The Impact of Community-Based Rehabilitation in a Post-Conflict Environment of Sri Lanka

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ABSTRACT

Purpose: *Conflict and disability are closely associated; it is therefore significant to examine strategies at the grassroots-level for restoring the human rights of people with disabilities living in post-conflict societies. The aim of this study is to reveal the impact of and issues with community-based rehabilitation (CBR) in the Northern Province of Sri Lanka that was ravaged by civil war from 1983 to 2009.*

Methods: *The research was implemented in October 2016, in collaboration with a local NGO in the Mullaitivu district. A mixed-methods approach was followed, which included quantitative analysis of the NGO's registration database of people with disabilities in the area (n=964), group interviews with 9 community rehabilitation committees (CRCs) of people with disabilities and their family members (n=118), and semi-structured interviews with clients of the CBR programme (n=5). Thematic analysis was applied to the narrative data.*

Results: *The quantitative analysis on clients of the NGO revealed that 60.9% of disabilities were related to war. Livelihood assistance was the most common type of self-reported need (44.6%). The qualitative analysis revealed that in communities with inadequate local resources, CRCs that had access to livelihood assistance made a positive impact on the socioeconomic conditions of people with disabilities and their family members. Potential issues were observed, such as the expectation of and dependence on the financial aid without self-help. Some people with disabilities would not attend CRCs if there were no financial benefits. As most of the participants had war-related disabilities, it is also possible that participation of people with intellectual and psychiatric disabilities unrelated to war may not have been promoted in some CRCs.*

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Conclusions: *The CBR programme has had positive impacts on the living conditions of participants, albeit with some potential issues such as financial expectations and aid dependency. The authors argue that empowerment of people with disabilities and addressing socioeconomic inequality should be considered simultaneously.*

Keywords: *Conflict and disability, disabled people's organisation, social investment, aid dependency, human rights.*

INTRODUCTION

Conflict and war have long-term devastating influences on public health across the globe (Ghobarah et al, 2004) and are associated with disability issues. Indeed, the likelihood of people becoming physically and psychosocially disabled due to war and conflict is high (Summerfield, 2000; Thapa and Hauff, 2012; Bogic et al, 2015). In addition, disability issues and voices of people with disabilities in conflict-affected and post-conflict areas are often marginalised from society (Eide, 2010; Moore, 2013; Rohwerder, 2013). Therefore, practical reports that shed light on these issues and consider the sociocultural and post-conflict contexts are significant.

In a post-conflict period, practical strategies and frameworks that are based on evidence are indispensable to promoting the reconstruction of the affected-society, and should involve disability issues (Kett et al, 2005; Eide, 2010; Kandasamy et al, 2016; World Health Organization [WHO] et al, 2010). Community-based rehabilitation (CBR) and inclusive development (CBID) play important roles in the realisation of the empowerment and inclusion of people with disabilities. They are practical strategies that are implemented at the community level, including in armed conflict and emergency settings (Peat, 1997; Boyce, 2000; Eide, 2006, 2010; WHO et al, 2010). Revealing the impact of and issues with CBR practice is therefore necessary in a post-conflict environment. However, evidence and practical research on CBR in a post-conflict area are likely to be limited in the global south (Kett et al, 2005; Eide, 2010). Hence, the authors of the current study emphasise the importance of examining the impact and issues of CBR with a bottom-up research approach.

Socio-cultural and political contexts are crucial when planning and implementing CBR because of their complexity and uniqueness in society. In other words, it is necessary to consider contextualisation in a post-conflict area. In Sri Lanka,

CBR research seemed necessary in the post-conflict environment. The long-term conflict between the Sri Lankan government forces and the Liberation Tigers of Tamil Eelam (LTTE) from 1983 - 2009 left many people dead or with disabilities. According to the war-related casualty data from 1989 to 2009 (Uppsala Conflict Data Programme, 2016), at least 65,372 people are estimated to have been killed, particularly in the Northern and Eastern provinces of Sri Lanka where the LTTE were in control. During and after the war, many stakeholders such as international institutions (Siriwardhana et al, 2013) and non-government organisations (NGOs) provided aid in the provinces, including supportive programmes for people with disabilities (Kandasamy et al, 2016), although these stakeholders have complex political relationships and dilemmas (Goodhand and Lewer, 1999; Walton, 2008; Morais and Ahmad, 2011).

