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MASTER'S OF ARTS IN PEACE AND CONFLICTS TRANSFORMATION

**COMMUNITY BASED REINTEGRATION OF EX-
COMBATANTS WITH DISABILITIES IN MUYUMBU
VILLAGE: ACHIEVEMENTS AND CHALLENGES**

Dissertation submitted to the University of Rwanda in partial fulfillment of the requirements for the Award of a Master's Degree of Arts in Peace Studies and Conflicts Transformation.

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Musanze, June, 2022

DECLARATION

I, NYANDWI ATHANASE, declare that, the work presented in this study file “Community Based Reintegration of Ex-combatants with Disabilities in Muyumbu Village: Achievements and Challenges” is my original work which have never been presented for any other academic purpose. All materials used for scholars and publications have been recognized as showed in the references.

Candidate’s signature

.....

Date: 19, June 2022

DEDICATION

This dissertation is dedicated to:

My wife NYIRAMANA Aloysie

My sons

KAREKEZI III AGANZE Lennox Darren and

KAREKEZI III DEMBE Denroy Keylor

My mother NYIRABARERA Martha,

My family, brothers and sisters

My lovely late father KAREKEZI Leonard

My dear late sister KANTARAMA Euthalie

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ABSTRACT

This study examines the Community Based Reintegration of Ex-combatants with Disabilities in Muyumbu Village: Achievements and Challenges. The study aims to examine the contribution of Integrated Rehabilitation and Integrated Workshops (IRPWs) center of Muyumbu in reintegration of XCWDs.

This study is a qualitative design and used semi-structured interview guide and FGDs to collect data from voluntary respondents. Three FGDs and semi structured interviews were used to collect data. The study presents and interprets data collected by using narrative analysis which is focused on oral narrative of personal experience and hermeneutic interpretative analysis.

The findings show that IRPWs center of Muyumbu contribute to the improvement of the livelihood and professionalism of XCWDs and community members of Muyumbu Village through employment and access to credit, medical and counseling supports and through recreative and social events. IRPWs center contributes to social cohesion among XCWDs and community members of Muyumbu Village. It was found that family related factors and humanmade environment related factors are more enablers or barriers to community reintegration rather than natural enablers or barriers.

The mentioned challenges led the researcher to the conclusion and recommendations. To address them, many efforts cross multi-stakeholders are needed. These include the sensitization of XCWDs to make saving for their future through different saving opportunities and to mainstream disabled during planning. Institutions and organs responsible for XCWDs ought to work together in monitoring the management of IRPWs centers; to ensure their effectiveness.

Key Words:

Community, Reintegration, Rehabilitation, Ex-combatants, Disabilities, Muyumbu Village.

CHAPTER ONE: GENERAL INTRODUCTION

This chapter provides the background to the study and introduces the problem statement of the study. It presents the research questions and the objectives and highlights the significance as well as the rationale of the study among others.

1.1. Background to the study

Socio-economic and political discrepancies around the world have over the years resulted in many devastating wars. Over the last 3 decades, internal struggles and wars, particularly in Sub-Saharan Africa, have caused a lot of human suffering and negated efforts at development. Some of the effects of these wars include damaged societies, people with physical and mental or psychological wounds, broken families and fractured communities and national economies. Wars exacerbate internal societal conflicts and tear apart society. In the late 20th century, Rwanda and the whole of the African Great Lakes Region experienced one of the worst and longest periods of conflict which culminated in the 1994 genocide against the Tutsi. The conflict devastated the whole country and left more than one million Tutsi dead. It destroyed the social, political and economic fabric of the country (Lötscher, 2016, RDRC, 2019).

In post-conflicts countries, the Disarmament, Demobilization and Reintegration (DDR) process has been one of the major components of the peace and stability process and its overall goal is supporting, strengthening security and enhancing the peace and reconciliation process by the reduction in combatant forces and their return to civilian life (Asiedu, 2010). After the Genocide against the Tutsi in 1994, the Government of Rwanda (GoR) prioritized extensive peacebuilding efforts in order to rebuild community trust and social cohesion (Edmonds, 2019). Therefore, Rwanda Demobilization and Reintegration Commission, hereinafter referred to as RDRC, was operationalized in 1997 as a vehicle to peacebuilding. Since then, RDRC has presided over 2 phases of Rwanda Demobilization and Reintegration Programme (RDRP), namely RDRP I and II. These Programmes have eventually transitioned into the Second Emergency Demobilization and Reintegration Project (SEDRP) (Karengera, 2013; RDRC, 2019).

During any DDR Programme, social economic reintegration is a long-term goal that requires a multifaceted approach to cater for the varying needs of a heterogeneous population of ex-combatants. The population is usually composed of hard-core fighters, new recruits, civilians associated with armed conflict, women, children and those who have suffered physical or

psychosocial trauma. Each of these subpopulations will require different strategies of varying degrees of complexity, as well as varying time paths and effort to be successfully reintegrated back into society. It was in this vein that RDRC set up targeted support to cater for Ex-combatants with Disabilities (XCWDs). Notable among the strategies targeting XCWDs was the enactment of the Law number 02/2007 protecting disabled ex-combatants. It stipulates that XCWDs shall have access to free medical treatment, free public transport, monthly subsistence allowance (disability allowance), exemption from legal fees and other taxes, access to jobs and appropriate skills training/education. The Law also stipulates that the GoR will specifically provide free access to appropriate housing for those in Category I & II.

XCWDs in Rwanda faced many hindrances to their reintegration and the findings of the previous RDRP studies including the baseline survey undertaken by the RDRC in 2005 with respect to the reintegration of disabled ex-combatants showed that four in every five XCWDs respondents lived in urban setting; three in five disabled ex-combatants had no house and seven out of ten had no plot to farm; three in every five respondents had no trust in police, religious, or government civil servants; teachers, doctors and nurses; nearly seven out of ten felt treated in an inferior manner in their respective communities and two in every five did not belong to any social groups (Rugumire-Makuza, 2012).

Those findings showed also the high unemployment rate among the XCWDs where three in every five of the respondents were not employed and among the employed, seventeen out of twenty were not self-employed and among those that are employed two out of five were not full time employees.

Seven years later another survey on XCWDs reintegration in Rwanda by Rugumire-Makuza (2012) indicated that despite many efforts in terms of improving their livelihood, XCWDs were still in trouble where 54% of them didn't own their houses; 69,8% of XCWDs don't own land; 90% of all them were unemployed and among those who earned income claimed to be not enough to ensure their livelihood where 44% of XCWDs avowed that their spouses; on top of being caregivers, help them to survive. In terms of social reintegration, the same survey has revealed that 60% of XCWDs considered themselves distant from others within the neighbourhood.

GoR in a bid to bridge the above-mentioned gap in reintegration of XCWDs has set aside some funds to improve the livelihoods of vulnerable XCWDs through the concept of Integrated Rehabilitation and Production Workshops (IRPWs). Thus, the integration concept

means the IRPWs would not only reduce the various access barriers to employment and access to credit through promotion of IGAs but also promote community involvement so as to improve social reintegration of XCWDs, then reducing segregation and stigma (The World Bank, 2009; Karengera, 2013; Kengo et al., 2020).

According to the findings of the survey conducted by Karengera (2013), these IRPWs centers were set to provide vocational and employment opportunities for XCWDs and their dependents in the immediate surroundings of their homes where they encompass tailoring, computer maintenance and electronic repair shop, internet cafe and secretarial services, weaving, crafts and leather products, photography, carpentry, corner-store or beauty salon.

It is anticipated that each IRPWs could provide medical rehabilitation facilities such as consultation and counselling services, physiotherapy and repair of assistive devices. They also house recreational facilities and communal areas (gym, basketball, volleyball and tennis courts, and a digital satellite television) to allow better social interactions between XCWDs and other community members (The World Bank, 2009, Karengera, 2013, Kengo et al., 2020). The RDRC commenced the IRPWs centers with three pilot sites in areas with a high concentration of XCWDs, namely Nyarugunga-Kicukiro in City of Kigali, Muyumbu in Rwamagana District and Rutaraka in Nyagatare District, and this study merely focused on IRPW center of Muyumbu Village.

Muyumbu Village is located in Eastern Province, Rwamagana District, Muyumbu Sector, Nyarukombe Cell. It is one of the emerging townships just near Kigali the Capital of Rwanda. In 2011, RDRC in partnership with the World Bank, constructed in the village the houses for 30 households of XDWDs. Since then, the village has been increasingly inhabited by members of the middle- and working-class families, many of whom with jobs in the Capital Kigali and now the whole village counts 321 households (Bahati, 2021).

In the same continuum, RDRC to improve the livelihoods of vulnerable XCWDs and promote their community reintegration, in 2012 Muyumbu Village was chosen to be one of the pilot sites to have a center for IRPWs to improve the livelihood of XCWDs, promote their community reintegration, reducing segregation and stigma; where not only XCWDs but also their families, other PWDS and members of the community should benefit from the service and activities provided by the center.

1.2. Problem Statement

For many ex-combatants whether disabled or not, the transition from being in the military to being a civilian proves to be difficult. This transition is especially challenging for XCWDs. An individual with significant disability has to adjust to his/her impairments as well as his/her home, community, and other social environments. These impairments often result in unforeseen challenges and lifestyle changes as demonstrated by difficulties with family life (Bocarro and Sable, 2003); problems with transportation and accessibility (Wehman et al., 1999); inability to return to work (Corrigan et al., 2007); and decreased involvement in physical activity, sport, recreation, and leisure activities (Levins et al., 2004; Tasiemski, et al., 2006). Their change in life are influenced by a number of socio-economic and political factors surrounding the XCWDs. These factors include: the quality and amount of social support available, political and cultural support systems, accessibility of physical environments, as well as personal influences such as motivation, confidence, and willingness to adjust to a new lifestyle (Bandura, 2001; World Health Organization, 2019). Therefore, it is necessary to understand the unique contexts in which XCWDs are helped to be reintegrated into community through IRPWs.

