stationery received from the Karuna programme. They would sell the books and equipment and use the money for arrack and cigarettes. However, the staff of the Karuna programme failed to monitor this. I perceive this as a problem in the programme. Some children who participated in this programme have ended up at very good positions as far as employments are concerned. Yet, it's only a few of them. I don't believe many receive the psychological help they need through this programme (Interview with a school teacher, Interview no 46).*

Although some criticised the programme, its leaders tend to think their services are helping children to develop educationally and move up the social ladder. However, when examining records, I found that only one child had passed Advanced Level and another entered university out of 300 rehabilitated children. Even the child who entered university claimed that she

managed it due to her own ability and not because of what the programme invested in her.

> *I think we were the worst war-affected group. We were lost. We lost our belongings. We had to live in refugee camps. I was shot at and came under aerial artillery shelling too. Now I just wonder how I survived the war. Our lives were filled with fear those days. Most of the time we did not go to sleep at home in the night. I became scared ever since I was shot in 1990. I must have been five or six years old when I was shot. Of course, the Karuna programme did a lot of service in our village. In particular, they helped to rebuild our school. But I became a university student because of my talents not because of the programme's intervention (Interview with a girl who left the programme, interview no 41).*

The main objective of the *Karuna* programme was 'to provide inspiration and training for children through educational creativity'. To achieve this, they conducted many activities but failed to execute it in an effective manner or carry out monitoring and follow-ups as mentioned above. As per the above quotation, from the only child of this programme selected to attend university, she clearly states that it was her own talents and commitment, and not the support of the rehabilitation programme that led to her entering university. Therefore, educational empowerment of the *Karuna* programme can be said to have somewhat failed at achieving the attitudinal and behavioural changes expected through educational empowerment because they concentrated more on infrastructure development.

The *Upeksha* programme made direct contacts with schools to connect with children and empower them for education even though that was not their main strategy of rehabilitation. They specifically targeted children who had a higher rate of absenteeism, slowness in learning or under-developed personalities and made special efforts to empower them through education. The programme conducted trainings for teachers too, to care for these children. Their efforts resulted in incorporating education into rehabilitation, creating a sense of brighter hope for the future and 'sense of normalcy', in accordance with what was mentioned by Sommers (2003). Looking at the improvement of these children, many parents had directed their own children who dropped out of school back to school. The programme's main objective was to enhance the behaviour and attitude of children rather than make them excel in educational performance. Their efforts have been successful in empowering children and improving their psychological, social and spiritual spheres.

Based on my own analysis across the three programmes, educational empowerment has been most successfully achieved by the *Muditha* programme, because they managed to enrol a group of children who had never been to school into regular education. The programme's networking with the local school system was commendable, and they efficiently utilised the public education platform to compensate for their low funding situation. The programme recognised the importance of school as a place for love, care nurturing and security. As mentioned by Betancourt (2005), directing a child towards learning improves his/her understanding, which is then reflected in positive attitudinal and behavioural changes. Therefore, the *Muditha* programme has contributed commendably towards empowering children through education.

The *Upeksha* programme also made some efforts to empower children towards education, but since they had a systematic rehabilitation process with necessary resources in place, they did not make school and education their main platform for rehabilitation. However, they took initiatives to follow-up on children with the support of the school and trained teachers to pay special attention to the children.

The *Karuna* programme concentrated more on developing educational infrastructure rather than empowering children towards education. They did not involve the schools and community in their rehabilitation process as much as the other two did. The main reason for this was the influence of the funding agency. They essentially followed orders from the funding agency, without taking into account the ground realities.

7.3.2 Empowerment of War-Affected Children through Reconciliation

Most children in war-torn areas were unaware of the nature of Sri Lanka's multi-ethnic and multi-religious society, as they could not interact with each other due to security and access restrictions. In 1956, when the Sri Lankan government decided to make Sinhalese the only official language, it caused conflict and riots among the Tamil community. The suspicion and prejudices caused by this split contributed manifold to the ethnic conflict. Over the years, this friction among the ethnicities caused many unnecessary misunderstandings, prejudices and hatred between them due to various acts of violence and political agendas. These unpleasant attitudes could especially be seen among children living in the LTTE controlled areas. During the field research, it was observed that some Tamil children had never seen Sinhalese people except for the government's army personnel; thus, they believed the Sinhalese to be dangerous and inhuman people. Therefore, if someone does not deliberately work to eradicate these misunderstandings and hatred, it will be extremely difficult to make peace and reconciliation. Psychosocial

rehabilitation programmes should be aware of this fundamental fact and are expected to include some activities to promote reconciliation. Therefore, I have examined how much each of the selected psychosocial rehabilitation programmes takes into account the concept of 'reconciliation' in their rehabilitation activities.

The M*uditha* programme has taken two important steps to direct children towards peace and reconciliation. In the beginning, there was animosity between the Sinhala and Tamil children in this programme, with most of them being from the Tamil community. They believed each other to be rivals, with each group typecasting the other as being responsible for their personal losses; both communities are to be blamed for instilling such hateful thoughts in children. The monk who led the programme made deliberate efforts to break this pattern of conflicting thoughts and behaviour. Eventually, they developed harmony and trust between themselves and learned to co-exist. In later years, they showed respect for each other, and recognised the needs of others and helped them. Meditation as well as non-biased caregiving and administration of school teachers helped children to change and develop in their behaviour. However, the monk remains cautiously optimistic of the future, claiming that he cannot ensure sustainability of their reconciled nature once they are removed from his sphere of influence. Even so, those who had been rehabilitated thus far have not been reported of in any anti-social or criminal activities. Most of the rehabilitated Tamil children are now working in the Sinhala areas as carpenters and construction workers, so they have blended well into the Sinhala culture because of the language skills acquired at school.

The second attempt made by the *Muditha* programme towards reconciliation was to engage the children in community activities. They involved children in cultural activities of the respective communities, including festivals, weddings and funerals, because in rural communities these events take place with the support of everyone in the village. The intention was to bring unity among diverse groups and let them learn and understand traditional cultures and practices and make peace with groups of opposing ethnicities. During the war, LTTE was responsible for the loss of many lives of villagers in the Sinhala border villages; therefore, they hated the Tamil ethnicity altogether and were against any rehabilitating activities of Tamil children. Commendably, the monk managed to ease their anger and hatred through these reconciliation activities.

As pointed out by Moskovitz (1983), making children understand that they are still an essential part of society and making them responsible for community work is an important strategy to heal children who have undergone any stressful experience. Likewise, in this programme, giving children responsibilities was an important part of their rehabilitation process.

Further, Kimchi and Schffiner (1990) state that developing interpersonal skills is a better way to rehabilitate children. According to the above examples, it is clear that this programme also uses the same methodology in creating positive interpersonal relationships between children and community members. The following quotation explains further.

> *These children maintain good rapport with the village children and community (Interview with a school teacher, interview no 72).*

However, the question is whether these children will maintain their positive attitudes after assimilating into their own communities? One could assume that they will be considerate over other ethnic groups to a better extent than before. The table below captures the optimistic attitudes of the children regarding the other main ethnic group.

Table 7.2
Children's attitudes towards other ethnic groups in the *Muditha* programme (figures show mean value of the responses)[19]

Tamil children (n=07 children)	Before	After	Sinhalese children (n=03)	Before	After
Positive views about Sinhalese	0	6	Positive views about Tamils	1	7
Positive views about associating with Sinhalese friends	0	7.4	Positive views about associating with Tamil friends	0	7.1

Sources: Primary data from survey

The above data were gathered through the ladder of life technique. According to the ladder of life technique, the top 10 rungs of the ladder represent positive attitudes while the bottom rungs represent negative attitudes. At the same time, all the responses for the question of 'before' and 'after' were collected after the intervention. Hadley (1965), the person who developed this technique, used this method in order to measure mental patients' life satisfaction before, right now and future, but used this method after the treatment. In order to get a clear idea of the impact of rehabilitation, I also had to get some information regarding children's past situation and how they seemed after the intervention, and to recreate the past situation I

[19]Scale varies from 0 -10, where 0 represents worst situation and 10 represents best situation.

used the ladder of life technique. For questions asked, children had to mark their response from 0 to 10, and the number of responses given to each number was counted. Then, the number of responses was divided by the number of children and the mean value calculated. As per the above table, responses were taken before and after their joining the programme, and we can observe a clear increase in positive attitudes.

When analysed, the data in the above table clearly shows that before children were involved with the *Muditha* programme, both the Tamil and Sinhalese children had very low (negative) attitudes regarding each other, and they were reluctant to associate with each other. However, after joining the programme, they dramatically improved with positive attitudes regarding each other. These children were from two different ethnicities and liked to associate with each other as friends. This table therefore confirmed the monk's view that mixing of ethnicities was a good reconciliation method in the rehabilitation process.

An important objective of the *Karuna* programme was also to create social harmony among children. They carried out exchange programmes between the Tamil and Sinhalese children to promote peace. However, there was not much consistency in their efforts. For instance, exchange programmes were only conducted thrice during the six years of this programme. It was revealed via discussions with children that many of them had hardly had the opportunity to mix with other ethnic groups. Allowing only limited opportunities to meet is not adequate to create the desired reconciliation and problem-solving attitude. Table 7.2 further indicates that children's attitudes have not changed much in this regard even though 'reconciliation' was one of the main objectives of the programme.

Table 7. 3
The *Karuna* programme children's attitudes towards other ethnic groups (figures show mean value of their responses)[20]

Children (N= 20 children)	Before	After
Positive views about Sinhalese	2.2	5.1
Positive views about associating with Sinhalese friends	1.9	4.8

Sources: Primary date from field research

As per the above table, it is clear that Tamil children's attitudes towards Sinhalese were limited to the bottom rungs of the ladder under 'Before',

[20]Scale varies from 0 -10, where 0 represents worst situation and 10 represents best situation.

meaning that they had little more positivity in their attitudes than the *Muditha* children. There is however some progress under the 'after', though it has been limited to the fifth rung of the ladder. According to my observations, had there been intense effort, at least the sixth rung or above could have been attained. Therefore, it can be said that the inconsistency and inadequacy of their reconciliation efforts were evident through the above exercise.