Although the literature reveals the health-related influences of and strategies against the civil war, as well as the effects of the Indian Ocean earthquake and tsunami in 2004 in Sri Lanka, the evidence and study of CBR in the post-conflict era appear to be insufficient. The long-term impact of the war, for instance, on the psycho-social well-being of the public (Somasundaram, 2010; Siriwardhana et al, 2015; Keraite et al, 2016), including people with forced displacement status (Husain et al, 2011; Siriwardhana and Wickramage, 2014), are reported. In addition, some international organisations, such as the WHO (Siriwardhana et al, 2013), and researchers (Taira et al, 2010) suggest programmes that strengthen the health system in the Northern Province of Sri Lanka, while research underlines the importance of community resilience (Somasundaram and Sivayokan, 2013). Boyce (2000) has also discussed the potential positive impact of CBR in conflict-affected areas during the civil war. Nevertheless, CBR practice in the post-conflict regions in Sri Lanka, including mental health promotion (Sritharan and Sritharan, 2014), is likely to be absent from the mainstream literature. Hence, this study emphasises the necessity of practical research based on the CBR programme at the community level.

OBJECTIVES

The aim of this research project is to explore the impact of and issues with CBR in a post-conflict area of Sri Lanka. The research questions addressed are:

(1) What are the context and resultant issues facing CBR in the post-conflict environment of Northern Sri Lanka?

(2) What is the impact of CBR on people with disabilities and their family members in the post-conflict environment?

METHOD

A mixed-methods approach was applied to explore the impact of CBR as well as the current conditions in the post-conflict area. A field research project was conducted from 13th October – 21st October 2016, based on an online discussion between stakeholders that began in January 2016.

Study Site and NGO

The Mullaitivu district, which is in the Northern Province of Sri Lanka, was the area selected for this research as it was significantly affected during the previous conflict between the government forces and the LTTE. As of 2014, the population was estimated at 127,877 people, with the predominant ethnicity or about 88.4% of the population being Sri Lankan and Indian Tamil. This figure is distinctive because most of the country (approximately 74.9%) is Sinhalese (Department of Census and Statistics - DCS, 2011). The district is economically one of the poorest in Sri Lanka, as of September 2016 (DCS, 2016), with the current official poverty line of 3,993 Sri Lankan Rupees (1 British Pound [GBP] equal to Rs.180.4 as on 1st November, 2016 as per XE Currency Converter, no date) and the headcount index is estimated at 28.8, which is the highest in the country (DCS, 2015).

In the Vanni, including the Mullaitivu district, the Vanni Rehabilitation Organisation for the Differently-Abled (VAROD) started supportive programmes for conflict-affected people including people with disabilities in 2009. The VAROD is a non-religious humanitarian organisation that was established by the Claretian Congregation of the Catholic Church (VAROD, 2016). As presented in Table 1, the CBR programme in the Mullaitivu district is conducted by the VAROD since 2011, and involves medical support, outreach services, physiotherapy, assistive devices, and livelihood supports. A total of 113 community rehabilitation committees (CRCs) hold regular meetings supported by 5 CBR facilitators and 1 Mullaitivu coordinator of the VAROD, as of October 2016.

Table 1: Beneficiary numbers of the VAROD's Programme in Mullaitivu District (as of 2015)

CBR programme	Medical support	60 groups
	Physiotherapy	161 people
	Assistive devices	30 people
	Livelihood support	147 people
	CRC groups	113 groups
	Psychosocial programme	4 times
Children programme	Catch-up classes	539 students
	Sponsored children	30 children
Total beneficiaries		1968 people

Note: Adapted from the report of the VAROD (2016: 59-61)

Data Collection

Nominal scale data of beneficiaries of the VAROD programmes was collected during the field research project. Data from people with disabilities who were registered as clients in the Mullaitivu district was extracted from the VAROD's database. The database includes the personal information, such as date of birth, gender, type and cause of disability, and self-reported need of 1,080 people with disabilities, which have been collected by 8 CBR workers in the district since 2012. Those with any type of disability in the list as of October 2016 were included. The analysis excluded information about 116 persons, which was collected by a CBR worker in a specific area. The reason for the exclusion was unreliable and insufficient data, such as unclear information about cause and type of disability. Therefore, a total of 964 people with disabilities - 576 males and 388 females - were identified in the database for quantitative analysis.

Qualitative data was collected through focus group interviews with 118 participants at 9 CRCs (Table 2; Figure 1). 59% (n=70) of them were people with disabilities. Among the participants, 41% (n=48) were male and 59% (n=70) were female. Home-visit (HV) interviews were also conducted with 5 clients of livelihood assistance within these 9 areas. The sample of CRCs and clients was selected through purposive sampling, focussing on the active and functioning CRCs. The focus group and home-visit interviews were conducted in Tamil, which is the mother tongue in the study area, and then translated into English by the third author. Each interview was recorded by a voice recorder after receiving

approval from all research participants. An interviewer guided the interviews with semi-structured themes to promote discussion. A field diary of the first author in the research project was also used in the process of interpretation and analysis.