The establishment of IRPWs in reintegration of XCWDs is in line with community-based reintegration (CBR) as researchers have found that communities across play a positive role in facilitating the reintegration of ex-combatants despite certain exceptions (USAID/UNDP, 2000; Asiedu, 2010; Mulindabigwi, 2012; Mutezintare, 2018). Hence, the communities that XCWDs return to and the dynamics within these communities are the contexts into which XCWDs must reintegrate and, therefore, are vital to the understanding of barriers that XCWDs face and the processes by which they succeed in reintegrating. Besides, if communities are on a positive trajectory towards improved stability and social cohesion, ex-combatants can then root themselves in this larger societal transition. In the contrary, if communities are unwilling to receive ex-combatants due to stigma, distrust, economic scarcity or fear, there will be limits to ex-combatant's ability to actively engage in the processes of reintegration. In this sense, reintegration is a two-way process that involves the transformation of XCWDs and communities together (Rhea, 2014, Nzekani-Zena, 2019).

Economic dimension to the reintegration of XCWDs is very important. While the success of traditional sheltered workshops in reintegration of PWDS tends to be determined in terms of economic capital; however, researchers acknowledge that economic gains of ex-combatants

cannot be fully actualized without engaging the set of comparatively slowly moving social reintegration processes. Thus, in terms of social reintegration processes, huge literature, especially from developed countries, indicates that PWDs often face discrimination and stigma in the workplace arising from misplaced perceptions and attitudes (Bagenstos, 2000; Karengera, 2013; Rhea, 2014). XCWDs face immediate trust and stigma barriers in the community and are slow to build social networks and establish strong social capital in the community. In fact, building social capital through expanding social networks, and in turn building social cohesion more broadly in the community, are at the core of social reintegration processes of XCWDs (Karengera, 2013; Hawkins, 2013; Rhea, (2014).

A part from a survey conducted by Karengera (2013) on establishment of IRPWs towards sustainable reintegration of XCWDs (as it was mentioned before), there isn't a depth empirical academic research about the contribution of the IRPWs in terms of community reintegration of XCWDs worldwide and specially in Rwanda. Therefore, this study intends to examine the Community Based Reintegration of XCWDs through IRPWs: Achievements and Challenges.

1.3. Study Questions

This study answers the following questions to better understand the contribution of IRPWs in community reintegration of XCWDs.

1.3.1. Main question

What is the contribution of IRPWs center in community reintegration of XCWDs?

1.3.2. Specific questions

- a. Do Income Generating Activities and On-Job-Training provided by IRPWs center of Muyumbu have enabled XCWDs and Community members to earn income for their sustainable livelihood?
- b. Do Medical and Counseling services provided by the center for IRPWs have improved health conditions of both XCWDs and the community members?
- c. Do recreative and community events conducted in IRPWs center of Muyumbu have enabled community acceptance and social cohesion between XCWDs and community members?

- d. What are the contextual factors (enablers/barriers) influencing the community reintegration of XCWDs?

1.4. Objectives of the Study

1.4.1. General objective

The general objective of this study is to examine the contribution of the IRPWs center in community reintegration of XCWDs.

1.4.2. Specific objective

Many activities are being carried out by IRPWs center of Muyumbu towards community reintegration of XCWDs. Therefore, this study has the following specific objectives:

- a) To examine if the Income Generating Activities and On Job-Training provided by IRPWs center of Muyumbu have enabled XCWDs and community members to improve their livelihood.
- b) To examine if medical and counseling support provided by IRPWs center of Muyumbu have improved health conditions of both XCWDs and the community members.
- c) To examine if recreative and social events organized by IRPWs center of Muyumbu have enabled social capital among XCWDs and community members.
- d) To identify the contextual factors (enablers/barriers) influencing the community reintegration of XCWDs in Muyumbu Village.

1.5. Significance of the Study

The significance of the study is viewed holistically in DDR policy making interests, academic and personal perspectives. With this regard, this study is beneficial to the researcher as it would help him to increase knowledge in peace studies and conflict transformation in the field of DDR and XCWDs community based reintegration domain in particular.

Similarly, this study is substantially meaningful for the policy makers and governmental organization in policy making and programmes designing processes for the benefit of all stakeholders towards sustainable reintegration of XCWDs in Rwanda and elsewhere in the post-war countries. Therefore, by identifying the challenges in Community Based

Reintegration of XCWDs through IRPWs and thus suggesting possible solutions based on the facts found on the ground may help improve both their wellbeing and the one of the community members.

Last but not least for academic relevance, this study is beneficial for reference to ongoing and future researches in the field of peace and conflict transformation, domain of DDR and intervention towards XCWDs as its findings will put at light the contribution of IRPWs to community reintegration of XCWDs.

1.6. Scope and delimitation of the study

This research was limited within the theme of study, population and in geographical space.

1.6.1. Theme of the study

This study is designed to explore the community based reintegration of XCWDs: achievements and challenges. In view of that, the contribution of the Integrated Rehabilitation and Production workshops (IRPWs) is viewed as the main project initiated by RDRC to deal with sustainable community reintegration of XCWDs.

1.6.2. Delimitation of study population

This study interviewed the XCWDs and members of the community. The lated are residents of Muyumbu Village, Rugarama Cell, Muyumbu Sector, District Rwamagana and working with XCWDs in IRPWs Center of Muyumbu Village.

1.6.3. Geographical scope

This study was carried out in Muyumbu Village, Rugarama Cell, Muyumbu Sector in Rwamagana District, Eastern Province in Rwanda. RDRC has pilotes IRPWs center in three sites namely Rutaraka IRPWs in Nyagatare, Muyumbu IRPWs in Rwamagana and Nyarugunga IRPWs in Kicukiro Districts. Muyumbu village was chosen due to its particularity of being in between urban and rural area (between Kigali City and rural area of Rwamagana District) while other IRPWs are located one in Capital city of Kigali and another one in rural area of Nyagatare District. Geographical location of IRPWs center impacts on the type of reintegration project to be implemented; whether the focus is on rural or on urban reintegration.

Rural areas reintegration projects are mainly limited to agriculture and basic art craft while in urban areas many reintegration projects include technical vocations such as welding, masonry, carpentry, tailoring, etc (Lamb, 2011). Therefore, the population of Muyumbu Village survives at the expense of the city of Kigali and the rural area of Rwamagana District so that the community-based reintegration project is tailored based on the mentioned particularity.

1.7. Study Organization

This study is subdivided into five chapters: First Chapter introduces the study and provides an overview on its background, study main question and specific questions the study has to answer. It comprises also the study significance, scope as well as the study delimitation.

Second Chapter presents the conceptual and theoretical frameworks in relation to literature review relevant to the study thematic focusing on the role of the programmes conducted in IRPWs center of Muyumbu towards community reintegration of XCWDs.

Third chapter covers the methodology used by the researcher to reach the study objectives. It encompasses the design of the study, the target population, techniques of sampling, sample size, techniques and procedures of data collection, methods of data analysis as well as the ethical considerations.

Chapter Four comprises the discussion and interpretation of findings based on study questions and the Chapter five portrays the conclusion and recommendations.

CHAPTER TWO: LITERATURE REVIEW

This chapter explores and reviews the available knowledge both theoretical and practical on Community Based Reintegration of Ex-Combatants, with particular emphasis on those with disabilities.

Thus, it narrows down to Integrated Rehabilitation and Production Workshops (IRPWs) for sustainable community reintegration of XCWDs. Further, the chapter also lays out and explains the theoretical framework the researcher adopted to study the Community Based Reintegration through IRPWs of XCWDs in a post Genocide/violent conflict Society.

2.1. Concepts clarification

This section is devoted towards providing the meaning of the study keys concepts to enable the reader to better understand the study context. Different literatures are used to make the study more reliable. Defined concepts include Ex-Combatants with Disabilities (XCWDs), integration, rehabilitation, reintegration, approaches to reintegration, Community Based Reintegration (CBR) and Integrated Rehabilitation and Production Workshops (IRPWs).

2.1.1. Ex-combatant

Authors define differently the term ‘Ex-combatant’: Anders (2005, p. 42) defines an ex-combatant as an individual who has taken direct part in the conflict on behalf of one of the warring parties and has been registered as disarmed. Other scholars consider the appellation “ex-combatant” as a label to design a subgroup of people who are potentially hostile to the community in post-war/conflict periods (Rhea, 2014, p. 20).

2.1.2. Disability

There is no common understanding on the concept of disability. Different scholars depending on their field of analysis have their own way to define it. Therefore, definitions range from traditionalists which defines disability as a malediction from god, through medical model which defines it as dynamic interaction between health conditions and contextual factors (personal and environmental), to social model where disability is a label and not intrinsically related to any physical/mental dysfunction (WHO, 2011).

Disability is sometimes confused with other interrelated concepts including impairment and handicap (Karengera, 2013; WHO, 2020). Indeed, impairment as it was defined by WHO (1980), refer to psychological or biological morbidity. Handicap is caused by of a person's impairment or disability which prevent or limits him/her from playing a role which was considered as normal given that individual's age, sex, social and cultural background (WHO, 2020).