When we compared the current situation with their situation before joining the programme, positive development in children could be observed to some extent. But the claim that this development was solely due to programme activities rather than some other interventions is doubtful. This is because during this study period, the tsunami disaster hit Sri Lanka in 2004. Consequently, many children in this area received aid and assistance from Government Army Forces and Sinhala communities. The children further revealed that although the *Karuna* programme taught them who the Sinhalese were, their helpfulness and kindness was clearly realised only after the tsunami. In such a scenario, the question as to whether the positive changes in attitude were due to rehabilitation activities or the tsunami disaster is debatable. However, as pointed out by McEvoy-Levy (2006), even though children have a natural tendency to be friendly with others, they have to be motivated and empowered to do so (Helsing et al., 2006). The *Muditha* programme made strategic moves to integrate children into society without much effort or cost, as discussed above. By contrast, the *Karuna* programme invested a lot of money and effort to do the same task, yet had little impact compared to the *Muditha* programme since they did not follow more practical activities such as those practised by the *Muditha* programme.

When considering the *Upeksha* programme as mentioned in the first chapter, I was not able to collect data on the children who were rehabilitated under this programme as permission for collection of data was cancelled due to war escalation. However, I used secondary data to get a clear idea regarding this aspect, and according to that data it seems that the *Upeksha* programme also did their part in motivating and directing children towards ethnic harmony and reconciliation. They made deliberate attempts to encourage children to make peace with each other. For example, they equally inducted both Tamil and Muslim children into their programme. The following quotation describes how a child has been able to change his attitudes towards other groups by having the opportunity to interact with them.

> In the beginning, as a Muslim, I was afraid of Tamils. I had a lot of fear and I didn't want to have anything to do with them. Now, I know many Tamil people intimately, and at present most of my close friends are Tamils (Lawrence, 2003: 48).

According to Lawrence (2003), this programme undertakes the rehabilitation process in a very methodical way and this could be one reason for their successful results in achieving ethnic harmony. In this particular programme, activities were conducted in three stages as mentioned earlier. The first stage was to create a healthy environment for children and to make them be aware of each other. It was done in a mixed ethnic situation with the purpose of creating respect for each other in order to dispel learned attitudes of fear and prejudice. The children travelled in the same bus, which helps in facilitating interactions and the continued improvement of their relationships. The following quotation explains how these bus trips helped children to build up close relations with each other.

> I am witnessing the beginning of peace building between these communities. I have the thought that I am sitting amidst healing - the healing of deep wounds caused by bloodshed in terrible massacres and retaliation massacres between *Savukkadi* and *Eravur.* The children have their arms around one another. They laugh together. Most of the children at the back of the bus are singing together (Lawrence, 2003:20).

Another approach of *Upeksha* towards reconciliation was enabling children to be agents of change in the peace process. In their three stage rehabilitation process, the last stage was focused on reconciliation and developing mutual trust and understanding. One key programme directed towards this was called 'travelling theatre', where children travelled around the village in a special bus performing dramas and songs on the theme of peace building. This was a concept similar to what was practised in Israel and Palestine through street drama (McEvoy-Levy, 2006). The key in this process is getting the support of community elders to organise the events. The blending has caused many to change their ethnic ideologies and be in harmony with each other.

It can thus be seen that each programme had taken some steps to create ethnic harmony among children. The attempts made by the *Muditha* and *Upeksha* programmes in this regard seem practical because they tried to rehabilitate children of different ethnicities without ethnic discrimination. Thus, there was a chance for children to understand, learn and create relationships between their various ethnic groups leading the way to ethnic harmony. When compared with the children who were not involved in any rehabilitation programme, each of these programmes had shown positive results in reconciliation through their work. Table 7.3 shows the attitudes of the children who were never covered by any rehabilitation process.

Table 7.4
The control group's attitudes towards the other ethnic groups (figures show mean value of the responses)[21]

Children (N= 20)	Past	Present
Views about Sinhalese	0.25	0.95
Views on associating with Sinhalese friends	0	0.4

Sources: Primary Data

According to the above table, attitudes of children who were not involved in any rehabilitation programmes were quite poor when compared to those of children who benefited from rehabilitation programmes. Children, who were not involved in any rehabilitation programmes, having not had the chance to interact with other ethnic groups, did not exhibit any positive feelings. No one had helped to change their attitudes and perceptions. In my fieldwork, I observed that many community elders of these areas had the habit of talking in front of children, referring to Sinhalese as very bad and dangerous group of people. As a result, children learnt to cultivate anger and hatred; therefore, in rehabilitation it was important to advise the adults and help them deal with negative rival thoughts, so that they did not pass it over to the younger generation.

7.4 Re-building the Social Context

Children of the *Muditha* programme had lost their parents and families, schools and villages due to the war as described earlier. That means their social context was completely destroyed and lost to them, especially since they were removed from their area. Therefore, social context had to be re-built from scratch; according to my observations, the *Muditha* programme had made efforts to create the lost contexts despite their limitations. Given that the children were orphans and did not belong to any particular society, building them up in a re-created social context was challenging, yet many had positive feedback to give on this.

One of the key components of their programme was to recreate the family concept in their midst, allowing children to call the leaders father and mother, and their peers as brothers. Initially, the programme faced opposition from the community for creating a family concept in a temple environment, as it was not compatible with Buddhist teachings. But later, they realised it was beneficial for the rehabilitation of the children and allowed themselves

[21]Scale varies from 0 -10, where 0 represents worst situation and 10 represents best situation.

also to be addressed as aunts and uncles, sisters and brothers. The unique aspect of this is that the smaller children of ages less than four, actually thought the monk, his mother, and community members were really their relations, for they did not remember their own.

Another key component was creating educational opportunities for these children with the support of the government's education authorities. Since 70 children out of 80 were attending school from the centre, the government took the initiative to build new classrooms and assigned new teachers to the school.

When looking at the *Karuna* programme, I observed that they had taken certain definite efforts to rebuild the social context. Since the programme was conducted in the same area as where children lived, attention was focused on developing missing social elements. Efforts to re-create the family concept through foster parenting were made as an alternative arrangement for children, so that they could feel a sense of belonging in a family setting. Educational systems were supported via constructing and renovating schools and village access roads, though extensive shortage of teachers remained an issue. Selvarajah (2004) indicated that in 2004, Batticaloa District had a shortage of 1,258 teachers. Many teachers refused to come and work in rural, war-affected areas due to safety reasons as well as lack of basic facilities such as running water and electricity. The programme made attempts to address some of these issues to the best of their ability, and it had significant impact in the community.

Even though the *Upeksha* programme did not focus directly on rebuilding social context, some of their work did complement this process. For instance, the *Upeksha* programme's contribution seems more relevant in establishing values and morals. Their networking efforts among the schools' authorities for identifying children for rehabilitation, monitoring the education progress of students and training teachers for counselling are some work worthy of highlight in this regard. Another facet is their close relationship with the relevant communities. They ran the programme for nine months, and in the last three months, children were placed to work with communities. They asked community members to also take part in the children's final recreation activities such as street dramas and art competitions. Through these activities, the programme wanted children to associate with community members of different ethnic backgrounds, and to develop unity and mutual respect among them. All recreation activities were directed towards promoting peace and reconciliation plus religious and ethnic co-existence.

Considering the above details, it appears that all three programmes have succeeded in recreating social context to some extent. As stated by Green and Honwana (1999), Analyti (2001) and Somasundara (2007), in the absence of

a stable social context, children are vulnerable to traumatic effects of war again. When examining the children who were not covered by any rehabilitation programme, we can attest to the truth of this. These children were from former LTTE controlled areas; they were either orphans or former child soldiers. Since these areas were under the control of LTTE. and government had no access, there was not much opportunity to start a rehabilitation programme or re-build social contexts such as families, educational systems, or any other institution, including religious orders. Therefore, the children had no opportunity to come in to normalcy for a long period of time, and their trauma remained with them. Following is a statement of one of those children, capturing their mental and social distress.

> *I live with my sister. I had three brothers and four sisters. All three brothers died in battle after joining LTTE. My Father died too, from a landmine. Mother died of poisoning. All this is what war has brought us. War took our happiness away and also one of my legs. I was caught up in a landmine. This happened when I walked into a paddy field. I am very sad about it. I do not feel any hope about my future. I wonder what the meaning of this life is. I sometimes feel as if I have my missing leg. When I reach out and touch it though, I realise anew that it is not there. This makes me so mentally distressed. They destroyed my future (Interview with a child who lost limbs due to land mine, interview no 18).*

Further, in LTTE controlled areas, parents and families had a different perception regarding their children's futures, with associated attitudes towards their education and social engagements. This may be due to being under heavy fighting for a long period, under LTTE control, with no opportunity to interact with outsiders of other ethnicities or any rehabilitation activities. Here, the parents appear to not have encouraged their children to go to school, instead persuading them to join LTTE as they envisage this organisation as their deliverer. They were proud to hand over their children to the LTTE under a sense of patriotism to the Tamil Elam cause. The following are the words of a mother who harboured the above impression.

> *Even if all my children join the LTTE, I will not be against it. I'm proud of Vijayarani (daughter) because she is trying to better the lot of the Tamil people. If the war starts up again, I believe the children should go to war. If they like, they can all join it. I do not object. I truly hate the Sinhalese and I am happy that the children are fighting against them (Interview no 11, interview with one of former child soldier's mother).*

I am not claiming here that all mothers whose children have been recruited as child soldiers hold the same opinion, as some mothers appeal for government assistance to save their children from becoming child soldiers. However, we can use it as an example to show how war can distort the attitudes and values of a society. Comparing my observations on the children who were not involved in any rehabilitation programme, I can confirm that all three programmes covered by this study have taken significant efforts to rebuild the social context to some extent, as Analyti (2001) and Somasundara (2007) suggested.

7.5 Psychological Development

Psychological development directly points to improvement of children's cognitive, emotional, social and intellectual capabilities. Especially when a child or an adult goes through a traumatic experience, it is natural to undergo some form of psychological imbalance. To bring their situation back to normalcy, an external effort is needed in most circumstances as pointed out by scholars, because the victims have already exhausted their strength. As mentioned in the second chapter, the psychological dimension is one of the three dimensions of psychosocial rehabilitation programmes. Therefore, it is essential that such programmes invest in direct psychological development activities because it is a key area that depicts the impact of the programme.

Comparing each programme on their contribution towards the psychological development of children, we can say that they have relatively significant differences. Psychological therapy or counselling is not something that ordinary people can do; it takes special training and experience. Therefore, professional and capable workforces are a critical factor in conducting direct psychological interventions. As mentioned in the first and second chapters, there are mainly two broad areas of intervention. The first aims at improving the individuals' psychological competencies, while the second aims at introducing environmental changes to improve individuals' quality of life, which would eventually contribute to psychological development. Individual psychological efforts can only be undertaken if there are adequately trained personnel to perform the relevant sessions. Since most post war contexts commonly lack the human resources needed, they tend to use environmental base approach, utilising socio-cultural features. The *Muditha* programme was one such programme, which was purely based on the traditional methods, mainly due to lack of trained staff to directly engage in psychological therapy through counselling or other means.