Table 2: Characteristics of the Participants in Group Interviews at CRCs

No.	Division	Total	Male	Famale	Disabled people	
CRC-1	Maritimepattu	11	4	7	4	36.4%
CRC-2	Maritimepattu	20	9	11	12	60.0%
CRC-3	Puthukkudiyiruppu	18	8	10	12	66.7%
CRC-4	Maritimepattu	13	5	8	9	69.2%
CRC-5	Maritimepattu	10	1	9	3	30.0%
CRC-6	Puthukkudiyiruppu	12	10	2	11	91.7%
CRC-7	Thunukkai	5	1	4	3	60.0%
CRC-8	Thunukkai	10	4	6	8	80.0%
CRC-9	Oddusuddan	19	6	13	8	42.1%
Total		**118**	**48**	**70**	**70**	**59.3%**

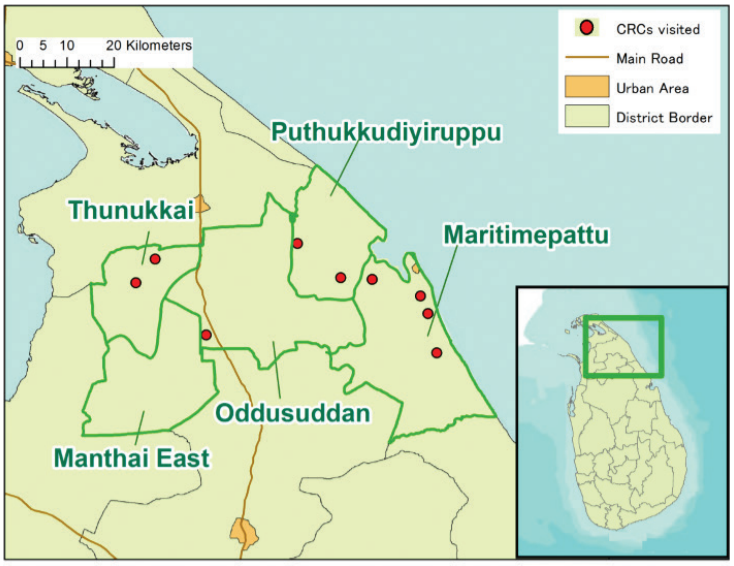

Figure 1: Geographical Information of the Group Interview Location

Note: Created with ArcMap10.4 by the first author, using a global positioning system (GPS) and data from Esri, USGS, and NOAA.

Data Analysis

Quantitative data was simplified statistically using SPSS 24.0 after organising the data in a logical format. Qualitative data was analysed by thematic analysis (Guest et al, 2011) using NVivo 11 software. This procedure consisted of four steps: 1) transcribing narrative data using the voice recorder data and loading the transcribed data into NVivo; 2) coding each sentence in line with similar meanings using NVivo; 3) searching for associations between codes and themes; and 4) drawing relationships among themes. The first author's field diary was used to confirm meanings in the socio-cultural and local contexts for triangulation (Mertens and Hesse-Biber, 2012).

Ethical Consideration

This project was conducted collaboratively between individual consultants (the first and second authors) and the VAROD. The research participants gave informed verbal consent in Tamil, their native language, through native researchers. The interviewers briefed the interviewees on ground rules to ensure confidentiality and explain the aims of the research. Interviewees were assured that refusal to participate would have no impact on the provided services.

RESULTS

Quantitative Analysis: War-related Disabilities and Self-reported Needs in the Post-Conflict Area

From the quantitative data analysis, Table 3 shows the characteristics of 964 people with disabilities from the VAROD database, as of October 2016. The average age was 32.5 years - with 33.4 years for males and 31.2 years for females. The percentage of men with disabilities (59.8%) was larger than that of women (40.2%). Physical disabilities, including vision, hearing and speech, were the most common disabilities (83.6%), whereas intellectual and/or developmental disabilities, psychiatric disabilities, and multiple disabilities were less common (5.7 %, 3.0%, and 3.9% respectively). Regarding the link with conflict, the proportion of war-related disabilities was 60.9%, followed by birth-related disabilities (21.0%), and disease-related disabilities (7.6%) such as communicable diseases. Most war-related disabilities were caused by shelling and air-attacks, mines, and gunshots, although the proportion was not calculated due to insufficient information on the database.

Of the 964 people with disabilities, the self-reported needs of 194 clients were available for analysis (Table 4). Livelihood assistance (44.6%) was the most common type of need among people with disabilities, followed by medical supports (15.3%) and assistive devices (11.9%). The stated needs of livelihood assistance included employment opportunities and support for self-employment using microcredit loans.