In interest with this study, the definition to opt is the one of UNCRPD, which defines disability as result from interaction between a person with impairments and environmental barriers hindering his/her effective participation in community on equal basis with others. In this case any intervention can be done to move barriers to person with disabilities and improving social participation in day-to-day life (Mwendwa et al., 2009).

2.1.4. Ex-combatant with disabilities (XCWDs)

XCWDs are the ex-combatants who; due to war and injury, ended up with permanent disability. They include different categories of people with different sex, age, different type and degrees of disability. However, the common characteristic they share is limited access to advantages in post war/conflict period. (Meyers, 2014; Berghs, 2015; Lord and Stein, 2015).

Kengo et al. (2020); Berghs et al. (2011) in their study argue that disability due to participating into war and conflict transform persons' identity and social dynamics and worsen the future of the victim; dragging him/her into poverty and identity crisis.

2.1.6. Rehabilitation

Etymologically, rehabilitation is originated from Latin word: 'rehabilitere' meaning making fit again or re-enabling. In the context of disability, this concept has no single analysis model as long as scholars approaches it using their different and fixed lens. WHO (2011), argues that it concerns a set of responses to disability, the interventions to promote inclusion via improvement of body function of the disabled.

2.1.7. Community-Based Reintegration (CBR)

DDR programmes that only targets ex-combatants have received criticism. Thus, reintegration programs that have delivered individual or selective-based reintegration to ex-combatants alone often resulted in community members who feel excluded from reintegration

benefits which hinder social reintegration and community cohesion (Jennings, 2008; Torjesen, 2013). Therefore, the way the community is organized (relationship, networks, social bridges, social links) constitute the enablers or hinderers to community reintegration of Ex-combatants (UNDDR, 2014; IOM, 2016).

2.1.7.1. Reintegration assistance at the community level

As it is indicated in UNDDR (2014) modules and IOM (2016) handbook, among reintegration assistances include Community-Based Economic Reintegration, Community-Based Social Reintegration and Community Based Psychosocial Reintegration Supports.

2.1.7.1.1. Community-Based economic reintegration Support

Community-level economic reintegration assistance comes in many forms, in line with the different project approaches introduced above. The role of these interventions; as opposed to individual economic reintegration support, is to use economies of scale, foster a wider economic environment more conducive to sustainable reintegration and partner with and build upon existing local development programming (IOM, 2016; Steenken, 2018).

Community-based economic interventions can be very effective in facilitating the reintegration of individuals within existing community structures, harnessing economies of scale of individual projects and fostering the sustainability of projects. Yet, for successful implementation, a number of contextual, individual and operational considerations need to be taken into account. Therefore, the wider national and local economic context greatly impacts project viability. This context includes the situation of the national economy prior to project implementation and economic development over time (IOM,2016; Steenken, 2018).

2.1.7.1.2. Community-Based Social Reintegration Support

Social reintegration assistance at the community level is focused on improving the accessibility and availability of social services in communities of return. This can benefit both ex-combatants and community members. Therefore, community-level social reintegration assistance not only helps ex-combatants access the services they need at the individual level including housing, education and training, justice, health and well-being and other public infrastructure services such as water and roads but also benefits other community members who have similar needs or vulnerabilities. However, there is a need to involve local leaders and local stakeholders (UNDDR, 2014; Bowd & Ozerdem, 2013; Steenken, 2018).

2.1.7.1.3. Community-Based Psychosocial Reintegration Support

Beyond individual psychosocial assistance, community social networks and structures are important for the psychosocial reintegration process. Psychosocial reintegration assistance at the community level includes activities that strengthen social networks within communities to empower ex-combatants within those networks and foster wider acceptance of ex-combatants within the community (Leff, 2008; Lotscher, 2016).

These activities are most useful when ex-combatants lack strong social links to communities of return or when community dynamics are not conducive to ex-combatants' reintegration. Therefore, community-level psychosocial assistance aims to include ex-combatants into social support systems within the community by fostering mutual understanding and acceptance and limiting stigmatization of ex-combatants. These initiatives benefit ex-combatants by giving them the social links and support for their empowerment. They help communities by allowing them to benefit and learn from ex-combatants' reintegration processes (Minnes et al., 2003; Lotscher, 2016; Steenken, 2018).

2.1.7.2. The Integrated Rehabilitation and Production Workshops center (IRPWs) towards Community Based Reintegration of XCWDs.

In literature, workshops for the persons with disabilities (PWDs) have been defined using various names such as sheltered workshops, sheltered occupation, production workshops, vocational workshop, rehabilitation workshop, recreation workshop, etc (Migliore et al., 2007, Karengera, 2013).

Traditionally, PWDs have been provided with employment through sheltered workshops also termed as sheltered occupation. The workshops first appeared in France in the 16th century and by the 18th century had spread to most parts of the Western Europe. However, the biggest growth and spread to the rest of the world did not occur until decades after the Second World War (Nelson (1971) cited by Karengera (2013)).

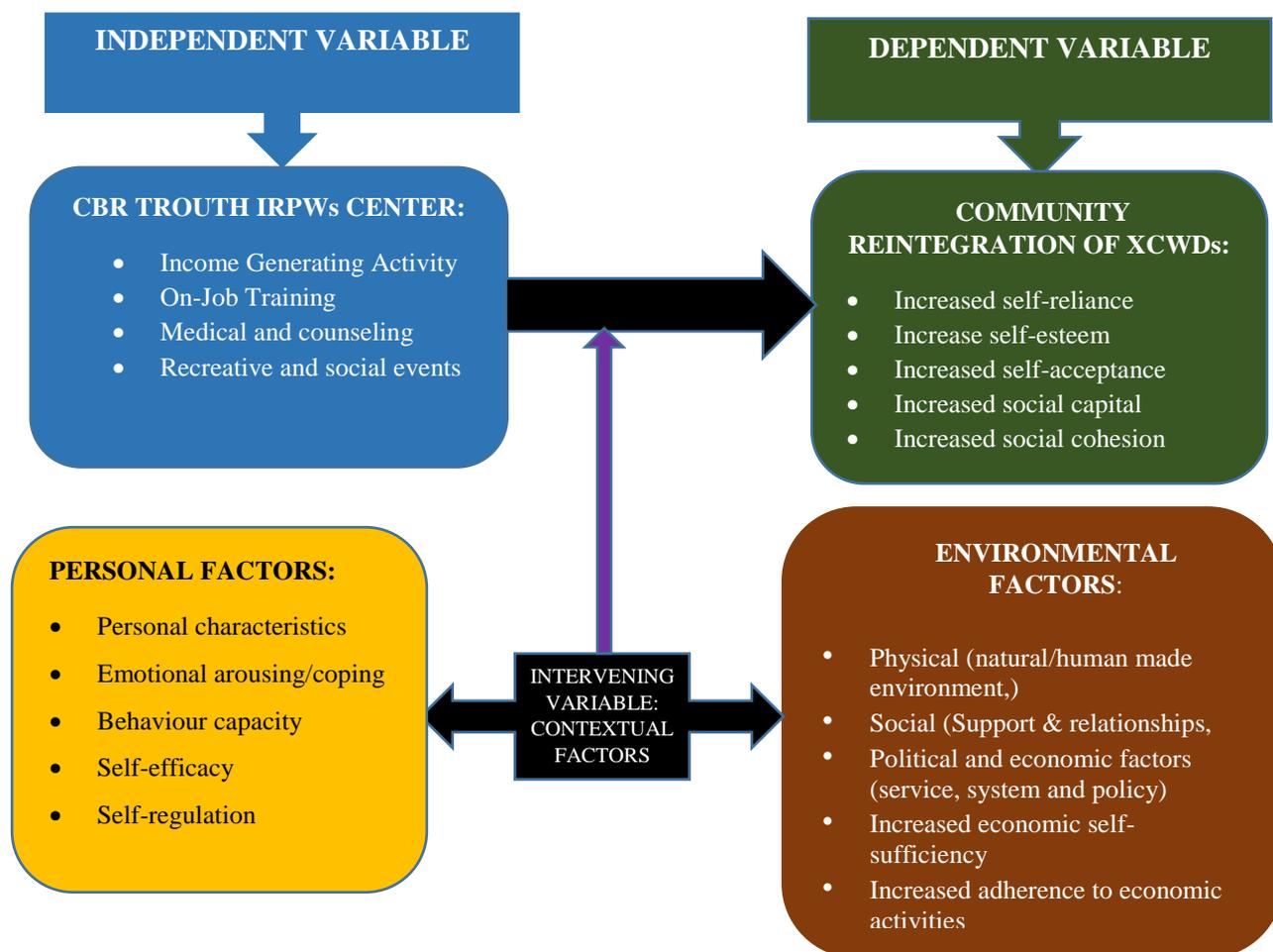
The detractors of sheltered occupation have tended to argue that the workshops do reinforce segregation and disenfranchisement. According to Metts, (2000), segregated institutional systems (sheltered workshops) tend to reinforce and perpetuate the economic disempowerment and marginalization of PWDs through institutionalized segregation while the proponents of sheltered workshop have been able to show that they provide different

advantages including being safer alternative to open employment in terms of competition and occupational safety; less demanding on PWDs in terms of work and social skills; providing ample opportunities for people with similar disabilities to learn from each other and building friendships and providing a structured work environment (Migliore, 2013). It follows therefore that an Integrated Rehabilitation and production Workshops (IRPW) adopted by RDRC as vehicle of community reintegration of XCWDs is a concept that integrates all the major objectives of a sheltered workshop.