In the *Muditha* programme, children were provided with basic needs creating an environment where they could feel protected and enjoy peace and

freedom. They had time to play, read books and watch television, engage in gardening and a few other recreational facilities, which indirectly helped the children to regain a sense of normalcy and mental balance. Another key feature was adaptation of the 'god-father' concept where they believed love, care, friendship and security was delivered and received. They appointed older children as the god-father from the programme to look after the younger ones, trying to build up the family relationships.

As pointed out by Boyden and Mann, (2005), this helped children to develop positivity in attitudes and behaviour. Younger children tended to prefer the company and friendship of their older brothers.

However, their main method of rehabilitation was based on Buddhism, which was controversial at the time because 90 per cent of these children were non-Buddhists. Below is a quote from a child who expressed his concern over this matter.

> *At seven o' clock in the evening, we have to get ready and make a queue to go and worship the Buddha. Then, we follow each other and go to the worship place to do the Buddhist rituals. I am a Tamil Christian. But it's imperative that we worship the Buddha here. I don't get a chance to follow my own religion here, and I don't like it. I would prefer that they give me a chance to follow my own religion. I don't want to be a Buddhist (Interview with a child in the Muditha programme, interview no 75).*

Even so, the teachers explained that children had become more disciplined due to the practices of the rehabilitation programme, including meditation and worship of Buddha every day, and that these practices have made them peaceful, disciplined and less aggressive. Going by these opinions, we can say that even though this programme did not use formal psychological healing mechanisms and even if the children did not show much interest in the Buddhist religious activities of the programme, it has influenced them by creating a sense of positive attitudes and progress in their minds.

The *Karuna* programme gave special attention to orphans who lived in a home environment.[22] It was clear from the response of the children that they were content with the programme's activities, which helped them deal with the fear and loneliness of losing parents. The greatest relief they said was the kindness and friendliness of the staff. Ninety-nine per cent of staff

[22] Children who lost both parents or one parent due to war were selected to the programme and they tried to keep the children with foster parents or relatives).

were women in this programme. The children considered them like their mothers. When they lived with grandparents or other close relatives, they did not receive anything like parental love, but this programme was able to provide such kindness akin to parents due to the friendly nature of the staff. One of the children explained his satisfaction about the staff in this programme in the following manner:

> *The sisters of the programme are very kind. Sister Daya is like a mother to me. When I speak to her I feel the need of my mother a bit less than usual. I feel reluctant to go home after the programme. It is very lonely to return home. I don't like to be at home just with my grandmother (Interview with a child in the Karuna programme, interview no 40).*

The *Karuna* programme too mainly used traditional approaches in their rehabilitation efforts. They included special recreational activities to create mental relaxation and reduce stress. *'Mantrisa Training Centre'* was a special therapeutic centre where children were taken to play, and engage with other children in the community. The main intention was to familiarise them with other ethnic groups and to promote peace and harmony. However, staff claimed it was expensive to take them regularly, and it was great responsibility to look after them there.

> *I like this programme, especially to go to "Mantrisa centre" since we get to participate in various activities there. I've been there about six times. They do not take us there often because of the distance. I got the chance to make friends, draw, sing and also play with them while I was there. Then, the sisters would talk with us individually. They would ask about our problems. Even if we answer no to the query of whether we have any problems, I feel they still look after us well (Interview with a child, interview no 43).*

The *Karuna* programme was unique in using individual counselling along with traditional methods. Children were given time and attention to discuss their problems openly as well as privately. Weekly meetings and home visits gave children the opportunity to connect with staff and share their burdens. Therefore, many children felt that they were not alone and that someone was there to care for them. The counselling took place during these visits and under special request from foster parents. However, as mentioned earlier, since most of these visits were not regular they could not do a continuous follow-up on the progress of the children. Also, due to the workers being untrained, the effectiveness of their diagnoses and treatment is subject to doubt.

The *Upeksha* programme also uniquely used a combination of advanced psychological counselling methodologies along with traditional features. One of their main methodologies was play therapy, which has been recognised as the activity most appropriate for the child. Creative handwork, art, drama, music and poems were used to bring the children out of their trauma. They also used religious activities and rituals in a very simple and meaningful manner to create a peaceful atmosphere in children's lives. The following quotation of a staff that once was a child in the programme is noteworthy.

> Spiritual exercises that we do in the programme gave us inspiration; they helped us engage in life more effectively and meaningfully. The spiritual practices that I learned here gave me inner strength. Programme activities that are spiritual motivated me. Body wisdom, meditation and all forms of inward work were helpful. My own Hindu worship also gave me a lot of inner strength. I got energy and strength from inward work" (Lawrence, 2003:45).

The following table contains the overall attitude changes of children before and after going through different forms of rehabilitations, from which we can derive a few conclusions on the psychological development of the children in each of these programmes.

Table 7. 5
Children's attitudes before and after joining the psychosocial rehabilitation programmes[23]

Event	*Muditha* Programme (N=10) Before After	*Karuna* Programme (N=20) Before After	*Upeksha* Programme (N=05) Before After	(Children not involved in any programme) (N=20) Before After
Playing with friends when free	0 5.7	1.9 4.9	1.3 6.0	0.4 2.5
Sleeping problems	1.4 6.0	1.9 4.2	1.2 5.8	0.4 3.4
Nightmares about war events	0.8 2.4	1.9 4.4	0.5 6.0	1.5 3.2
Ability to Concentrate or remember things	0.3 4.6	1.7 4.7	0.8 5.8	0.6 1.9
Afraid of the Army or the Police	0 6.4	1.9 5.1	0.3 7.0	0.2 2.6
School performance	0.4 4.3	1.7 4.3	0.5 7.5	0.6 1.3
Future expectations	0.3 6.0	1.4 5.1	0.8 7.0	0.7 3.4
Total	0.4 5.0	1.5 4.1	0.7 6.4	0.6 2.6

Sources: Primary data from field assessments

The 'ladder of life' technique was used to gather data for the above assessment as well. I had asked children to mark their answers on a flight of steps, indicating the bottom step with least value and the top step with highest value. The set of questions focused on 'before they joined the

[23] Scale varies from 0 -10, where 0 represents worst situation and 10 represents best situation.

programme' and 'during or after the programme'. The above table contains the mean value of their answers.

When analysing the results of the *Muditha* programme, it is apparent that even though the children did not enjoy religious observances, they developed positive attitudes through the programme. For instance, the mean value of their total answers before they joined the programme was at 0.4, mostly indicated on the lower steps. The same questions drew a mean value of 5.05 when they gave their opinions after the programme. Therefore, I can see that the rehabilitation process has had a positive impact on their attitudes and behaviour. Even if they have not reached the top, it has helped them climb in life. These data also confirm the claims made by teachers on positive behavioural changes being achieved.

We can derive a few conclusions from the above data. One is that before they joined, the children of the *Karuna* programme had more positive attitudes than children of the *Muditha* programme. The statistical data in the table show that mean value of attitude level of the *Muditha* children was 0.4, while the *Karuna* children rendered a value of 1.5. Therefore, the *Karuna* programme's stand on only selecting children who were actually traumatised by war is compromised with these statistics.

The second analysis is that even though children in the *Karuna* programme were more advanced in their attitudes before they joined the programme compared to the *Muditha* children, after completion of the programmes, the *Muditha* children were ahead of the *Karuna* children. Even with limited resources, the *Muditha* programme was able to achieve better impact through their programme activities. It is quite likely that due to religious observations, the children disciplined themselves, even though they did not like it. Enrolling children in school and engaging them in community activities have also contributed to achieving a positive impact. I observed that the *Karuna* programme was more laid back and less dynamic; therefore, the rehabilitation journey of their children was much slower.

Children of the *Upeksha* programme exhibited negative attitudinal behaviour similar to the children of the *Muditha* programme before they joined. They were concerned with concentrating on only those exhibiting traumatised behaviour; looking at the statistics where mean value was 0.7, we can confirm that their selection of children was more aligned with criteria of selecting the most vulnerable and actually traumatised children to the programme, as suggested by Agger et al. (1995).

As per the above table, the highest positive attitudinal change is displayed by children of the *Upeksha* programme, as confirmed by the mean value of 6.4 for all given questions. They seemed to like all the activities, and did not express any dislike towards anything in particular. Therefore, the children seemed to validate the impact claimed by the programme itself.

Even though each of these programmes have different levels of comparative impact, they seemed to have made some positive changes in children's lives when compared with the children who were not involved in any rehabilitation activities. The overall results of this category had a mean value of 0.6 for the questionnaire I gave before the ceasefire; after the ceasefire, they delivered a mean value of 2.6, which depicts only a marginal increase. Yet, for some of the questions such as sleeping problems and future expectations, I received unexpectedly positive feedback, raising the mean value to 3.4, which is fairly high for children who have not received any rehabilitative care. One of the key reasons for this could be the ceasefire in operation at the time, which brought peace and gave some hope for the future. Likely, through this little window of hope there was an attitudinal growth, and this would have definitely grown had they had a rehabilitation programme in place. This reveals the importance of having a rehabilitation programme in war-affected areas.

7.6 Concluding Remarks

This chapter concentrates on analysing the impact of the selected rehabilitation programmes, utilising four pre-conceived criteria: fulfilment of basic needs, empowering children through education and reconciliation, re-building social context and psychological developments of individuals. The impact levels of each of the programmes were different because of their differences in objectives, approaches and methodologies, as well as varying levels of human and material resources, which are critical deciding factors of impact.

However, when comparing the rehabilitated children with those who had not gone through any rehabilitation, we can observe a remarkable difference. Their progress in attitudes and behaviour are comparatively very high as quantified in table 7.4. The data depict a higher possibility for rehabilitated children to become normal citizens compared to those children who had not undergone any rehabilitation. Therefore, I can conclude that commission of a psychosocial rehabilitation programme in such contexts is undoubtedly significant.

Comparing the three programmes, the *Muditha* programme had the lowest financial and human resource capabilities, which restricted them from recruiting advanced rehabilitation techniques or trained staff. Yet, with empowerment through education, reconciliation and community engagement, it made a significant impact in the lives of its children, which can also be verified by data presented in table 7.4. Therefore, I can observe that the *Muditha* programme has somewhat challenged the claim made by Wessells

and Jonah (2006), stating that sufficient funding and resources are essential to maintain and sustain a rehabilitation programme. Certainly, adequate resources will make a programme more effective, as shown by the *Upeksha* programme. But having sufficient finances will not be enough to achieve impact; it needs to be efficiently managed as well. The *Muditha* programme sets a good example for many other psychosocial rehabilitation programmes, both within and outside of Sri Lanka, to deliver an impactful service even with limited resources and finances.