Table 3: Type and Cause of Disability Identified by the VAROD in Mullaitivu District

	Male (n=576)		Famale (n=388)		Total (n=964)	
Average age (years)	33.4		31.2		32.5	
Type of disability						
Physical	500	86.8%	306	78.9%	806	83.6%
(Deaf and/or mute)	(43)		(32)		(75)	
(Sight/eye)	(37)		(22)		(59)	
Nerve and/or epilepsy	13	2.3%	19	4.9%	32	3.3%
Intellectual and/or Developmental	27	4.7%	28	7.2%	55	5.7%
Psychiatric	13	2.3%	16	4.1%	29	3.0%
Muliple	22	3.8%	16	4.1%	38	3.9%
Other or unclear	1	0.2%	3	0.8%	4	0.4%
Cause of disability						
War-related event	362	62.8%	225	58.0%	587	60.9%
Birth	112	19.4%	90	23.2%	202	21.0%
Disease	39	6.8%	34	8.8%	73	7.6%
Accident	25	4.3%	18	4.6%	43	4.5%
Tsunami in 2004	2	0.3%	0	0.0%	2	0.2%
Other or unclear	36	6.3%	21	5.4%	57	5.9%

Note: Data was calculated and organised statistically by the authors

Table 4: Self-reported Need Identified by the VAROD in Mullaitivu District

Rank	Need	Number	%	Example
1	Livelihood assistance	90	44.6%	Job, manufacturing equipment, livelihood loan
2	Medical aids	31	15.3%	Treatment, detailed examination, medical bills
3	Assistive devices	24	11.9%	Wheel-chair, hearing aid
4	Education	23	11.4%	Education, training
5	Rehabilitation	13	6.4%	Physiotherapy, psychosocial rehabilitation
6	Nutrition	11	5.4%	Nutritious foods
7	Accommodation/house	10	5.0%	House, repairing, water pump
	Total	**202**	**100.0%**	

Note: Data was calculated and organised statistically by the authors. Multiple responses were allowed during the data collection by CBR workers.

Qualitative Analysis

1) Impact of CRCs and Social Investment in the Post-Conflict Area

A Crucial Resource

Due to limited social resources in each study area of the Mullaitivu district, CRCs and the livelihood assistance programme were possibly the crucial resources for these participants. There are some local resources for the public in each village. For instance, a female participant (CRC-3) who is a family member of a person with disabilities stated:

> *"There are two types of women's committees in my village. One is a general committee for women aged over 18 years, and the other is a supportive committee for domestic violence and so on."*

In addition, local government offices provide some support for people with disabilities, such as social welfare allowance (Rs. 3,000), but it is likely that the range of clients and impact are inadequate. At the group interviews, many participants reported the shortage of local resources for people with disabilities. A male with a disability (CRC-3) explained:

> *"Some of the participants in this CRC receive supports, like Rs.3,000 monthly and home renovation subsidy, through the DS [Divisional Secretariat] office, but that's all – neither more nor less."*

Many participants from the group interviews described CRCs as the sole active resource. Another male with a disability (CRC-6) said:

> *"There is no resource for people with disabilities in this area except for this group [CRC]."*

Self-help and Psychosocial Support

Various positive functions of CRCs, including self-help and mutual support within a group, were observed in some CRCs. The leader of a committee (CRC-2), who is a male with a disability, stressed the necessity of empowering the group:

> *"Although this CRC was established by the support of the VAROD, we should solve the daily issues by ourselves within this CRC. We need to further develop this CRC by ourselves."*

A female with a disability (CRC-3) described a positive aspect of the committee as follows:

> *"We can share and put together our needs as a group. The needs would include livelihood assistance, medical supports and assistive devices and so forth."*

Another male with a physical disability (CRC-9) narrated:

> *"For example, some of us [in this CRC] visit other disabled people's houses regularly. When I identified the needs of the person with a disability, I supported him to submit an application to an organisation."*

In the group interviews (CRC-9), 5 participants mentioned regular voluntary visits to the homes of other people with disabilities.