2.2. Conceptual framework for the study

This study involves two variables. Community Based Reintegration approach as an independent variable and reintegration of XCWDs as dependent variable. To elaborate more in studying the nexus between these two variables, it is noteworthy to include intervening variables that support the center for IRPWs to contribute to community reintegration of XCWDs. These include contextual factors (personal and environmental). This framework guided the author in elaborating more with the aim to examine the nexus between the two variables through consultation of relevant literature. It helped also the author to find suitable theories to explain phenomena about the independent and dependent variables.

Drawing from the available literature on IRPWs and Community Based Reintegration of XCWDs, the researcher hypothesized the contribution of the IRPWs center as a CBR approach towards the community reintegration of XCWDs in the following framework:



Source: Initiative by author and adapted to Social Cognitive Theory (SCT) and WHO/International Classification and Functioning, Disabilities and Health (ICF)(WHO, 2001, P.18).Geneva, Switzerland.

2.3. Theoretical framework

Researchers acknowledge that economic development of an Ex-combatant goes together with building social capital (Karengera, 2013; Hawkins, 2013; Rhea, 2014). For this study, theories underpinning the issue of community reintegration of XCWDs will be informed by the Social Network Theory in one hand and the International Classification of Functioning (ICF) and Social Cognitive Theory in the other hand.

2.3.1. Social network theory

The origin of social networks has been discussed by many social theorists, and according to Lopez et al. (2000) the concept originates from social structure including the institutional, the relational and the embodied.

The Institutional structure comprises cultural patterns of expectations that agents hold about each other's behaviour and that organize their relations with each other; the relational structure is the social relations, the interconnection and interdependence among agents and their actions, as well as the positions they occupy, while the embodied structure is the habits and skills that are inscribed in human bodies and minds, which allow them to produce, reproduce and transform institutional structures and relational structures (Lopez et al., 2000).

From this perspective, the social network theory was adopted to this study since the researcher believes that XCWDs through interconnection and interdependence among them and the members of the community, they can promote their capital and social cohesion, and consequently increase their economic capital.

Social network can also be used to determine the social capital of individual or group actors. It refers to the networking positions of the objects (individuals or groups) and how they utilize the resources of those members within the network.

Other, researchers including Woolcock (2001) used bonding, bridging, and linking to explain social capital. According to him, bonding is the enduring, multi-faceted relationships formed between similar people with strong mutual commitments, such as among friends, family and other close-knit groups; while bridging is the connection between people who have less in common, but may have overlapping interests, Though all these approaches are very important for community cohesion, Gilchrist (2004) emphasizes bridging and linking for forming and enhancing community development: bridging, because it can be seen as important for managing diversity and maintaining community cohesion; and linking, because it is needed for empowerment and enabling partnerships to work.

2.3.2. International Classification and Functioning (ICF) and Social Cognitive Theory (SCT)

The International Classification and Functioning, Disability and Health known in abbreviation as ICF was developed in 2001 by World health organization (WHO) attempts to encompass all aspects of human health and some health-relevant components of well-being and describes them in terms of 'health domains' and 'health-related domains' (WHO, 2001, p.5). The ICF places those health-related domains into two broad categories including functioning and disability in one hand and contextual factors in other hand. Functioning and disability includes two components: (a) body function and structure and (b) activities and

participation while contextual factors include two components as well: (a) environmental factors and (b) personal factors (WHO, 2001). Therefore, in the interest of this study the emphasis was put on the contextual factors as intervening variable influencing the community reintegration of XCWDs. These factors refer to the physical, social and attitudinal environment in which people live and conduct their lives (WHO, 2001; Hawkins, 2013, p. 6). However, the WHO has not fully determined personal factors to include in the ICF and this will be clarified by the Cognitive Theory.

The use of the ICF's framework of environmental factors for this study informs how physical, social, and attitudinal environments affect XCWDs; their ability to function and participate in various home and community activities. Therefore, ICF also calls for each environmental component to be classified as either a facilitator or barrier of functioning and participation in activity. Thus, a facilitator is a component that assists in participation, whereas a barrier is a component that hinders participation (WHO, 2001).

The Social Cognitive Theory (SCT) originally developed by Bandura (1986), is a psychosocial theory that explains motivation by placing the person and the person's behavior in the context of social environments. SCT hypothesizes that motivation for behavior change is influenced through interactions between two factors; personal factors and environmental influences. By quoting Bandura (2001), "in this model of reciprocal causality, internal personal factors (in the form of cognitive, affective, biological events and behavioral patterns) and environmental influences, all operate as interacting determinants that influence one another bidirectionally" (Bandura, 2001, p. 14).

Personal factors are operationalized into the concepts of personal characteristics (demographics, personality, cognitive factors, motivation, and skill); emotional arousing/coping (person's ability to deal with and respond to emotional and arousing stimuli (e.g., stress, anxiety); behavioral capacity (the person's knowledge and skills needed to perform a behavior); self-efficacy (a person's belief that he/she has the skills and ability to take control of a circumstance and overcome challenges as it relates to a specific behavior, not a characteristic of a person's personality) and self-regulation (the person's ability to control and manage his behaviors (e.g., goal setting, self-monitoring, self-rewarding) (Bandura, 2001).

SCT acknowledges the role of environment influences and these refer to a social, physical, cultural, economic, or political environments that surround the individual (Hawkins, 2013).

Besides, SCT acknowledges that these environmental influences appear as enablers of behavior change or constraints to behavior change.

These theories become relevant to the current study since the successful community reintegration of XCWDs is facilitated by IRPWs, however conditioned by each and every XCWD personal factors and environment influences.

CHAPTER THREE: RESEARCH METHODOLOGY

This chapter provides the methodological approaches, tools and instruments to be used to meet the objectives of the study. It first discusses about the study design and the rationale of its choice. Secondly, the chapter presents the study population, the sample size and the sampling methods and thirdly it presents the techniques of data collection, the procedures of data analysis and ethical consideration.

3.1. Study design

This study is designed to examine the contribution of the center for IRPWs to community reintegration of XCWDs. Since it aims at exploring the research questions from XCWDs and the community members who live in the same neighborhood around the center known as IRPWs, a case study design with qualitative approach is preferred to answer the questions of this study.

This is relevant because as suggests Bryman (2012), a case study entails the detailed and intensive analysis of a single case. Moreover, a cases study constitutes the ultimate method for exploring complex causalities and for retaining a holistic and meaningful interpretation of real-life event. Therefore, in this context a case may be institution, area, a program, or a community (Nicholas, 2011; Bryman, 2012).

The case study for this dissertation is related to XCWDS and other people living together in the same community using the IRPWs center of Muyumbu. Therefore, the qualitative approach of this study design derives from the fact that it seeks to examine the contribution of the IRPWs center of Muyumbu to the livelihood of XCWDs living in that village, their attitude towards working together with nondisabled people, the contextual factors influencing their reintegration into this community, the achievements and challenges as Bryman argued, "...a case study design often favours qualitative methods, as particularly helpful in the generation of an intensive, detailed examination of a case" (Bryman, 2012, p. 68).

3.2. Study population

According to Amin (2003), the study population is that population to which the researcher wants to generalize the results of the study and with this study the concerned population is composed by XCWDs and other people members of their community (including their

leaders) using IRPWs center of MUYUMBU village in Rwamagana District. This IRPWs center is chosen due to its location character of being between rural and urban areas and being one of the first 3 pilots centers for IRPWs established in Rwanda in 2013 where both XCWDs, their families and the members of the community who are residents of Muyumbu Villiage participate in different activities and services offered into IRPWs center. Therefore, the community geographical coverage of the study will be limited to the households located within a radius of 1 km of the IRPWs center of Muyumbu.

3.3. Sampling methods

Sampling is a process of systematically selecting respondents for inclusion in a research study. Ary, 1991), argues that in social research a sample is drawn from a target population and is representative when it represents the distribution of relevant variables in the target population, such as in this case study, being an XCWD or community member who works or has been working or benefiting from the IRPWs center.

As the population of XCWDs residents of Muyumbu Village are thrithy, this constitute a case study and there is no need of proceeding with the process of sampling. However, for the other stakeholders of XCWDs in Muyumbu Village and the Community members of Muyumbu Village who work in IRPWs center, a judgement or purposive sampling method will be used for them during this study to identify key informants.

Judgement or purposive sampling is a non-probability form of sampling and its goal is to sample cases/participants in a strategic way so that those sampled are relevant to the research question that are being posed” (Bryman, 2008, p. 415). This type of sampling places research questions at the heart of the sampling considerations. Knowledgeable people in Muyumbu Village who have reliable information relevant to the study were chosen. Therefore, the interview was conducted with XCWDs and community members using the IRPWs center of Muyumbu and those in charge of the center as well as local leaders in Muyumbu Village.

3.4. Sample size

Sample size is about the number of participants required to provide relevant data to answer research questions and provide generalizable conclusions about a phenomenon. Generally, for qualitative approach of research, “sample size should not be so small as to make it difficult to achieve data saturation or information redundancy. At the same time, the sample should not

be so large that it is difficult to undertake a deep case-oriented analysis” (Onwuegbuzie et al., 2007, p. 289).

In qualitative research, the main goal in selecting respondents should be the realization of saturation. “Saturation occurs when adding more participants to the study does not result in additional perspectives or information (Bryman, 2008, p. 417). Although in qualitative research the most important is the achievement of saturation, for some study design researchers may suggest different sample size. For instance, Morse (1994) suggested 30 and 50 interviews, while Creswell (1998) suggested between 20 and 30, and for phenomenological studies, Creswell (2007) recommended between 5 and 25.