Compared to the *Muditha* programme, the *Karuna* and *Upeksha* programmes had more resources, which should have enabled them to have greater impact on the children and community. The *Karuna* programme had a moderate level of impact in contrast to their resources. The reason that stands out for their low impact level was ineffective resource handling and inconsistency of their programmatic activities. The *Upeksha* programme stands out from the rest because of their efficiency and effectiveness. Their activities were mainly organised by trained psychologists, artists, priests, social workers and doctors. Also, they used multiple methodologies such as religion, arts, drama, music, physical therapy and educational activities in order to rehabilitate children. These have proven to be very successful when analysing the attitudinal changes of children. However, despite being subject to different restrictions, all three programmes have significantly contributed to the lives of children when compared with the non-rehabilitated children. Therefore, in conclusion, we can assume that contribution of a psychosocial programme is essential in a post-war environment.

8
Conclusion

8.1 Introduction

As a particularly vulnerable section of the society, children face many dangers during war, which could cause them life-long psychological trauma. They usually have little choice but to experience the horrors of war along with their parents or relations. Therefore, it is especially important to recognise the threats posed to children by such trauma and help them recover. In these circumstances, psychosocial rehabilitation plays a vital role in helping them to resume normal lives. Initiation of psychosocial diminution of trauma is not only to provide assistance to war-affected children, but this concept is also used for example, to assist people who are going through social, mental and spiritual anguish due to the results of unexpected calamities or natural disasters. In Sri Lanka, however, the emergence of the concept of psychosocial care was mainly due to concerns over the effects of war on children.

With recent developments in psychosocial rehabilitation, continuing debate exists among relevant stakeholders to settle on the most appropriate approach to rehabilitate children. This debate has become the underlying theme of many research studies carried out in the field of psychosocial rehabilitation. This study, however, was aligned more towards a comparative analysis of these different approaches used to rehabilitate war-affected children, with special reference to the civil conflict in Sri Lanka.

During the 30 years of war in Sri Lanka, there has been several psychosocial rehabilitation programmes conducted in the Northern and Eastern Provinces of the country (where the war mainly took place). However, there has not been proper monitoring mechanism to analyse their progress, and assess objectives, functionalities, responsibilities, and impact to confirm their benefit to children and communities. There has also been an absence of conformity in the processes utilised for psychosocial rehabilitation. Therefore, my intention was to identify and assess the

programmatic component of different micro-level psychosocial rehabilitation programmes using a developed framework and thus analyse their impact on the lives of the children who were part of the programme. Psychosocial rehabilitation programmes have significant responsibility to rebuild the lives and psyche of the victims to whom they offer their services. To be effective, it is essential to identify traumatised children and prioritise them for rehabilitation (Agger et al., 2005). However, it is difficult to practically adhere to this premise in a war situation due to the restricted number of specialised professionals available to help identify them (Richman, 1996). As a result, many psychosocial rehabilitation organisations have adapted social contextual methodologies and moved away from intense individual psychological approaches. As many of the victims are today living in complicated social structures, addressing their psychosocial needs has become complex and multi-faceted too. Therefore, the scope of rehabilitative efforts has expanded from merely the psychological, to the social and economical dimensions as well. Current psychosocial rehabilitation programmes are expected to engage in activities, which cut across all these dimensions.

8.2 Summary of Programme Assessment Components

The first research question in this study was to examine and assess the nature of each rehabilitation programme, overall scope, operation, approaches and methodologies and their similarities and differences. In order do this, four components were identified based on the fieldwork experiences and literature review, and these four components were included in the first part of the analytical framework that was built throughout the research process. The four components were: identification phase, planning phase, methodological phase and monitoring phase (Figure no 1 in the second chapter). When using these four components, in order to assess each rehabilitation programme and compare them to each other, I have come to realise that rehabilitation programmes have a significant responsibility to assess children who really need psychosocial assistance in a war context and conduct activities accordingly. In addition, within these four components, I have identified the most important areas for psychosocial rehabilitation programmes, and I have re-formulated the roles, responsibilities and success factors of psychosocial rehabilitation programmes along three different areas, which are summarised as follows.

8.2.1 Identifying Children for Rehabilitation

Psychosocial rehabilitation programmes should ensure that they first and foremost, attend to the most vulnerable children who are in need of psychological care. Agger et al. (2005) mention that it is essential to identify traumatised children in actual fact and prioritise them for rehabilitation. Even though this premise is true, it is difficult to practically implement in a war setting. This study highlights the reasons for this difficulty. One is that many children become orphaned due to war and become isolated in refugee camps or even within their own community. Therefore, there might not be enough caring adults around to present their mental condition to the rehabilitative organisation. The other reason is that it is also difficult to identify children with mental trauma without professional support (Richman, 1996), and security is a threat for the professionals to get into the war zones (De Zoysa and Shackel, 2011).

In this context, the study findings revealed that children with real psychosocial needs could be selected appropriately when the programmes obtained support from their relevant communities. The elders of the concerned families, school teachers and religious leaders could take prominent role in this as they associated with children closely and potentially had better understanding of their needs. The best example for this methodology was seen in the *Upeksha* programme, which directly received the support of school teachers to identify children who needed psychosocial care even though their approach was limited to children attending school. On the other hand, the *Muditha* programme did not have a systematic process of recruiting children; any child was free to walk in, but it was evident that community partners were involved in bringing them into the programme as some were infants. Therefore, direct or indirect involvement of community partners can be seen across both programmes, in their selection of children. The *Karuna* programme, in contrast, recruited children through the efforts of programme staff working under the stipulations of their own criteria and guidance of their funding agency. Thus, some children who were actually in need of psychosocial care were excluded here. Therefore, given the circumstances and resource limitations, I suggest that it is better to involve the community in the process of selection of children to ensure effectiveness.

I also realised through observations that rehabilitating children who are traumatised only by violence of war is not adequate, because even though some may regain normalcy due to strong personality traits and social factors, they can be severely affected by economic devastation, which will also result in many psychological and social problems. For example, even though the staff of the *Karuna* programme claimed that children who had been traumatised due to war were the ones who were recruited into the programme, most of the children actually joined due to economic constraints.

I observed many children that did not have a chance to join such psychosocial rehabilitation programmes and had left school to work as daily wage labourers. Therefore, through this research, I would like to endorse the fact that rehabilitation programmes should not consider only psychological trauma; instead, they should make efforts to include children who are affected by war in other spheres too; physically, socially, economically and spiritually.

8.2.2 Power of the Resources

I observed through this study that both financial and human resource adequacy and stability have considerable influence on the impact of the programmes. The completeness and consistency of rehabilitation activities will mostly depend on the resources' availability. Therefore, a programme should ensure that they have adequate resources and if not, seek help from external sources. My observations confirmed the preposition of Wessells and Jonah (2006), which states that if a particular rehabilitation programme lacks the necessary resources, they should seek help from outside agencies in order to conduct effective rehabilitation.

However, having adequate financial resources and sufficient numbers of staff are not the only factors that sustain the programme, efficient use of finances and having capable and committed staff is also a necessity. On the other hand, just because a programme has limited resources does not mean that the impact is completely diminished. The best example of this is the *Muditha* programme, which functioned with a minimum resource base and yet managed to have significant impact in comparison to the other two programmes. Thus, this study concludes that even though finances play a vital role in sustaining a programme, its success is not dependant only on its adequacy but also the efficient use of it. Hence, the findings of this research challenge the argument made by Wessells and Jonah (2006) wherein they state only adequacy of resources can create impact. When it comes to human resources, the *Karuna* programme had sufficient amount of staff to care for children, but they were not trained in psychological development and had lapses in their commitment.

8.2.3 Diverse approaches and methodologies to rehabilitation

In the contemporary world, we see that most rehabilitation programmes take two main approaches. One is psychological and psychiatric approach (counselling, psychotherapy, etc.), and the other is social contextual approach (using social contextual elements, religion, beliefs, traditions, etc.). A cursory

observation of a few psychosocial rehabilitation programmes in Sri Lanka might lead to the view that majority of them are biased towards the psychological and psychiatric approach. Their frequent use of counselling techniques have even led to the misconception that psychosocial rehabilitation is all about counselling (Galappathi, 2003).

However, through this research I was able to gain the view that in reality 'social contextual approach' is more frequently used than the psychological and psychiatric approach. One good example is the *Karuna* programme. Even though they stated in their documents that counselling and therapeutic actions would be their main rehabilitation methods, in reality, they undertook community based interventions, without any individual focus. For instance, building schools, renovating roads, motivating school children and donating school stationery are consistent with what we see in a social approach.

On the other hand, the *Muditha* programme was completely based on a religious base in their rehabilitation process, which falls within the social approach. Due to its structure and methodologies, the programme was able to help large numbers of children, with minimal cost and human resources. However, they could not accommodate severely traumatised children due to lack of skilled staff to handle psychiatric issues. Therefore, having a mix of psychiatric and psychosocial approaches is important to conduct rehabilitation programmes. Otherwise, the children most in need might get neglected.

The *Upeksha* programme utilised both approaches in their rehabilitation efforts. They had skilled staff to work with children, especially to identify the nature of trauma and treat them accordingly. Since the necessary financial and human capital was in place, they were able to provide support for severely affected children through psychiatric methods and the others through social contextual methods. Thus, even though many rehabilitation programmes in Sri Lanka use 'counselling' as their catchphrase, they frequently use an adaptation of the psychosocial approach in actual fact. This can be easier and less costly to implement, yet more effective if merged with psychiatric approach, as both are needed to address the issue of trauma, depending on its nature.

8.3 Summary of the Impact of Rehabilitation Programmes

The second research question in this study was related to examining the overall impact had by each rehabilitation programme in the lives of children. In this study, I have considered four main aspects to analyse the impact of

psychosocial rehabilitation programmes. Even though there is no globally agreed upon framework to analyse the impact, through theoretical debates, literature reviews and my field experiences, I have built a framework, including these four aspects for this task such as the fulfilment of basic needs of the children, contribution made towards education of children, to make children agents of social change or actors of peace, contribution to rebuild the social context and personal impact on the lives of each individual child. In earlier chapters, I have comparatively highlighted the impact of each programme and their lapses, but when comparing these children to those who had not undergone any rehabilitation process, I observed a remarkable impact in attitudes and behaviour even though the levels vary across the three programmes.

Rehabilitation entities should be aware that individuals, including children, have an inherent need for survival and to be equal to others in society. Therefore, the fulfilment of basic needs as part of rehabilitation is an essential factor. Recognising this requirement, all the three programmes have made considerable efforts to fulfil both material as well as non-material needs, as described in chapter six.