Governance of CRCs by People with Disabilities

Participants of some CRCs emphasised the importance of developing their livelihood conditions as a group. According to them, they have the capability of handling the loan system while revolving it properly; as a result, CRC members can gain benefits through the programme. A male with a disability (CRC-6) explained the importance of the livelihood assistance:

> *"Actually, there are extremely few employment opportunities for people with disabilities, particularly long-term or permanent contract. So livelihood is very important for us. While revolving the loan, we can manage it as a group, share the benefits and develop it by ourselves."*

Another male with a disability (CRC-8) also stated:

> *"Because this area is wide, available resources are scattered and actually scarce, so that if we can start something like 'Kadai' [retail store], we can improve and develop our livelihood."*

Improved Socioeconomic Conditions

Interview data analysis found a positive impact on livelihood and income conditions at the household level. Most of the clients of the livelihood assistance programme, who were interviewed, stated improved economic conditions that would impact in a positive way on the quality of life of their family members. The types of assisted livelihoods included poultry, livestock breeding, sewing, retail shop, agriculture, and others. A female (CRC-5) who had a physical disability due to shelling and whose husband was killed during the civil war narrated:

> *"Using the loan [of the livelihood assistance programme], I bought a sewing machine 2 years ago. I sew clothes and bags for selling. I earn about Rs.300 to 500 daily. Because my husband died, this is a very important income source for my family. Thanks to the assistance, my son can receive education at school."*

In addition, the wife of a male with a disability (CRC-1) explained that they started a poultry business using the microcredit loan and the loan has already been repaid:

> *"We have about 40 chickens. For example, on a day that they lay 15 eggs, we can earn Rs.225 … Because my husband has a physical disability due to the war, this is basically a sole income source. Although my brothers sometimes visit to support, the chickens are an important income source for us."*

2) Issues with CBR in the Post-Conflict Area

Limited Participation

In contrast, some potentially negative aspects of the programme were observed. Active participants in CRCs, for instance, appeared to be fixed; some people with disabilities would not attend CRCs. Several possible reasons were mentioned by participants. A female with a disability (CRC-5) gave the following potential reasons:

> *"I think members, who have a job or have to take care of their family members like people with disabilities and children, have difficulties to attend the CRC. Those who can manage it are able to participate in it."*

Another case (HV-1) was exemplified by the father of a boy with a disability:

> *"Honestly, I just sometimes join it [the CRC]. If we go to take him [son with a disability], we need two carers because of his physical disability and problem of moving. I work at a school every day, and it's difficult to manage time and assistance to attend the committee."*

Demotivation and Expectations of Financial Aid

The most common issue, however, was demotivation of CRC members to continue attending due to the perceived lack of financial benefits. Some participants stopped attending CRCs after they noticed that they could not receive a livelihood assistance loan immediately. The typical narrative was stated by the leader of a CRC who is a male with a disability (CRC-8):

> *"Some of them just stopped attending this CRC because they perceived no financial and immediate benefits through the committee."*

According to another male with a disability (CRC-5):

> *"In this CRC, 28 members are registered but only 6 members regularly participate in meetings. The main reason is like, if they notice no financial aid, they don't come to the next meeting."*

This implies that some members recognised CRCs solely as a medium of livelihood assistance or a loan, which might create a gap between supported and unsupported clients of the livelihood assistance. Thus, some participants may only expect the livelihood assistance programme and direct financial merits, leading to demotivation to attend, instead of motivating self-help and empowerment by people with disabilities themselves.

Marginalisation of some People with Disabilities in CBR

In addition, most participants of CRCs had war-related disabilities. In the CRC-9, for instance, people who had war-related disabilities are registered, although the regulations involve those who have any type of disability. A male with a disability (CRC-4) stated:

> *"Actually, we know people with intellectual and psychosocial disabilities in this village. We have contacted them, but they have not attended this CRC…There may be several reasons, like old age and employed conditions of the family members… Well, some of the family members would not want to take them outside because of shame or something."*

This implies that perhaps the participation of those who have intellectual and psychiatric disabilities, which are not related to the war, has not been promoted in some CRCs.

Competition between Stakeholders

Another issue, from the perspective of people with disabilities and their family members, concerns the competition between organisations. A male with a disability (CRC-9) expressed the following issue:

> *"We want to help each other, but sometimes the competition between organisations hinders our activities. After the end of the conflict, many organisations came to this area … As a result, we were tossed by the political relationship."*

He went on to give details, for instance, how the aid programme offered by one organisation was unnecessary as it was already provided by another organisation.

DISCUSSION

This research project attempted to explore the impact of and issues with an NGO's CBR programme in the post-conflict areas of Sri Lanka. The findings of the quantitative and qualitative analysis make several important observations regarding the potential impact of CBR in this field. The following issues are discussed based on these findings: reflection on the relationship among post-conflict societies, disability and CBR, and the potential issues with CBR in the post-conflict period. The discussion points out the importance of a sustainable approach and capacity building, while also shedding light on the potential marginalisation in disability issues.