According to local authority’s report of December 2021, the Muyumbu Village has 87 households of XCWDs and 321 households of other community members. XWDS (category I and II of disabilities) represent 80% and the rest 20% are those in category III of disability. From the recommendations above, respondents from 87 XCWDs and from 321 members of the community (target population) were selected until I reached saturation. Local leaders and authority in charge of the IRPWs center including the RDRC chairperson have been also interviewed. This has been done into the IRPWs center where they are used to gather during the work day and almost after finishing ‘Umuganda’. This was the opportunity to explain about my study. After this, I registered those with willingness to participate. I selected and interviewed the possible number of respondents until I reached saturation (when adding more participants to the study will not result in additional information).

3.5. Data collection techniques

Since my study is qualitative, when collecting qualitative data, I used three data collection methods:

3.5.1. Documentary

Consulting available documents to inform my study is relevant with my study design. First, it is helping in the background to the study, problem statement and literature review and therefore informs in identifying the gaps to formulate the rationale of the study. Documentary also guided me in discussing the findings of the study particularly theories relating to the IRPWs and community reintegration of XCWDs. This was done through reading of relevant published books, reports, magazine and articles to get available data, that is, secondary data.

3.5.2. Interviews

An interview is a purposeful discussion between two or more people which gives the opportunity between the interviewee and interviewer to exchange ideas and information (Welman and Kruger, 2001). Therefore, the interview is probably the most widely employed method in qualitative research (Bryman, 2012). This is because it helps to collect much information of qualitative nature (Ranjit, 2014). Since my study aims at examining the contribution of the activities and services offered in the IRPWs center to enable XCWDs and the community to improve their livelihood, examining how the center impacts on the contextual factors influencing the community reintegration of XCWDs and determining the achievements and challenges of this CBR of XCWDs, thus, interview was preferred to collect necessary data to answer my study questions and those ones to be interviewed include XCWDs and members of the community living in Muyumbu Village, authority of RDRC and local leaders of Muyumbu Village.

3.5.3. Focus Group Discussion

In addition to data collected through interview, Focus Group Discussion was preferred here because it helped to meet the key informants and interact with them. The tenant of focus group discussion agreed that “interviews involve a group of 6–8 people who come from similar social and cultural backgrounds or who have similar experiences or concerns” (Lee, 2010, p. 125). For this study, I used three FGDs, where one FGD gathered 8 XCWDs from category I and II, the second one gathered the same number of XCWDs from category III and IV and the third group gathered 8 members of the community using the IRPWs center of Muyumbu to participate in the discussion and facilitate the discussion referring to a pre-set interview guide. Therefore, the findings from FGDs helped me to confront what have been told individually to what is told in presence of others to improve the reliability of information collected (Ranjit, 2014).

3.6. Data analysis

This study analyzes qualitative data collected through interview. Qualitative data analysis can be described as “the process of making sense from research participants views and opinions of situations, corresponding patterns, themes, categories and regular similarities” (Cohen,

Lawrence and Morrison, 2007, p.461). The study used two approaches including Narrative and Hermeneutic interpretative analysis.

3.6.1. Narrative Analysis

It is an approach used to analyze a narrative interview with life story related to attention taken to what is happening and how people make sense to it (Hinchman and Hinchman, 1997). This author argues that narrative analysis focuses on oral narrative personal experience and it is considered as a storied way of knowing and communicating, Therefore, in this study the researcher analyzes the sessions of interviews and FGDs with XCWDs, members of the community and local leaders as well as the representative of RDRC.

3.4.2. Hermeneutic Analysis

By taking into account the historical and cultural complexity of Rwanda, a hermeneutical analysis approach is used to understand or interpret texts (Ranjit, 2014). This analysis seeks to bring out the meaning of a text from the perspective of its author. A hermeneutical approach is suitable in this study because it facilitates in the process of interpretation, to situate the appropriation of the contribution of the IRPWs Centers towards community reintegration of XCWDs.

It is persuasive that Hermeneutics Analysis fits this study because I agree with Deneulin and Rakodi that “Social reality is constituted by social practices and institutions that have meanings for those who participate in them. Knowledge is therefore socially constructed rather than being about discovering an objective reality or universal laws of cause and effect governing social phenomena” (Deneulin and Rakodi, 2011, p. 51). For this reasons, the researcher investigated how the XCWDs and their neighbors members of the community understand/perceive the contribution of IRPW Center in sustainable community reintegration of XCWDs and therefore analyse it using hermeneutic interpretation.

3.7. Ethical consideration

This study conforms to the principles of social sciences research which include no harm, confidentiality, informed consent and no deception (Fleming, 2018). The study approval was obtained from University of Rwanda and the National Police College. Permission to access the target population was given by the local governance and RDRC. Participants have been

recruited voluntarily and had to sign an informed consent after getting complete explanations of the study, before they are enrolled to the program. All data collected have been coded to keep the privacy and confidentiality with regards to study participants. No names of key informants were recorded during data collection for confidentiality purpose. The questions asked during interviews and themes of FGDs complied with the principle of no harm.

CHAPTER FOUR: DISCUSSION AND INTERPRETATION OF FINDINGS

This chapter presents and discusses findings from a field study on Community Based Reintegration of XCWDs: Achievements and challenges. This study used qualitative design. Semi-structured interviews and FGDs were used to collect data from voluntary respondents. The chapter presents and interprets the data collected from the interviews conducted in Muyumbu Village using narrative analysis which is focused on oral narrative of personal experiences according to Hinchman (1997) and hermeneutic interpretative analysis.

The findings are oriented to the four objectives of the study as presented in Chapter One, namely: to examine if the Income Generating Activities and on the job-trainings contribute to community reintegration of XCWDs, to examine if medical and counseling services contribute to community reintegration of XCWDs, to examine if recreative and community events as main programs conducted in IRPWs center of Muyumbu contribute to community reintegration of XCWDs, and to identify contextual factors (enablers/barriers) influencing the community reintegration of XCWDs in Muyumbu Village.

4.1. Characteristics of study respondents

Respondents had different characteristics classified in 3 main groups. The first group included XCWDs examined based on 5 characteristics: category of disability, marital status, education/training background, number of dependents (family size) and age of respondents. The second group included members of the community examined based 5 characteristics: category of disability/vulnerability, marital status, education/training background, number of dependents (family size) and age of respondents. The third group included local leaders (as ones responsible for socio-economic development of Muyumbu village) and RDRC authorities as those responsible for the CBR project (IRPWs center of Muyumbu).

4.1.1. Groups of respondents

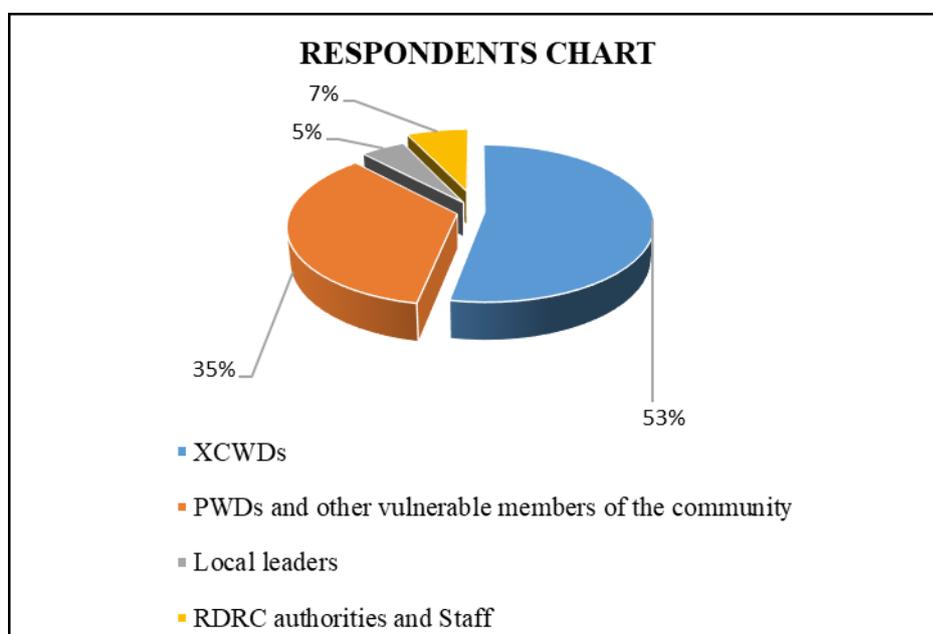
The IRPWs center of Muyumbu, as one of the 3 CBR projects being implemented in Rwanda, was initiated to support not only XCWDs but also includes other vulnerable members of the community population of Muyumbu Village. In this regards, apart from the beneficiaries of the CBR project, other respondents included their local leaders and RDRC authorities as shown in table1 below:

Table 1: Respondents

S/N	Group of respondents	Number of respondents			Percentage
		Men	Women	Total	
1	XCWDs	20	3	23	53%
2	PWDs and other vulnerable members of the community	7	8	15	35%
3	Local leaders	2	0	2	5%
4	RDRC authorities	2	1	3	7%
	TOTAL	31	12	43	100%

Source: Primary data 2022

Figure 1: Respondents



The table and the chart above show the study's respondents who were 38 in number of which 23 (53%) were XCWDs (male:20 and female: 3), 15 (35%) were PWDs other Vulnerable community members using IRPWs center of Muyumbu (male: 7 and female: 8), 2 (5%) were Local Leaders (all men) and 3 (7%) were RDRC Authorities and Staff (male:2 and female:1).