Empowerment through education was another area visible in all programmes, facilitated by the fact that the school system in Sri Lanka is substantially well-established in comparison to other developing countries where wars have taken place. Even though most children had been denied access to education in the areas that they fled from, the border areas ran schools and educational centres, even in the midst of security threats. However, inaccessibility to quality education stands in the way of children receiving the full benefit of education. Therefore, these children's academic performance tends to be poor; very few made it through Ordinary level, Advanced Level or University.[24] Nevertheless, according to the perception of their school teachers, rehabilitated children had shown considerable improvement in their studies and behaviour after joining the programmes. Therefore, even though quantifying the impact is difficult, it was evident through their behavioural changes that the educational opportunity they received had made them nurture positive attitudes and behaviours. Along with educational efforts, each programme took the initiative to engage children in peace and reconciliation activities. Exchange programmes, mixed community engagement activities, playing activities and enrolling in mixed schools (ethnically and religiously mixed) helped children change their inculcated attitudes of animosity and rivalry towards the other ethnicities.

[24] Highest government level examinations in Sri Lanka.

In contrast, the children who were not involved in any rehabilitation programme were motivated to fight and go back to war, rather than to make peace. This was mainly because these areas were under LTTE control, and adults and children here were possessed by a war mentality; there was a dearth of rehabilitation activities here to help effect a change in the mentality of the adults and children. The absence of rehabilitation programmes and the pressures of the organisation and damaged social contexts increased the severity of trauma to children in control areas.

In building up social context, all three programmes had contributed in their own way albeit with certain limitations. The family unit being one of the most important components of the social context, each programme took initiatives to artificially create a family environment for children. Foster families, permitting the identification of programme staff as mother and father and adapting a god-parent concept were some of these efforts. Building up educational facilities and places of religious value were other attempts to rebuild the social context.

In the control group, when observing the children who had never undergone any rehabilitation activity, it was distressing to observe how the children had to live in a broken and violent society, where no one made any efforts to rebuild or make peace. If attempts had been made to at least rehabilitate and rebuild the social context, it might eventually have helped to rebuild these children's lives, to some extent. Therefore, the argument made by Somasundara (2007) that before attempting any direct rehabilitation activities with children, it is important to rebuild the social context is a premise that is endorsed by this study. Throughout the process of rehabilitation, the assistance of different social actors and supportive networks are essential to address the needs of children. For instance, schools teachers, government agents and elders in the community can be the pillars of some of these supportive structures to help children re-integrate and establish social connections. Therefore, it is important to include them in the rehabilitation process.

Psychological development is the fourth component of the impact analysis. As mentioned earlier, it is twofold in its scope: the first is aimed at improving the individuals' psychological competencies, while the second introduces environmental changes to improve individuals' quality of life, which will eventually contribute to psychological development. Each of the programmes had done their share of attempting to address individual psychological needs. The *Karuna* and *Upeksha* programmes used counselling as their main methodology; in the *Karuna* programme, staff had less knowledge on counselling and other psychological therapies, while the *Upeksha* programme staff were better at applying counselling techniques and taking into consideration therapist variables, children's variable, counselling

ethics, therapeutic relationship, etc. In traditional and conservative cultures like in Sri Lanka, counselling and psychotherapy have social stigma attached to them. Therefore, people do not have much interesting in contacting psychologists or psychiatrics though they are available.
In traditional homes, even talking to children and helping them to deal with difficult situations is not common practice. Therefore, it is essential to build this into the social structure and educate people on the benefits of counselling.

All three programmes however were successful in using environmental factors or social contextual features in addressing the psychological needs of children. They successfully utilised family, education, language, religion, cultural traditions and social relationships in their process of rehabilitation. For eastern nations like Sri Lanka, utilising social contextual features is ideal because people are culture driven; religion and traditional values are embedded in the society and play important roles in the lives of people. Therefore, they are keener to embrace these types of rehabilitation methods rather than individual therapies. The data obtained on the attitudinal changes confirm that the rehabilitation programmes have helped people to develop their conduct and character.

8.4 Theoretical Implication

The concept of psychosocial rehabilitation and the concept of social context became connected to the war in two ways, which was scrutinised in this study. Of these, the first one was the responsibility the psychosocial rehabilitation programmes have towards building relevant social context after the tragedy of war. The second was to ascertain the extent to which the relevant social contextual features contributed to the smooth functioning of the psychosocial rehabilitation. When considering the first point, according to findings and research reviews, many identify that the effort to rebuild social context lies within the rehabilitation process. Therefore, actors of rehabilitation have a responsibility towards reconstructing elements of social context. The three programmes under this research seem to have understood this concept well enough to contribute towards re-establishing social context, subject of course to their individual funding and scope limitations.

When we focus our attention on the second connection, we see that even though certain social contextual features may have been destroyed, it was believed that with the help of yet other social contextual features, not only children but also a wider spectrum of society could be positively changed. A good example of that is the *Muditha* programme. Religious precepts were considered important in the psychosocial methodologies of this programme

and through this, not only was the rehabilitation of children effected, but also a radical change across society at large.

Accordingly, what has become evident through this study is that especially in developing countries, where mental health development is not at a satisfactory level, there is a possibility and even a will of using social contextual features in the psychosocial concept to make it a reality. In this, importance is given especially to religion and education, and there are a few reasons for this. The first reason is that by using these features, a better service is provided to the community at large more than at an individual level; it also helps to ensure that children affected by war will not be ignored. The second reason is even though the war could destroy certain social contextual features (for example, family unit), institutions like religion cannot be destroyed easily. Its physical infrastructure might be destroyed, but the ideology itself cannot be erased totally from a society. This study has proved that even with few resources, using religion as a concept, it is possible to rehabilitate children to a certain extent. The third point is that even though advanced and systematic methods exist in psychosocial rehabilitation, in many war-torn areas, those methods seem to have been hindered by lack of resources.

In the contemporary world, one key argument within the psychosocial rehabilitation discourse is that prominence should be given to the use of cultural elements of the society (Cairns, 1995; Summerfield, 1996, 1999; Gibbs, 1994; Boyden, 1996, 2000). My observation reconfirms this statement to some extent. However, there is a difference in the reasoning of the former researchers' argument and in my argument for the same observation. The former researchers strongly believe that some western theories may not be culturally appropriate for non-western children. My study however proves that taking a social contextual approach rather than a psychiatric approach is more important in rehabilitating children due to the lack of expertise and systematic methodologies in psychological and psychiatric approaches in developing countries. It also ensures that the social contextual rehabilitation is less costly, easily conducted, less complicated and therefore more sustainable.

8.5 Policy implications

Wars and conflicts leave behind traumatising psychological and socio-cultural consequences on the entire population, who then require restoration and rehabilitation, particularly the weaker sections of society, which include children. Therefore, governments should be involved in the policy formulation in order to provide a platform for rehabilitation intervention.

During my study, I came across a few areas of policy implication which can be categorised under distributive policies. In a conflict zone, security is volatile and access is restricted; therefore, government and other authorities are reluctant to deploy resources to these areas. This is one of the main reasons for a deficiency of aid workers, including medical experts. Since the physical harm is more visible than psychological damage during a war, more attention is paid to physical rehabilitation. Yet, there is an imperative need to recognise requirements for psychosocial rehabilitation, as it is intrinsic to long-term personal and social development.

Therefore, government policies should include psychosocial support for victims of war, and it should take into account issues such as local human resources, building capacity, enhancing resilience, networking, advocacy and coordination with other actors when addressing the psychosocial well-being of a population. This study confirms the implications due to the lack of capacity in each of these areas; therefore, psychosocial support should be provided in a long-term and reliable manner to ensure that rehabilitative work is professionally implemented, thus, ensuring a crucial impact on the population, especially children.

My study also proved the necessity of a national monitoring board in order to ensure each rehabilitation programme achieves optimum impact on the individuals and communities involved, by building a system for ongoing monitoring and evaluation into all psychosocial support activities. Local and international funding regulations should be formulated to streamline the resource deployment to rehabilitation programmes in order to ensure optimum impact.

8.6 Platform for Further Research

This research was conducted with several limitations, especially because of the war situation. One of the main aims of this study was to examine the impact of psychosocial rehabilitation. In order to analyse the impact or whether children's lives changed due to rehabilitation, children's prior situation was needed to compare any difference. However, since there was no proper data regarding prior situation of the children I had to recreate it using the 'ladder of life technique'. I tried my best to understand the previous situation, and based on this data I analysed the impact of the rehabilitation programme's activities.

Further, to conduct an impact analysis of psychosocial rehabilitation programme considerable time is needed. However, I did this research within a short time as an initial step, and have to further continue the study in order to have a proper understanding of the impact.

At the same time, even though this study includes boy and girl respondents, it focused only on general impact on them regardless of gender differences. However, researchers highlighted that there are differences in rehabilitation, especially when social contextual methods are used. However, this study does not have the capacity to examine these differences in detail and just looked at it as a common factor.

Though this study faces several limitations, mentioned above within the Sri Lankan psychosocial discourse, this is the first comparative analytical study carried out across selected rehabilitation programmes for war-affected children. Even globally, there are only a few research studies focusing on the impact of psychosocial programmes; mostly because it takes a long period of time to measure impact, and measurements need to be repeated several times to derive reasonably authentic results. Even so, I have designed a few criteria to assess and analyse the impact, which can be used to conduct cohort studies (follow-up studies), which I view as a contemporary need in this field. This is needed because many factors change over time, and such changes would influence the outcome of rehabilitation programmes.

My study highlights a few significant elements to be considered under psychosocial programmes. However, more research needs to be done in each area of analysis to further validate the findings of this study. I would suggest a deeper impact study on the lives of rehabilitated children in their social re-integration. Their behaviour, attitudes, educational and economic performances, family life, communal life and acts of violence and peace building would be some main impact areas that could be considered for this research. This study can even be done as a randomised control trial with a treatment and control group. The outcome of the study will help to assess the impact of rehabilitation programmes to some extent plus external factors that would influence the social re-integration of war-affected children. This study can even extend to exploring impact of gender disparities and roles in the re-integration process.

Another area to study would be a perception study on post-war rehabilitation programmes in Eastern cultures. Application of psychiatric methods, western theories of psychology and social contextual methods could be considered in this research. Prejudices, discrimination and stereotypes existing among different social actors on psychosocial rehabilitation, the origins, causes and effects of these types of attitudes and social categorisations could also be considered.

The power of using social contextual features in rehabilitating war-affected children is a topic for extended research, which can be carried out based on some basic findings through my study. I have considered only a few social elements, and there are many more to be explored. This can be done cross-culturally as well to give it a broader scope and comparative analyses.