Post-Conflict Societies, Disability and CBR

The impact of the war was observed through quantitative and qualitative data analysis, while revealing the significance of CBR in the post-conflict environment; this is consistent with arguments in literature (Boyce, 2000; Eide, 2010; WHO et al, 2010). Although this is not a population epidemiological survey, 60.9% of clients of the CBR programme had war-related disabilities in the Mullaitivu district. This implies the long-term effects of war-related health conditions including disabilities, in the post-conflict areas, 7 years after the civil war ended.

In addition to the health conditions, the livelihood and economic conditions such as poverty and hardship (Korf, 2004) still appeared to be some of the most

important issues for people with disabilities in the sites studied by quantitative and qualitative analysis. The CBR programme consisting of disabled people's organisations (CRCs) and livelihood assistance, or a social investment intervention strategy (Midgley and Conley, 2010), was likely to correspond to their needs and have positive impacts on their lives.

Other activities of the CBR programme could have a synergy effect. For instance, the VAROD provides assistive devices, which were the third-highest need in the study, for people with disabilities (see Tables 1 and 4). According to the WHO (2014), affordable assistive health technology (AHT) is required for improving accessibility and promoting socioeconomic participation of people with disabilities. In other words, AHT has the potential impacts on livelihood, education and health. Although this study did not evaluate the association of the impact directly, the comprehensive programme, including social investment, AHT, education, rehabilitation and empowerment, would be significant because of the potential positive impacts.

Challenges with Expectations and Marginalisation

Some controversial issues with CBR in the post-conflict region were observed through this case study of an NGO programme. The potential issues included the gap in expectations between clients and marginalised people. The authors of this study argue that these issues could happen in each post-conflict field; therefore, it is important to consider the promotion of sustainable development for Disabled People's Organisations and the empowerment of people with disabilities.

First, the expectation of financial assistance from an aid organisation by clients is controversial. It is necessary to provide various kinds of assistance including financial aid to conflict-affected people with disabilities through programmes of multiple organisations (Inter-agency Working Group, 2010; WHO et al, 2010). The relationship between livelihood assistance and self-help nature is not necessarily contradictory. Although the quantitative and qualitative analysis of the current study identified the necessity for livelihood assistance, in keeping with arguments in the literature (Korf, 2004), there might be negative aspects to financial assistance. In the case of CRCs that rely on the microcredit loan programme of an organisation, participants would be more interested in the budget management and financial benefits, instead of in self-help and community mobilisation. Indeed, some members seemed to be demotivated about attending a CRC because of a perceived lack of financial benefits. Hence, strategies for sustainable development

and empowerment, such as a shift in position from clients/recipients to citizens, experts and activists (Rifkin and Kangare, 2002; Mathie and Cunningham, 2003; Davidson, 2005), and capacity building of Disabled People's Organisations are necessary to be considered during and after conflict.

Second, potentially marginalised people with disabilities were identified in the sites studied. As Rohwerder (2013) indicates, people with certain types of disability may be further marginalised in the socio-cultural context of conflict. In this research project, most participants appeared to be people who had war-related physical disabilities. Some of them mentioned that some committees would not promote people with certain kinds of disability, such as intellectual, developmental, and psychiatric disabilities, though they did not intend to exclude them. Therefore this study argues that the active involvement of people with disabilities that are not related to war is also important for promoting participation.

Limitations

Some limitations of this research project should be addressed, including possible selection biases. The register list of one NGO, used as quantitative data but not for epidemiological analysis, could have involved a selection bias due to the limited number of registrations. For instance, CBR workers who collected the data might emotionally focus on war-related disabilities in the field. The quantitative data of people with disabilities might not be representative of all the people with disabilities at the site. In the qualitative study, the narratives of research participants could have been influenced by the opinions and programmes of the VAROD because of the potential psychosocial relationship between them; the perspectives of other actors, such as local government sectors, were not involved in discussing the issues. Hence, the results of this research work must be interpreted with these limitations in mind.

CONCLUSIONS

These findings provide important evidence of the impact and issues of the NGO's CBR programme in the post-conflict areas in Northern Sri Lanka. Notwithstanding the limitations of data collection and analysis, the findings and perspective can contribute to a better understanding of the significance of CBR in the post-conflict environment. In particular, the findings suggest that social investment by the CBR programme, such as micro-finance, has a positive impact on the living conditions

of people with disabilities and their family members. However, strategies for dealing with potential aid dependency and marginalisation of some people with disabilities are required in order to make further progress. The placement organisation is discussing a new action plan by evaluating the programme to include the findings of this study. It is, for example, planning to implement a long-term diploma training programme for CBR workers and CRC members, while promoting multisectoral activities in collaboration with local stakeholders, such as health and educational sectors. To enhance the understanding of and to plan strategies for the CBR programme in post-conflict regions, the authors of the current study recommend continual monitoring that includes quantitative and qualitative data.