4.1.2. Categories of disabilities

The levels of disability are among factors influencing the capability of XCWDs to participate in various home and community activities offered by any CBR Project, including IRPWs center of Muyumbu. They are treated according to their categories as classified by the World

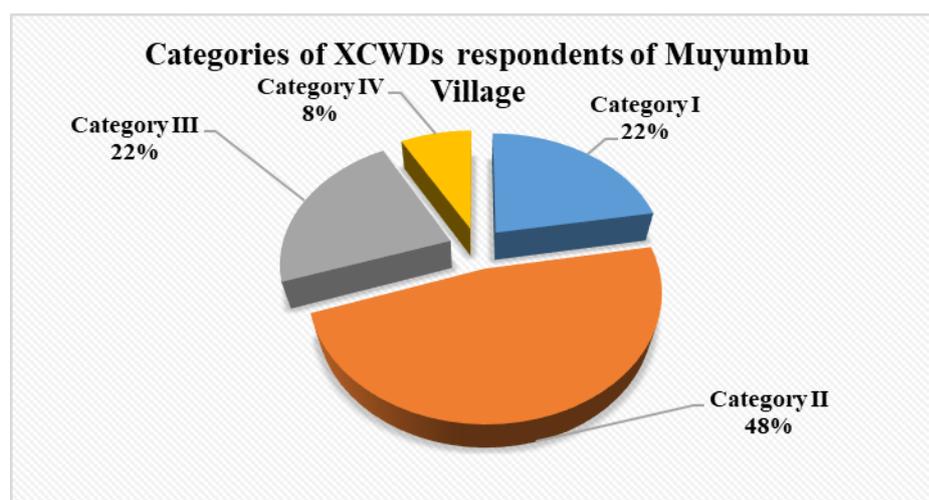
Health Organisation’s International Classification of Impairment, Disabilities and Handicaps (1980). RDRC uses these categories to determine the nature of support and interventions with respect to disabled ex-combatants (RDRC, 2019).

Table 2: Categories of XCWDs Respondents

S/N	Category of XCWDs	Number of respondents			Percentage
		Men	Women	Total	
1	Category I	5	0	5	22%
2	Category II	9	2	11	48%
3	Category III	4	1	5	22%
4	Category IV	2	0	2	8%
	TOTAL	20	3	23	100%

Source: Primary data 2022

Figure 2 : Disability categories of XCWDs respondents of Muyumbu Village



The table and chart above show XCWDs (respondents) who were grouped into 4 categories as given by RDRC through a rigorous screening process. The categories were the following:

- a. Disabled ex-combatants Category 1 were 5 (22%), all of which were men. They presented permanent disability Rate between 90% to 100% impairment. Some of them had double amputees (3) and others had total visual impairment (2).
- b. Disabled ex-combatants Category 2 were 11 (48%): male: 9; female:2. They presented a Permanent Disability Rate between 70% to 89% impairment with knee amputees.

- c. Disabled ex-combatants Category 3 were 5 (22%): male:4; female:1. They presented Permanent Disability Rate between 50% to 69% impairment some of them with a below-knee-amputees and others with hand stiffness.
- d. Disabled ex-combatants Category 4 were 2 (8%), all of which were men. They presented a Permanent Disability Rate between 30% to 49% impairment one with a lower limb shortening and another one with hand palsy.

4.1.3. Education/Training level of XCWDs respondents

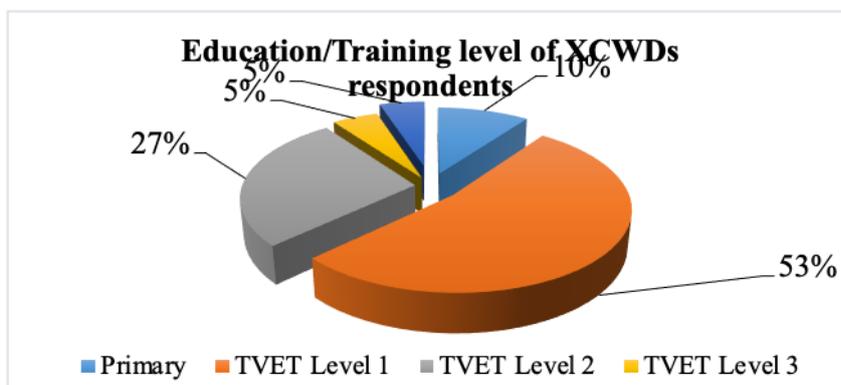
The education/Training background is considered as factor which should have influence on the level of participation into Income Generating Activities by XCWDs. Therefore, training trainers, XCWDs and other community members may equip them with skills to be utilized for transferring knowledge, productive purpose but also to promote tolerance and understanding of others; to improve both social cohesion and community functioning (Akter Bipa, 2018).

Table 3: Education/Training level of respondents

S/N	Education/Training level	Frequency of respondents	Percentage
1	Primary	4	10%
2	TVET Level 1	23	53%
3	TVET Level 2	12	27%
4	TVET Level 3	2	5%
5	Secondary	2	5%
	TOTAL	43	100%

Source: Primary data 2022

Figure 3 : Education/Training level of respondents



The table and chart above indicate that 4 (10%) among respondent had only completed Primary, 23 (53%) completed TVET Level One, 12 (27%) completed TVET Level Two, 2 (5%) completed TVET level Three and 2 (5%) completed Secondary. Youths, whether ex-combatant or not, face challenges similar to ex-combatants. They lack the necessary education and skills to obtain jobs. Schooling and training opportunities are often limited after war. For those that have grown too old during the war to attend school, there are few special programs to address this gap (Hazen, J.M. 2020). The findings show that almost all XCWDS and vulnerable community members of the sample size received also training within IRPWs center of Muyumbu.

4.1.4. Number of dependents to respondents of the sample size

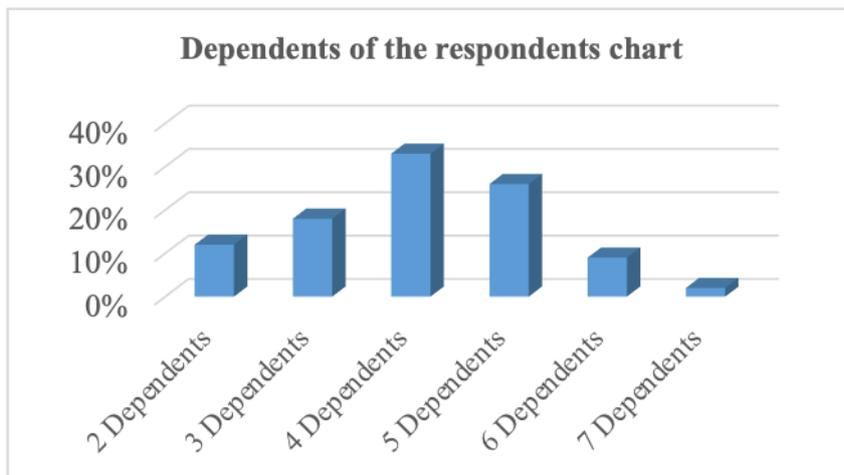
Research has showed the impact of family size on wellbeing of family in terms of social and economic development. With family size, an increase in the number of children appears to reduce the family's standard of living, especially in households headed by XCWDS with small children. Consumption increases as the number of children increases. This goes with other related family conflicts rising from inability to sustain a family (Espenshade, T. J. et al. 2002) and this why this study has considered this factor in CBR of XCWDS.

Table 4: Number of dependents to the respondents

S/N	Number of dependents	Frequency among respondents	Percentage
1	2	5	12%
2	3	8	18%
3	4	14	33%
4	5	11	26%
5	6	4	9%
6	7	1	2%
	Total	43	100%

Source: Primary data 2022

Figure 4 : Dependents of the respondents



From the two tables (4 and 5) below, the respondents with 2 dependents are 68.5% of respondents, about 18% have 3 dependents, 33% have 4 dependents, 26% have 5 dependents, 9% have 6 dependents and other 9% have 7 dependents. The majority of respondents have between 4 and 5 dependents. This data allows the researcher to conclude that majority of XCWDs respondents have family responsibilities to take care of their children and families in general.

4.1.5. Age of respondents

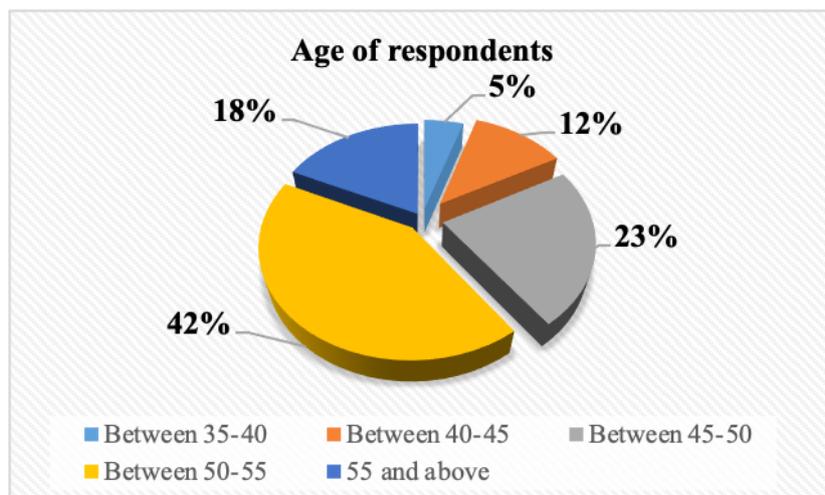
During this study, the researcher considered the age of responding as a factor which can influence the level of participation of XCWDs in CBR project.