The lack of knowledge among responsible authorities on rehabilitation and lack of monitoring and mainstreaming was a crucial facet I observed while carrying out this study. Therefore, a descriptive study on laws and policies, governance and institutional capacities in current psychosocial interventions, with special reference to war-affected children can be identified as another area to explore. This will help improve the legal framework and policy level governance plus institutional development.

Swedish Summary

En jämförande studie av psykosociala rehabiliteringsprogram för krigsdrabbade barn i Sri Lanka, 2004-2006

Av

KumariThoradeniya

Syftet med denna studie är att undersöka vilken roll psykosociala rehabiliteringsprogram för krigsdrabbade barn i Sri Lanka kan spela i rehabiliterings- och försoningsprocesser. Följaktligen har denna studie undersökt hur psykosociala rehabiliteringsprogram som är verksamma i Sri Lanka bidragit till att återanpassa krigsdrabbade barn. Således har följande två forskningsfrågor formulerats för denna studie:

1. Vad för modell använder sig rehabiliteringsprogrammen av med avseende på omfattningen, drift, tillvägagångssätt och metoder samt vilka är likheterna och skillnaderna i vart och ett av rehabiliteringsprogrammen?
2. Vilken är den totala effekten från rehabiliteringsprogrammen på barnens liv?

Denna studie har bidragit till kunskap på många sätt. Många forskare har speciellt koncentrerat sig på psykosociala "strategier" i samband med studier avpsykosocial rehabilitering. Vidare har de flesta forskarnas studiergenomförts på program som drivs i olika afrikanska länder såsom Rwanda, Angola, Moçambique och Sierra Leone. Jämförelsevis så har mindre forskning genomförts på fall från Asien och Mellanöstern. Även i Sri Lanka har empirisk forskning om psykosociala program varit mycket begränsat trots att man haft en väpnad konflikt på över 30 år. Bristen på empiriska data från det Sri lankesiska fallet var skäl nog att genomföra denna studie. Studien bidrar med både empiriska nya insikter men också möjlighet till att fråga om det Sri lankesiska fallet liknar ovan nämnda fall och om de teoretiska resonemang som berör dem också gäller i detta fall.

Ett annat viktigt område som har fått mycket uppmärksamhet i den globala akademiska forskningsvärlden är psykosociala rehabiliteringsprogram och deras inverkan på före detta barnsoldater. Detta beror främst på att en stor andel av de psykosociala rehabiliteringsprogrammensom formerades hade som mål attrehabilitera före detta barnsoldater. I min studie noterade jag att fokus på barn som inte är

barnsoldater och som också påverkats av kriget är mindre jämfört med den uppmärksamhet som rehabilitering av barnsoldater har fått. Mitt fältarbete genomfördes under en period då avtalet om vapenvilagällde mellan regeringen och LTTE rebellerna. Mankundedå konstatera att det fanns många icke-stridande barn som drabbats av krig och som på olika sättbehövde psykosocialt stöd. Myndigheterna hade försummatdessa på grund av att program med psykosociala rehabiliteringsambitioner fokuserade sin verksamhetpå barnsoldater. Därför har denna studie betonat vikten av att ha en bred ansats vad gäller rehabilitering av barn som drabbats av krig.

I denna studie har jag byggt en analytisk modell som kunde analysera rehabiliteringsprogram i Sri Lanka. Studien syftade till att arbeta med psykosociala aspekter men med en bred ansats där alla slags barn som varit krigsdrabbade kunde ingå. Denna modell är ett metodologiskt bidrag och kommer att fungera som en riktlinje för framtida studier på program med psykosocial rehabilitering.Modellen kan kanske också användas som ett vägledande verktyg för internationella humanitära program.

Dessutom visar min studie att om programmen genomförs på ett relevant sätt så kan även barnen spela en roll i det framtida fredsbyggandet. Jag betonar i denna studie att barn inte börbehandlas som passiva offer utan omvandlas till positiva aktörer genom psykosocial rehabilitering. Insikten från min studie kan i bästa fall leda till ett förnyat intresse bland forskare som är intresserade av att studera denna aspekt inom psykosocial rehabilitering. Det kan också bidra till att eventuellt påverka beslutsfattare att inse vikten av användandet av sådana metoder.

Denna studie har tillämpat en jämförande metod för att jämföra tre psykosociala rehabiliteringsprogram som drivs på olika platser i detSri lankesiska krigshärjade samhället. De urvalskriterier som användes för att väljaut vilka psykosociala program som skulle undersökas i denna studie var att de tre programmen skulle ha likheter i vissa avseenden men skilja sig i andra avseende. En sådan faktor som beaktades var att programmen skulle finnas i de av den väpnande konflikten mest utsatta områden i landet. I dessa områden skulle programmen också ha haft en kontinuerlig verksamhet som pågått åtminstone under de senaste fem åren.

Givet ovan urvalskriterier så valdes tre program och har av sekretess skäl fått fingerade namn och heteri studien Muditha, Karuna och Upeksha. Namnen är hämtade från den buddhistiska religionen och representerar attityderna gentemot andra varelser:Mudita: sympatisk glädje, Karuna: medkänsla; och Upekkha: jämnmod.

I denna forskning har jag använt en kombination av kvantitativa och kvalitativa forskningsmetoder.Det huvudsakliga syftet var att förstå hur programmen bedrev psykosocial rehabilitering och hur de har påverkat livet för de krigsdrabbade barnen. Därför var det viktigt att få synpunkter och

perspektiv från personal, barn och samhällsmedlemmar som deltagit i rehabiliteringsprogrammen.Mina datainsamlingsverktyg för studien var observationer, intervjuer, enkäter och enkla spel. Jag ägnade mycket tid i att utforska vilken metod som var mest lämpad att användas där barn ingick i studien. Intervjuer med nyckelinformanter var den viktigaste källan för att samla in data liksom från programmets personal och även från välinformerade medborgare i området.

Följaktligen i denna beskrivande analys av rehabiliteringsprogram har jag huvudsakligen använt mig av en kvalitativ forskningsmetod. Det primära datainsamlingsverktyget var intervjuteknik men jag har också använt fältobservationer och enkla frågeformulär (livsstege-tekniken) för att komplettera data från intervjuerna. Kompletterande sekundärdata kom även från relevantavetenskapliga artiklar, forskningsrapporter och broschyrer som handlade om de utvalda rehabiliteringsprogrammen.Dessa artiklar och forskningsrapporter hjälptemigocksåatt förstå hur rehabiliteringsprogram fungerar i andra delar av världen. Dessa artiklar visade vilka olika tillvägagångssätt och metoder de använde för att rehabilitera krigsdrabbade barn.

Under mars 2005 genomfördes en pilotstudie och själva huvudstudien inleddes i juni 2005. Under tidsperioden från första augusti 2005 till slutet av september 2005 samladesdatavia intervjuer med barn som deltagit i Karuna programmet, men även från personal och samhällsledare.

Data samlades också in från barn som deltagit i Muditha programmet tillsammans med personalen och samhällsledare under perioden 1 november 2005 till slutet av december 2005. Även om en pilotstudie genomfördes på Upeksha programmet så erhölls den mesta av informationen via sekundära källor. Detta pga att programmets ledarskap drog tillbaka tillståndet att forska där pga av det förändrade säkerhetsläget. Jag valde tre kategorier av respondenter som intervjuades för min forsknings räkning. Den första kategorin inkluderade ledare och personal för rehabiliteringsprogrammen. Den andra kategorin var barnen och den tredje var föräldrar eller vårdnadshavare samt samhällsledare.

För att kunna genomföraen jämförande studie har en specifik analysram utvecklats. Denna ram utvecklades när jag kombinerade mina fältarbetserfarenheter med den tidigare forskningslitteraturen. Därför innefattar det analytiska ramverket både induktiva (tolkningsinteraktion) och deduktiva aspekter. Det finns två delar; den första delen beskriver det psykosociala bedömningsprogrammet komponent medan den andra delen beskriver programmets övervakningsinverkan. Den första delen av ramverket består av fyra komponenter: identifieringsfasen, planeringsfasen, metodfasen och uppföljningsfasen. Den andra delen av ramverket består också av fyra komponenter: uppfyllandet av de grundläggande behoven hos barn, utveckla

deras egenkapacitet, återbygga sociala sammanhanget och skapa psykologiska förbättringarhos barn. Följaktligen i kapitel 3 till 5 samt kapitel 6 jämförs programmen med hjälp av den första delen av ramverket. Kapitlen 3-5 har en detaljerad genomgång av de tre psykosociala rehabiliteringsprogrammen (fallen). Där jämförs deras originalitet, planer, metoder och hur de planerar sin väg framåt. En jämförande analys följer i kapitel sex där samma ram användes för att analysera hur varje program identifierade särskilda problem som barnenhade och hur de planerar sin verksamhet för att hantera dessa identifierade behov. Även den betydelse de tillämpade metoderna inom varje program har för detSri lankesiska sammanhanget har analyseras. Den andra delen av ramen har fokus på effekter som uppnåtts i varje program. Detta resultat redovisas i kapitel sju.

Baserad på analysen som genomfördes i första delen av analysramen kan man dra slutsatsen att Upeksha programmet mest arbetade med att tillgodose de krigsdrabbade barnens behov. De två andra programmenvar mer avhängiga av de knappa resursersom fanns i deras närmiljö. Till exempel så hade Upeksha programmet fördel genom att de kunde genomföra en korrekt identifiering av situationen för barnen och deras behov. Deras strategi för att välja barn till programmet med stöd av lärare.Detta blev ett viktigt steg i detta avseende. De ansträngde sig också attöverföra överföra rehabiliteringskunskap till lärare, lokala ledare och föräldrar som blev permanenta vårdgivare till barnen. Det verkar som med korrekt identifiering av barnens situation och behov kan hjälpa programmenatt planera sin verksamhet bättre där målsättningenär att ge psykologisk hjälp till de drabbade barnen. Eftersom detta program har en professionell ledare samtprogrammet har tillgång till stabiliteten i kapital och mänskliga resurser leder det till att programmet genomförs smidigt. Det bidrar till att utformningen av deras huvudsakliga rehabilitering strategi också stärks. Till exempel så hade de tillräckligt med resurser för att använda psykiatriska metoder eller sociala kontextuella metoder enligt det speciella barnets krav. En annan viktig sak är att programmet kontinuerligt följer upp sin verksamhet eftersom de har utvecklat en systematisk plan för uppföljning. Programmet är obligatoriskt att göra så enligt de avtal de har med de internationella givarna.