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REFERENCES

Bogic M, Njoku A, Priebe S (2015). Long-term mental health of war-refugees: A systematic literature review. BMC international health and human rights; 15(1). doi:10.1186/s12914-015-0064-9

Boyce W (2000). Adaptation of community-based rehabilitation in areas of armed conflict. Asia Pacific Disability Rehabilitation Journal; 11(1).

Davidson L (2005). Recovery, self-management and the expert patient: Changing the culture of mental health from a UK perspective. Journal of Mental Health; 14(1): 25-35. doi:10.1080/09638230 500047968

Department of Census and Statistics, Sri Lanka – DCS (2011). Sri Lanka census of population and housing 2011. Colombo: DCS. Available from http://www.statistics.gov.lk/pophousat/cph2011/ [Accessed on 30 October 2016]

Department of Census and Statistics, Sri Lanka – DCS (2015). The spatial distribution of poverty in Sri Lanka. Colombo: DCS.

Department of Census and Statistics, Sri Lanka – DCS (2016). District official poverty lines. Available from http://www.statistics.gov.lk/poverty/monthly_poverty/index.htm [Accessed on 30 October 2016]

Eide AH (2006). Impact of community-based rehabilitation programmes: The case of Palestine. Scandinavian Journal of Disability Research; 8(4): 199-210. doi:10.1080/15017410500466750

Eide AH (2010). Community-based rehabilitation in post-conflict and emergency situations. In E Martz (ed.) Trauma rehabilitation after war and conflict: Community and individual perspectives: 97-110. New York: Springer New York. https://doi.org/10.1007/978-1-4419-5722-1_5

Ghobarah HA, Huth P, Russett B (2004). The post-war public health effects of civil conflict. Social Science and Medicine; 59(4): 869-884. doi:10.1016/j.socscimed.2003.11.043.

Goodhand J, Lewer N (1999). Sri Lanka: NGOs and peace-building in complex political emergencies. Third World Quarterly; 20(1): 69-87. https://doi.org/10.1080/01436599913929

Guest G, MacQueen KM, Namey EE (2011). Applied thematic analysis. London: Sage.

Husain F, Anderson M, Cardozo BL, Becknell K, Blanton C, Araki D, Vithana EK (2011). Prevalence of war-related mental health conditions and association with displacement status in post-war Jaffna district, Sri Lanka. JAMA; 306(5): 522-531. https://doi.org/10.1001/jama.2011.1052, PMid:21813430

Inter-agency Working Group on Reproductive Health in Crises (2010). Inter-agency field manual on reproductive health in humanitarian settings. Available from http://www.who.int/reproductivehealth/ publications/emergencies/field_manual/en/ [Accessed on 30 October 2016]

Kandasamy N, Soldatic K, Samararatne D (2016). Peace, justice and disabled women's advocacy: Tamil women with disabilities in rural post-conflict Sri Lanka. Medicine, Conflict and Survival; 32: 1-19. doi:10.1080/13623699.2016.1237101

Keraite A, Sumathipala A, Siriwardhana C, Morgan C, Reininghaus U (2016). Exposure to conflict and disaster: A national survey on the prevalence of psychotic experiences in Sri Lanka. Schizophrenia Research; 171(1): 79-85. https://doi.org/10.1016/j.schres.2016.01.026. PMid:26817400

Kett M, Stubbs S, Yeo R (2005). Disability in conflict and emergency situations: Focus on Tsunami-affected areas. International Disability and Development Consortium Research Report. Available from http://www.pacificdisaster.net/pdnadmin/data/original/IDCC_2005_Disability_conflict.pdf [Accessed on 30 October 2016]

Korf B (2004). War, livelihoods and vulnerability in Sri Lanka. Development and Change; 35(2): 275-295. https://doi.org/10.1111/j.1467-7660.2004.00352.x

Mathie A, Cunningham G (2003). From clients to citizens: Asset-based community development as a strategy for community-driven development. Development in practice; 13(5): 474-486. https://doi.org/10.1080/0961452032000125857

Mertens DM, Hesse-Biber S (2012). Triangulation and mixed methods research provocative positions. Journal of Mixed Methods Research; 6(2): 75-79. doi: 0.1177/1558689812437100

Midgley J, Conley A (2010). Social work and social development: Theories and skills for developmental social work. New York: Oxford University Press. https://doi.org/10.1093/acprof:oso/9780199732326.001.0001

Moore M (2013). Disability, global conflicts and crises. Disability and Society; 28(6): 741-743. doi: 10.1080/09687599.2013.832546

Morais N, Ahmad MM (2011). NGO-led microfinance: Potentials and challenges in conflict areas. Journal of International Development; 23(5): 629-640. https://doi.org/10.1002/jid.1672

Peat M (1997). Community Based Rehabilitation. London: WB Saunders.