Table 5: Number of dependents

S/N	Age	Frequency among respondents	Percentage
1	Between 35-40	2	5%
2	Between 40-45	5	12%
3	Between 45-50	10	23%
4	Between 50-55	18	42%
5	55 and above	8	18%
	Total	43	100%

Source: Primary data 2022

Figure 5 : Age of respondents



The table and the chart above show that 2 respondents are between 35 and 40 years old representing 5% of the respondents, 5 respondents are between 40 and 45 years old representing 12% of the respondents, 10 respondents are between 45 and 50 years old representing 23% of the respondents, 18 respondents are between 50 and 55 years old representing 42% of the respondents and 8 respondents are above 55 years old representing 18% of the respondents. The findings show that old people and elderly XCWDs in particular have difficulties to sustain the livelihood of their family and they tend to be more dependent.

4.1.6. Marital and social status of XCWDs respondents

After war, researches have showed that women Ex-combatants and XCWDs found many challenges starting a new life as they too were discriminated against and rejected by their communities and families. Some mothers found themselves in a double bind, without the support of either the paternal or maternal families of their children, leading some to move into city and town centres to seek informal employment (Suarez and Baines, 2021). Other challenges include the problem of finding someone to be married to and divorce for those who are already married. However, the situation seems to be different in Rwanda as Rhea (2014, P. 42) has indicated it: "...differently to other countries in GLR, Ex-combatants in Rwanda marry very often than community members".

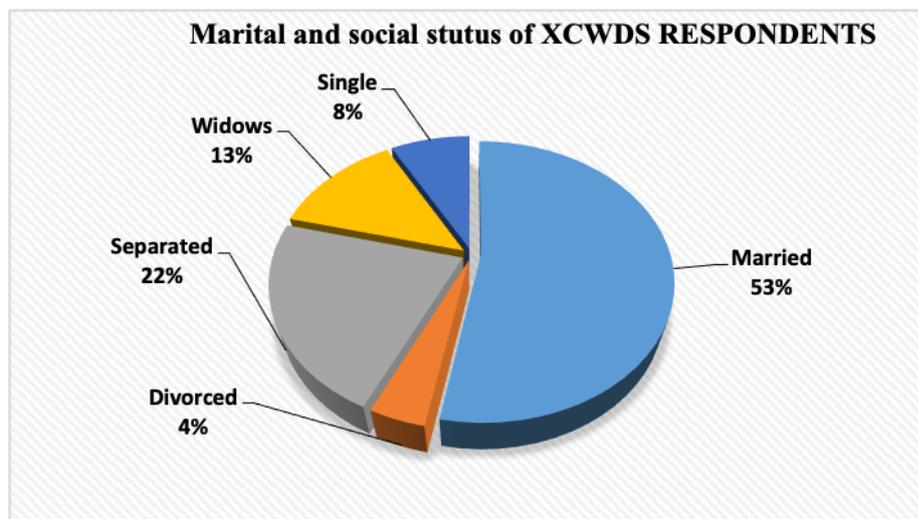
In this study marital status was focused as one of the factors of social network, social acceptance, trust and community inclusiveness. The table below indicates the marital and social status of XCWDs respondents:

Table 6: Marital and social status of XCWDs respondents

S/N	Marital status	Frequency among XCWDs respondents	Percentage
1	Married	12	53%
2	Divorced	1	4%
3	Separated	5	22%
4	Widows	3	13%
5	Single	2	8%
	Total	23	100%

Source: Primary data 2022

Figure 6 : Marital and social status of XCWDs respondents



The table 6 and chart 6 show that, 12 XCWDs respondents are married representing 53%, 1 XCWD respondent divorced representing 4%, 5 separations among XCWDs respondents representing 22%, 3 XCWDs respondents are widows representing 13% and 2 XCWDs respondents are single representing 8%. The findings help the researcher to apprehend the level of individual's efficacy, aspirations, personal standards, and affect (Bandura, 2001) and consequently their level of community integration.

4.2. Presentation of the study findings

As discussed in Chapter Three, this study followed a qualitative research design in which semi-structured interviews and FGDs were used as data collection methods. As such, findings presented in this chapter were compiled from 43 interviews and 3 FGDs with XCWDs,

members of the community participating in CBR Project of IRPWs center of Muyumbu, key informants from RDRC and Local Leaders in Muyumbu Sector.

The study focused on the contribution of IRPWs center in the community reintegration of XCWDs. Data collected from the interviews and FGDs are outputs of respondents' narrations based on the following themes:

- a. Contribution of Income Generating Activities and On-Job Training provided by IRPWs center to the improvement of the livelihood of XCWDs and the community members
- b. Contribution of medical and counseling service provided by IRPWs center to the health conditions of XCWDs and community members
- a. Contribution of recreative and community events conducted in IRPWs center to the social capital of XCWDs and the community members.
- b. Influence of contextual factors to the community reintegration of XCWDs in Muyumbu Village.

4.2.1. The role of Income Generating Activities in improving livelihood of XCWDs as well as community members of MUYUMBU Village

This construct explored how Community Based Economic Support provided by IRPWs center improves the livelihood of XCWDs and community members. It looked at how employment and entrepreneurship and access to credit and financial support contribute in facilitating the reintegration of individuals within existing community structures. It also looked at how On-the-Job Training nurtures self-reliance and professionalism of XCWDs and members of the community.

XCWDs may be considered successfully reintegrated when they have reached the level of self-sufficiency. Therefore, success and sustainability of the reintegration process lies within the realm of economic reintegration. Economic reintegration requires employment or entrepreneurship and access to credit and financial support which are factors to community reintegration of WCXDs. This subsection presents components of the Income Generating Activities provided by the IRPWs center and how this contributes to the livelihood of both XCWDs and members of the community.

4.2.1.1. Employment/entrepreneurship

Respondents in both interviews and FGDs said the Muyumbu IRPWs provide job opportunities to XCWDs and other vulnerable groups of people in Muyumbu Village such as PWDs and the poor. They said the coming of the center ensured that XCWDs and other members of the community are equipped with skills in different vocations such as tailoring, hairdressing, soap manufacturing and embroidery. They also said it allowed that these groups form cooperatives with the objective of generating incomes based on the skills acquired from those vocational trainings. They said their livelihoods had drastically changed because of the employment in the centre. This is encapsulated in the following statement from one of the XCWDs:

After being demobilized and reintegrated in this village, life was tough even though I used to get a stipend of 25,000Frw per month. But with the coming of this project, life has really changed for the better. The project has really helped me get out of poverty. Now I am a tailor and I can get as much as 40,000Frw per month from it which I use to take care of my family. I use this money to pay school fees for my children. I think I am really satisfied to work in this center.

Respondent further said apart from providing direct employment and entrepreneurship skills, the IRPWs center has helped the people to heal from psychological problems. Such problems include: depression, low self-esteem, anxiety and other mental health issues. They said psychological problems are likely especially when an individual has skills but is unable to find employment which may result in tensions, stress and distress among others. This is encapsulated in the following experience from one of PWD from Muyumbu Village who has been trained in manufacturing soap:

I was born in this Village with urinary disabilities and I never had a chance to finish primary school. Throughout my childhood, I was isolated and discriminated against by others as an incapacitated person. I felt depressed and worthless in front of others. When I was integrated in this center, I benefited a lot. I learnt how to make soap which I sell out to people. I am now able to support my siblings with the money I get which make me proud. I am honestly glad that I can help others including those from my neighborhood when they are in need. Finding a job brought me confidence because I know I am better off than some people without disabilities who are unable to provides for themselves.

The above statement shows that employment helps XCWDs to gain self-confidence and hope towards their future. This confirms that IRPWs center serves as “a holding and handling’ environment as it helps to people to overcome problems they struggled with in the past. This was echoed by a widow from Muyumbu Village who does embroidery at the center:

I am a widow and have 6 children. Before coming to work in this center, I lived in poverty and it was tough to support my family. All my children dropped out of school due to lack fees and it was only well wishers who helped to pay for my health insurance. When I joined this centre, I was trained in embroidery and now I work with others. This employment has helped me a lot as I have greatly improved economically. After only six months, I was able to buy two goats and pay for health insurance for my children. In 2018, I bought a bicycle to be used as taxi. Every week I earn 7,000FRW from it. The combined incomes from these two helped me to transform the roof of my house, buy a plot of land and I am now able to pay school fees to my children. In general, I thank the Government of Rwanda for its unwavering support.

The narrations of respondents in this section reflect the common understanding of different authors on the subject. As captured in the literature review, several scholars agree that lack of jobs, strains on services and stigmatization of ex-combatants are all potential barriers to successful reintegration. These barriers also prevent communities from taking advantage of new skills or experiences the ex-combatants can share with them (Torjesen, 2013; UNDDR, 2014; IOM, 2016).

4.2.1.3. Access to financial credit to boost financial capacity

On access to financial credit, respondent in FGDs 2 and FGDs 3 argued that the income generating activities provided by the center help them to enhance their productivity through financing of their investments. They said income generating activities have helped XCWDs and members of the community to work with “Umurenge SACCO” Microfinance by a weekly saving through their self-help group called “IKIMINA” where everyone contribute 3,000 FRW every week. This has helped them to stand tall and address the issue of losses due to COVID-19 and doing other individual investments:

...in our Tailoring Cooperative we had a problem getting our products on the market during COVID-19, which cost us a lot. Because of our savings in “UMURENGE SACCO” Microfinance, we got a loan of 2 million and invested in th manufacturing of face masks. RDRC also gave us 1,000,000FRW as subsidiary to sustain our Face Mask Production. This loan helped us to continue to grow. As an individual, I can testify that even apart from benefiting as a cooperative, access to credit also helped me and my my husband to establish our own entrepreneurship by investing in money transaction service “MoMo” (mobile money). “UMURENGE SACCO” Microfinance trusted me because of my saving and it granted us a loan of 300,000FRW and now my husband is also contributing to our family welfare.