När man jämför de två andra programmen med Upecsha programmet verkar det som Muditha programmet ligger mellan Upecsha och Karuna i termer av de fyra komponenternas extrempositioner. Till exempelstod det klart i identifieringsfasen att de inte följer någon grundläggande studie och inte använder några systematiska urvalskriterier för att välja de mest behövande barnen till programmet. Därför har de automatiskt planerat sin verksamhet på ett sätt där målet är att ge psykologisk hjälp till barn. Muditha programmet var dock ett rent volontär-baserat program som använde sig

enbart avmindre enskilda donationer och stöd från samhället. Trots begränsningar i finansieringen påverkade rehabiliteringsprocessen i viss mån barnen positivt. Ledaren för programmet har lyckats mildra negativa effekter med hjälp av det sociala sammanhangethan arbetade i. Det var tydligt att de försökte göra sitt bästagivet de små resurser som fanns men psykologiska och psykiatriska aspekterpå rehabilitering saknades i detta program. Det innebar att programmet var helt baserad på den socialaoch kulturelle kontexten där tillvägagångssätten byggde på användandet av religionen. Religion blev den viktigaste komponenten och rehabiliteringstekniken. Det fanns dock ingen systematisk uppföljningrörande aktiviteterna och bar i mindre grad följdes det upp indirekt av samhället.

Karuna Programmet skiljer sig från de två andra programmeni flera avseenden,I identifieringsfasen och planeringen stod det klart att detta program identifierade barnens situation och planerade sin verksamhet utifrån ett erkännande att krigssituationen spelade en stor betydelse. Vidare visade det sig att Karuna programmet hade tillräckliga resurser men samtidigtpåvisades långsamma framsteg i sitt rehabiliteringsarbete. Detta på grund av ineffektivitet av medelsutnyttjande och pgapersonalens låga engagemang. Till exempel de bygger sitta agerande på huvudsakligenavanceradepsykologiska metoder och använder sig främst på psykologiska och psykiatriska tekniker i sina ambitioner att rehabilitera barnen. Men i praktiken tillämpades inte dessa tekniker.Bortfallet och ineffektiviteten i programmet skylldes personalen på att det var svårt att komma åt de resurser man hade och att andra statliga säkerhetsbegränsningar fanns vid den här tidpunkten.

När jag analyserat effekterna av programmen insåg jag att alla tre programmen har genomfört stora ansträngningar för att uppfylla både materiella såväl som icke-materiella behov.Alla programmen utvecklade i någon form barnens egen kapacitet genom utbildning och underlättades av det faktum att skolsystemet i Sri Lanka är i huvudsak väl etablerad i jämförelse med andra utvecklingsländer där krig har ägt rum. Trots att det är svårt att kvantifiera effekten av programmen på barnen var det uppenbart att positiva beteendeförändringar följde som ett resultat av utbildningen. Tillsammans med utbildningsinsatser tog varje program initiativet att engagera barn i freds- och försonings aktiviteter. Utbytesprogram, gemensamma aktiviteter, lekar och inskrivning i blandade skolor (etniskt och religiöst blandade) har hjälpt barn att ändra sina attityder och tidigare fientlighet och rivalitet gentemot mot andra etniska grupper.

Alla tre programmen har trots begränsningar på sitt sätt bidragit att skapa ett socialt sammanhang för barnen. Familjen är en av de viktigaste komponenterna i den sociala kontexten och varje program har tagit initiativ för att åtminstone artificiellt skapa en familjär miljö för barnen.

Fosterfamiljerdär personalen fick ta rollen som goda föräldrar var en del i dessa ansträngningar. Att bygga upp utbildningsmöjligheter och värdefulla religiösa platser var andra sätt att försöka att återuppbygga det sociala sammanhanget.

Psykologisk utveckling är den fjärde komponenten i konsekvensanalysen. Som tidigare nämnts är den dubbel i sin omfattning; den första syftar till att förbättra individernas psykologiska kompetens medan den andra introducerar miljöförändringar för att förbättra individers livskvalitet och som så småningom kommer att bidra till psykologisk utveckling. Vart och ett av programmen har gjort sin del för att försöka ta itu med individuella psykologiska behov. Karuna och Upekshahar använt sig av rådgivning som sin huvudsakliga metod; Karuna programmets personal hade mindre kunskap om rådgivning och andra psykologiska behandlingar medan Upekshas personal var bättre på att tillämpa rådgivningstekniker såsom terapeut variabler, barn variabel, rådgivningsetik, terapeutiska relationer etc. I traditionella och konservativa kulturer som i Sri Lanka så har dock rådgivning och psykoterapi ett socialt stigma knutna till sig. Såvida de inte är utbildade terapeuter är människor inte bekväma i rollen att ge rådgivning. I de flesta hemmen är det inte vanligt att prata med barn och hjälpa dem att hantera svåra situationer. Därför är det viktigt att bygga upp en sådan kapacitet i den sociala strukturen och utbilda människor om fördelarna med rådgivning.

Alla tre programmen var dock framgångsrika i att använda miljöfaktorer eller sociala kontextuella funktioner i att ta itu med de psykologiska behoven hos barnen. Programmen har framgångsrikt utnyttjat familjer, utbildning, språk, religion, kulturella traditioner och sociala relationer i sin rehabiliteringsprocess. För asiatiska länder som Sri Lanka fungerar det bra att nyttjade sociala kontextuella funktionerna eftersom kultur, religion och traditionella värderingar genomsyrar samhället och spelar en viktig roll i människors liv. Därför är de mer angelägna om att välkomna dessa typer av rehabiliteringsmetoder snarare än att använda sig av enskilda behandlingar. De data som erhållits vad gäller attitydförändringarna så bekräftar de att rehabiliteringsprogrammen har hjälpt människor att utveckla sina beteendeni positiv riktning.

Min studie visar att beslutsfattare bör se över det som allmänt kategoriseras under rubriken fördelningspolitik. Regeringens politik bör se till att avsätta resurser såsom psykosocialt stöd till offer för krig och det bör beakta frågor såsom lokala mänskliga resurser, kapacitetsuppbyggnad, förbättra motståndskraft, nätverk, opinionsbildning och samordning med andra aktörer när man behandlar psykosocialt välbefinnande hos en befolkning. Denna studie bekräftar vilka negativa konsekvenserna som följer på grund av bristande kapacitet i vart och ett av dessa områden. Därför bör

psykosocialt stöd ges på ett långsiktigt och tillförlitligt sätt som därmed kan säkerställa att rehabiliterande arbete är professionellt genomfört. Detta kan i sin tur säkerställa en positiv och avgörande inverkan på befolkningen särskilt barn.

Min studie visade också att behovet av en nationell uppföljning bör ske för att säkerställa att varje rehabiliteringsprogram ger optimal effekt på individer och grupper.Ett system där kontinuerlig uppföljning och utvärdering avden psykosociala stödverksamheten sker skulle vara bra att etablera. Lokala och internationella bestämmelser rörande finansieringen borde utformas för att effektivisera resurstillflödet för rehabiliteringsprogram och därmed säkerställa att optimal effekt uppnås.

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Appendix 1

Primary Sources:

Long interviews

Children who had not undergone any rehabilitation programme (control group), parents or care takers of the children and community leaders

1.Interview 1. 2005.06.05, a child, held at Kokkadichole
2.Interview 2. 2005.06.06, a child who disabled due to land mine explosion , held at Kokkadichole
3.Interview 3. 2005.06.07, a mother of a child, held at Kokkadichole
4.Interview 4. 2005.06.08, a former child solder, held at Kokkadichole
5.Interview 5. 2005. 06.09, a child, held at Kokkadichole
6.Interview 6. 2005. 06. 10, a child, held at Kokkadichole
7.Interview 7. 2005.06.15 former child solder, held at Kokkadichole
8.Interview 8. 2005.06.16 a child who disabled due to land mine explosion, held at Kokkadichole
9.Interview 9.2005.06.16, a child, held at Kokkadichole
10.Interview 10. 2005.0617, former child solder, held at Kokkadichole
11.Interview 11. 2005.06.17, a mother of a child, held at Kokkadichole
12.Interview 12. 2005.06.23, former child solder, held at Kokkadichole
13.Interview 13. 2005.06.24, a child who disabled due to land mine explosion, held at Kokkadichole
14.Interview 14. 2005.06.24, former child solder, held at Kokkadichole
15.Interview 15. 2005.06.25, former child solder, held at Kokkadichole
16.Interview 16. 2005.06.26, a child, held at Kokkadichole
17.Interview 17. 2005.07.02 former child solder, held at Kokkadichole
18.Interview 18. 2005.06.03, a child who disabled due to land mine explosion, held at Kokkadichole
19.Interview 19. 2005.07.3, a child, held at Kokkadichole
20.Interview 20. 2005.07.04, former child solder, held at Kokkadichole
21.Interview 21. 2005.07.04, a child, held at Kokkadichole
22.Interview 22. 2005.07.05, a community leader(priest) held at Kokkadichole

23.Interview 23. 2005.07.06, a community leader(school teacher) held at Kokkadichole
24.Interview 24. 2005.07.10, a grandmother of a child, held at Kokkadichole
25.Interview 25. 2005.07.11, a mother of a child, held at Kokkadichole
26.Interview 26. 2005.07.12, a father of a child, held at Kokkadichole
27.Interview 27. 2005.07.12, a mother of a child, held at Kokkadichole
28.Interview 28. 2005.07.13, a child who disabled due to land mine explosion, held at Kokkadichole
29.Interview 29. 2005.07.14, a mother of a child, held at Kokkadichole
30.Interview 30. a grandmother of a child, held at Kokkadichole
31.Interview 312005.07.15, a community leader(retired school principle) held at Kokkadichole

Children are in the Karuna Programme, those who already left the programme, parents or poster parents, staff of the programme
32.Interview 32. 2005.08.01, .a child, held at Valchchnai
33.Interview 33. 2005.08.01, a child, held at Valchchnai
34.Interview 34. 2005.08.02, a child, held at Valchchnai
35.Interview 35. 2005.08.03, a mother of a child, held at Valchchnai
36.Interview 36. 2005.08.03, a child, held at Valchchnai
37.Interview 37. 2005.08.05, a child, held at Valchchnai
38.Interview 338. 2005.08.06, a child, held at Valchchnai
39.Interview 39. 2005.08.15, a child, held at Valchchnai
40.Interview 40. 2005.08.16, a child, held at Valchchnai
41.Interview 41. 2005.08.16, a girl who already left the programme, held at Valchchnai
42.Interview42. 2005.08.17, a child, held at Valchchnai
43.Interview 43. 2005.08.18, a child, held at Valchchnai
44.Interview 44. 2005.08.18, a child, held at Valchchnai
45.Interview 45. 2005.08.20, a child, held at Valchchnai
46.Interview 46. 2005.08.25, a schoolteacher, held at Valchchnai
47.Interview 47. 2005.08.25, a child, held at Valchchnai
48.Interview 48. 2005.08.26, a child, held at Valchchnai
49.Interview 49. 2005.08.27, a child, held at Valchchnai
50.Interview 50. 2005.08.28, a child, held at Valchchnai
51.Interview 51. 2005.08.28, a grandmother of a child, held at Valchchnai
52.Interview 52. 2005.08.29, a child, held at Valchchnai
53.Interview 53. 2005.09.05, a child, held at Valchchnai
54.Interview 54. 2005.09.06, a child, held at Valchchnai
55.Interview 55. 2005.09.06, a child, held at Valchchnai