Rifkin SB, Kangare M (2002). What is participation? In S Hartley (ed.). Community-Based Rehabilitation (CBR) as a participatory strategy in Africa: 37-49. London: University College London.

Rohwerder B (2013). Intellectual disabilities, violent conflict and humanitarian assistance: Advocacy of the forgotten. Disability and Society; 28(6): 770-783. doi:10.1080/09687599.2013.808574

Siriwardhana C, Adikari A, Pannala G, Roberts B, Siribaddana S, Abas M, Sumathipala A, Stewart R (2015). Changes in mental disorder prevalence among conflict-affected populations: A prospective study in Sri Lanka (COMRAID-R). BMC Psychiatry; 15(1). doi:10.1186/s12888-015-0424-y

Siriwardhana C, Adikari A, Van Bortel T, McCrone P, Sumathipala A (2013). An intervention to improve mental health care for conflict-affected forced migrants in low-resource primary care settings: A WHO MhGAP-based pilot study in Sri Lanka (COM-GAP study). Trials; 14(1). https://doi.org/10.1186/1745-6215-14-423. PMid:24321171. PMCid:PMC3906999

Siriwardhana C, Wickramage K (2014). Conflict, forced displacement and health in Sri Lanka: A review of the research landscape. Conflict and Health; 8(1). https://doi.org/10.1186/1752-1505-8-22. PMid:25400692. PMCid:PMC4232712

Somasundaram D (2010). Collective trauma in the Vanni: A qualitative inquiry into the mental health of the internally displaced due to the civil war in Sri Lanka. International Journal of Mental Health Systems; 4(1). https://doi.org/10.1186/1752-4458-4-22. PMid:20667090 PMCid:PMC2923106

Somasundaram D, Sivayokan S (2013). Rebuilding community resilience in a post-war context: Developing insight and recommendations-a qualitative study in Northern Sri Lanka. International Journal of Mental Health Systems; 7(1). https://doi.org/10.1186/1752-4458-7-3. PMid:23305538. PMCid:PMC3630062

Sritharan J, Sritharan A (2014). Post-conflict Sri Lanka: The lack of mental health research and resources among affected populations. International Journal of Humanities and Social Science; 4(3): 151-156.

Summerfield D (2000). War and mental health: A brief overview. British Medical Journal; 321:232-235. https://doi.org/10.1136/bmj.321.7255.232. PMid:10903662. PMCid:PMC1118225

Taira BR, Cherian MN, Yakandawala H, Kesavan R, Samarage SM, DeSilva M (2010). Survey of emergency and surgical capacity in the conflict-affected regions of Sri Lanka. World Journal of Surgery; 34(3): 428-432. doi:10.1007/s00268-009-0254-5

Thapa SB, Hauff E (2012). Perceived needs, self-reported health and disability among displaced persons during an armed conflict in Nepal. Social Psychiatry and Psychiatric Epidemiology; 47(4): 589-595. https://doi.org/10.1007/s00127-011-0359-7. PMid:21476014. PMCid:PMC3304067

Uppsala Conflict Data Programme (2016). Number of deaths: Sri Lanka. Available from http://ucdp.uu.se/#country/780 [Accessed on 4 November 2016]

Vanni Rehabilitation Organisation for the Differently-Abled – VAROD (2016). Pathivugal. Vavuniya: VAROD.

Walton O (2008). Conflict, peace building and NGO legitimacy: National NGOs in Sri Lanka 1: Analysis. Conflict, Security and Development; 8(1): 133-167. https://doi.org/10.1080/14678800801977146

World Health Organization – WHO (2014). Concept note: Opening the GATE for assistive health technology: Shifting the paradigm. Geneva: WHO. Available from http://www.who.int/phi/ implementation/assistive_technology/concept_note.pdf?ua=1 [Accessed on 8 December 2016]

World Health Organization – WHO, United Nations Educational, Scientific and Cultural Organisation – UNESCO, International Labour Organisation – ILO, International Disability and Development Consortium – IDDC (2010). Community-based rehabilitation: CBR guidelines. Geneva: WHO.

XE Currency Converter [no date]. Available from http://www.xe.com/currencyconverter/%20convert/?Amount=1&From=GBP&To=LKR [Accessed on 1 November 2016]