56.Interview 56. 2005.09.07, a girl who already left the programme, held at Valchchnai
57.Interview 57. 2005.09.07, a girl who already left the programme, held at Valchchnai
58.Interview 58. 2005.09.08, a boy who already left the programme, held at Valchchnai
59.Interview 59. 2005.09.17, a boy who already left the programme, held at Valchchnai
60.Interview 60. 2005.09.18, the leader of the programme, held at Valchchnai
61.Interview 61. 2005.09.18, a poster parent, programme, held at Valchchnai
62.Interview 62. 2005.09.19, a mother of a child, held at Valchchnai
63.Interview 63. 2005.09.19, a staff member of the programme, held at Valchchnai
64.Interview 64. 2005.09.20, a poster parent, held at Valchchnai
65.Interview 65. 2005.09.20, a schoolteacher, held at Valchchnai
66.Interview 66. 2005.09. 21, a staff member of the programme, held at Valchchnai
67.Interview 67. 2005.09. 21, a staff member of the programme, held at Valchchnai
68.Interview 68. 2005.09.22, a staff member of the programme, held at Valchchnai

Children in the Muditha Programme, Community leaders and staff of the programme
69.Interview 69. 2005. 11. 02, the leader(monk) of the programme
70.Interview 70. 2005. 11. 03, a child, held at Vavuniya
71.Interview 71. 2005.11.03, a child, held at Vavuniya
72.Interview72. 2005.11.04, a schoolteacher, held at Vavuniya
73.Interview 73. 2005.11.05, a child, held at Vavuniya
74.Interview 74. 2005.11.06, a child, held at Vavuniya
75.Interview 75. 2005.11.16, a child, held at Vavuniya
76.Interview76. 2005.11.17, a schoolteacher, held at Vavuniya
77.Interview 77. 2005.11.18, a child, held at Vavuniya
78.Interview 78. 2005.11.19, a child, held at Vavuniya
79.Interview 79. 2005.11.20, a schoolteacher, held at Vavuniya
80.Interview 80. 2005.12.02, a child, held at Vavuniya
81.Interview 81. 2005.12.03, a child, held at Vavuniya
82.Interview 82. 2005.12.04, a schoolteacher, held at Vavuniya
83.Interview 83. 2005.12.16, a schoolteacher, held at Vavuniya

84.Interview 84. 2005.12.17, Village headman, held at Vavuniya
85.Interview 85. 2005.12.18, a community leader, held at Vavuniya
86.Interview 86. 2005.12.19, a child, held at Vavuniya

Appendix 2

nterview Guide

Interview Guide 1 for parents/care takers of the children

Name:
Age:
Occupation:

1. How did life in your society change during war?
    - In family life
    - Social life
    - Occupation or career
    - Economic hardships etc. Explain

2. What is your most painful (hard) memory about the war?
    - Injured
    - Injured or killing a family member or members
    - Loosing properties
    - Displace etc. explain

3. How do you perceive the influence of war on children?
    - Has the war made any impact on the children of this area?
    - Do you think in the past when there was no war, the common behavior of children was similar to the children of the current society? If not what changes do you see from the contemporary changes of children's behavior?

4. Has the war made any impact on your own child/children? If yes what are those?
    - In daily lives what are changes in the behavior patterns?
    - Interfamily relationships with the family and friends
    - In education
    - Other social situations

5. Do your child/children engage with any kind of rehabilitation programme?

6. If yes after joining with a programme what changes have you seen?
    - In his /her relationship with the other members of the family
    - The orientation towards education
    - The relationship with the friends
    - Changes of the daily life (sleeping habits, taking food etc.)
    - Changes of their attitudes and beliefs towards the society and regarding the future
    - Changes of the attitudes of the children towards other different ethnic groups
    - Any other changes
    - Changes of the community where the programme operate
    - Does the programme crate any relationship with the community people and parents or care takers of the children?

7. As a parent or care taker did you get any opportunity to participate in children's rehabilitation programme? How did you participate?

8. If ye; through the participation were you able to meet people of other ethnic groups and were you able to relate to them?

    - What were your feelings and reactions during such gatherings? Explain your feelings at the beginning and at the end.
    - Did you feel that they were as enemies?
    - Did you usually find it hard to get along with them? If you do why?

9. Imagine that natural disaster or tragic incidents had happened to a child of a different ethnic group or to his her family. How do you react in such situations? Do you keep quite or help/ explain why you do so.

Interview Guide 2 for school Teachers

Name:
Age:
Marital status:
Permanent living area:
The period of living in the particular area:
Relationship with the particular community:

1. Have you exposed to war directly in your permanent area or the particular area where working as a teacher now? If yes how did life in your society change during war?
    - In family life
    - Social life
    - Occupation or career
    - Economic hardships etc. Explain

2. What is your most painful (hard) memory about the war?
    - Injured your self
    - Injured or killing a family member or members
    - Injured or killing your students
    - Loosing properties
    - Displace etc. explain

3. How do you perceive the influence of the war on children"
    - What changes do you observer in them?
    - Are the directly affected children are different from those who have not affected directly? Explain how
    - How often children come to the school. Is it regular attendance or rarely attend?
    - What is the situation of educational performance?
    - Among the children in your school
    - Are there children whom you think needs special psycho-social treatments? If yes
    - What qualities do you observer in your students?
    - On what grounds do you recommend some students to be sent for rehabilitation?

4. In those children who are undergone rehabilitation,
    - Do you see positive signs of changes in them?
    - If yes describe prior and the post rehabilitation situation

5. What is the relationship of the children who are undergoing a rehabilitation process with other ethnic groups?

6. When you compare those children with the children who never undergone rehabilitation, do you see any differences?

7. Are you satisfied about the contribution that these programmes make towards rehabilitating the war-affected children?
    - If yes please explain why you satisfy
    - Do you think that these programmes should be changed to get better result?
    - If so what are the changes you propose?
8. When you recommend some children as children who need urgent psycho-social assistance, what is the reaction of parents/caretakers, other teachers and school principle?

Interview Guide 3 for Community leaders

Name:
Age:
Marital status:
Permanent living area:
The period of living in the particular area:
Relationship with the particular community:
Occupation:
How did life in your society change during war?
In family life
Social life
Occupation or career
Economic hardships etc. Explain

1. What is your most painful (hard) memory about the war?
    - Injured
    - Injured or killing a family member or members
    - Loosing properties
    - Displace etc. explain

2. How do you perceive the influence of war on children?
    - Has the war made any impact on the children of this area?
    - Do you think in the past when there was no war, the common behavior of children was similar to the children of the current society? If not what changes do you see from the contemporary changes of children's behavior?

3. What is your attitude about the rehabilitation programme aimed at children of your area?
    - Do they address the children who really need psychosocial rehabilitation?
    - Suitability of the methodology they use
    - Cultural adaptation
    - Contribution to the strengthen the social context by the programme

4. Do you see any positive changes among the children who are undergoing any rehabilitation activity?
    - What are the changes that you can see?
    - Why do you think those changes as positive
    - Do you see any negative changes as well?
    - What are those negative characteristics?
5. In your area, it is possible that there could be children who undergone this kind of rehabilitation programme, who are undergoing and who never have psycho-social support.
    - Do you see any differences among these three groups?
    - If yes what differences did you observe?

6. Do you think particular rehabilitation programme has had any impact on your society?
    - To the economy
    - Education
    - Health
    - Basic needs

7. Do you think that particular programme contributed to create ethnic harmony?

8. Do you think that this kind of rehabilitation programme need to your society or can you manage yourself in resolving war impact on children?

Appendix 3,

The questionnaire of the Ladder of Life technique

Name of the children (optional):
Age:
Sex:
Religion:
School:
Grade:
Family members:

1. What is your feeling about been a Tamil Children?

(In the past) (Now)

Explain why you think so

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2. What is your feeling about Sinhalese?

(In the past) (Now)

Explain why you think so

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3. Do you like associating Sinhalese friend?

(In the past) (Now)

Explain why you think so

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4. What is your feeling about Muslims

(In the past) (Now)

Explain why you think so

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5. Do you think that Tamils are very good than Sinhalese?

(In the past) (Now)

Explain why you think so

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…

6. Imagine that you have to live in a Sinhalese village with Sinhalese people. What is you feeling about this?

(In the past) (Now)

Explain why you think so

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…

7. Imagine that you have to live in a Muslim village with Muslim people. What is you feeling about this?

(In the past) (Now)

Explain why you think so

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8. Do you like to hear Sinhala Songs

(In the past) (Now)

Explain why you think so

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9. Do you like to watch Sinhalese tele-drama on television/ Sinhala films?

(In the past) (Now)

Explain why you think so

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…

10. Do you play with your friends in your free times?

(In the past) (Now)

Explain why you think so

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…

11. Do you feel that when you are grown up as adult you should work with Sinhalese, Tamils and Muslims in any field?

(In the past) (Now)

Explain why you think so

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12. Do you feel that you will be a useful person to this society?

(In the past) (Now)

Explain why you think so

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13. Is it difficult for you to sleep?

(In the past) (Now)

Explain why you think so

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14. Do you see dreams or nightmares about war events?

(In the past) (Now)

Explain why you think so

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15. Do you feel dissatisfied with others?

(In the past) (Now)

Explain why you think so

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16. Do your parents/caretakers/friends love you?

(In the past) (Now)

Explain why you think so

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…

17. Are you afraid of Army/police?

(In the past) (Now)

Explain why you think so

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18. Are you able to study well?

(In the past) (Now)

Explain why you think so

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19. Do you have any troubles concentrating or remembering things?

(In the past) (Now)

Explain why you think so

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20. Do you think that you would be injured or killed by war?

(In the past) (Now)

Explain why you think so

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21. What is your feeling about picture no 1? Do you like it?

(In the past) (Now)

Explain why you think so

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22. What is your feeling about picture no 1? Do you like it?

(In the past) (Now)

Explain why you think so

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23. What is your feeling about picture no 1? Do you like it?

(In the past) (Now)

Explain why you think so

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