The above statement helps to establish a nexus between income generating activities and access to financial credit as discussed by scholars captured in literature review. The findings confirm that XCWDs households were affected by the problem of lack of access to financial credit and were surviving merely on stipend provided each month by government. This corroborates with an argument by Segun, L.J. (2009) who said household welfare outcomes can be affected by access to credit. He emphasized this point by indicating that credit in a developing country context is an important instrument for improving the welfare of the poor directly, most especially for consumption smoothing that reduces their vulnerability to short-term income shocks. It could also enhance productive capacity through financing investment by the poor in their human and physical capital.

The findings reveal that IRPWs center helps XCWDs and members of the community in Muyumbu Village to access financial credit which boost their capacity engage in businesses.

4.2.1.3. Financial support group and social cohesion

Respondents testified that income generating activity provided by the IRPW centres contributed to the creation of the financial support group referred in this study as a self-help group (“IKIMINA) which eases access to credit for those who are unable to access banks. The following experience from a resident of Muyumbu village and a member of the self-help group apprehend this nexus:

Friends today are few. When you have a serious problem or urgency, it is not easy to get someone to help you. Now I can say that my best friend is “IKIMINA.” I recently had a child who got sick and transferred to CHUK Hospital and I had no money to pay for the medical bill. It was this “IKIMINA” that gave me a loan of 50,000FRW which helped me with the problem.

It is clear from the above narration that “IKIMINA” has helped to enhanced peoples’ social ties. Findings from the FGDs help reveal that apart from providing financial support, “IKIMINA” also help XCWDs and other members of the community in fostering their social connections. These social ties in turn facilitate collective actions of group members, allowing them to coordinate their investments, savings and repayment decisions for mutual benefits.

Respondents in both FGDs and interviews commended the role of the financial support group especially that it fosters social cohesion through trust, solidarity, connectedness and provides members with a sense of belonging. The following experience from XCWDs help to apprehend this nexus:

I used to feel isolated and abandoned, but “IKIMINA” made me feel welcome and be part of this community. The ‘IKIMINA’ is of great benefit to us in fostering unity. Every year we meet, socialize and celebrate Christmas together. We raise money throughout the year and on Christmas day, we go and cerebrate at one of our colleagues’ houses. It is also the occasion to discuss and exchange ideas on our achievements and challenges during the whole year.

The contribution of financial self-help group to social cohesion between XCWDs and the members of the community can better be explained in relation with the work of Mead and MacNeil (2004) which says that communities can serve as peer support to new returnees, in this study considered as XCWDs. They argue that peer support groups ‘maintain a nonprofessional vantage point which is crucial in helping people rebuild their sense of community when they’ve had a disconnecting kind of experience.

4.2.2. The role of On-Job Training in nurturing self-efficacy and professionalism

4.2.1.2. On-Job Training and Self-efficacy

On-the-job training has pushed many of XCWDs to be self-reliant by equipping them with valuable skills and expertise that they have become the best possible versions of themselves. For example, those who work in tailoring, embroidery and hairdressing always think of new designs to attract more clients, The IRPWs center has helped XCWDs and member of the community to expand their minds. Respondents said that the IRPWs center had shaped them to be self-reliant. It had become a platform where they express their own creativity and think outside the box, even if it is in collaboration with others. Because of the empowerment, XCWDs and other community members are now able to use their creativity and skills to than ever before through the cultivation of their inner confidence, self-efficacy, being proud of their accomplishments and the awareness of their strengths:

...Before being demobilized by the RDRC I benefited from a 3-month vocational training. While in this centre, I was also trained in hairdressing. However, as those trainings opened up my mind, I felt they were not enough for self-reliance and self-efficacy. I always strive for excellence in my life and would like to see myself really developed. Since we live in a competitive world, I always make sure to be updated on new changes. I work on specific

and timely goals in my life, articulate them and evaluate my impact on relationships and decision making with these goals firmly in my mind.

The contribution of the “On-Job Training to self-efficacy of XCWDs and community members may be understood not only through those testimonies but apprehended through Social Cognitive Theory (SCT) on Self-efficacy by Bandura (2021) which refers to a person’s belief that he/she has the skills and ability to take control of a circumstance and overcome challenges as it relates to a specific behavior, not a characteristic of a person’s personality. Self-efficacy influences the individual’s pessimism or optimism, decisions on whether to undertake challenges, effort to overcome challenges, and perception of failure or success as motivating or demoralizing (i.e., self-enhancing or self-defeating) (Bandura, 2001, p.10). Therefore, an individual who believes he/she has the skills, confidence, and control to overcome a challenge will be more likely to make efforts to overcome the challenge and sustain those efforts.

4.2.2.2. On-Job Training and professionalism

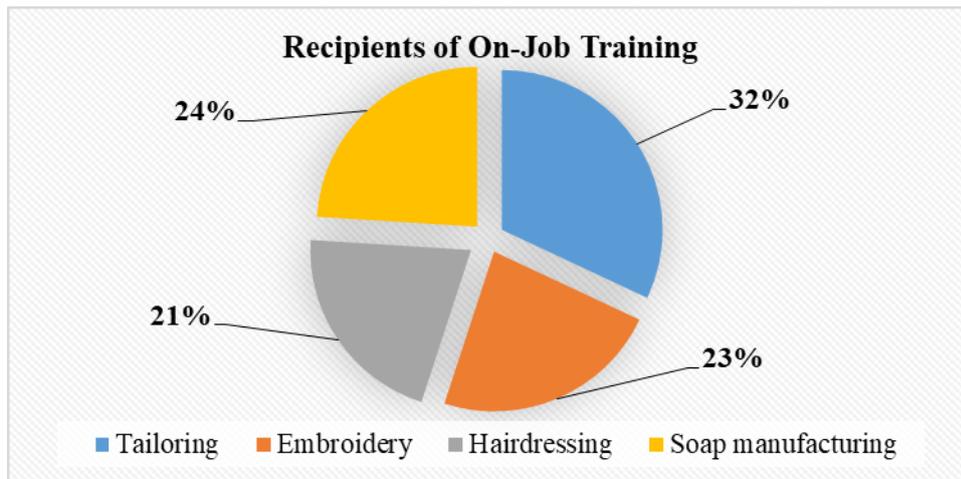
Based on the findings from RDRC authorities interview, 98% of XCWDs have benefited vocational training in different trades before being reintegrated in Muyumbu Village, however some of them did not yet acquire skills and knowledge to be competitive to labour market, moreover technologies and demand keep changing and improving so that there was a need to sharpen the skills of XCWDs and in terms of Community Based Reintegration of XCWDs there was a need to include in training the members of the community.

Table 7: Recipients of the recent On-Job Training in IRPWs Center of Muyumbu

S/N	Trade	Recipients			Percentage
		XCWDs	Members of the community	Total	
1	Tailoring	10	8	18	32%
2	Embroidery	7	6	13	23%
3	Hairdressing	5	7	12	21%
4	Soap manufacturing	8	6	14	24%
	TOTAL	30	27	57	100%

Source: Primary data RDRC

Figure 7 : Recipients of On-Job Training



As showed by the table and chart above, Primary data from collected from interview with RDRC staff, indicate that all 30 XCWDs inhabitant of Muyumbu Village together with other 27 members of the community (4 PWDs and 23 vulnerable people) included in the IRPWs project benefited the On–Job Training on four trades including Tailoring, Embroidery, Hairdressing, Soap Manufacturing and plus Project Management.

The following experience from a resident of Muyumbu village member of self-help group with XCWDs help to apprehend this nexus between the On-Job Training and Professionalism:

I am among people with disabilities, a neighbor of XCWDs Village and self-employed. I was trained as a hairdresser by NCPD and I got a Level-2 certificate. However, since I couldn't find a place to practice, I forgot what I learnt. After being integrated in this center, I have had a chance to practice more and more which has helped me become more professional. In the past, I used to make losses everytime I tried to invest. Now, with the periodic trainings given by RDRC through the Muyumbu IRPWs center, I am capable to calculate investment and profit before engaging into action. This keep me from making losses or falling in debt. Moreover, I have learnt about customer care which helps me to maintain my customers.

The ideas of the respondent were in line with what has argued by different authors that capacity building through training can enable individual who do not have the skills needed to succeed in an individual project to benefit from the skills and expertise of other people within the same organization or similar organization (Hawkins, 2015; Steenken, 2018). According to UNDDR (2014), if XCWDs and members of the community are developed in a skills-sensitive and market-oriented manner, these initiatives can expand the possible realm of

income-generating activities for each ex-combatant and member of the community beyond his/her individual limitations.

Based on those primary data and secondary data, the study finds that on job training contribute to professionalism and self-efficacy.

4.2.3. Role of Medical and psychological support provided by IRPWs center to the improvement of health conditions of XCWDs and community members of MUYUMBU Village.

This construct explores how the Community Based Psycho-medical Support provided by IRPWs center can improve the livelihood of XCWDs as well as the community members. It looks at how medical and counseling support contribute to the improvement of health condition of XCWDs and the members of the community.

4.2.3.1. Medical support

According to the findings from 3 FGDs conducted, many XCWDs and members of the community were saluting the role played by the medical service provided by the Health Post of the center such as medical consultation, family planning, counseling and voluntary testing, surgery, neonatology, nutrition, Pharmacy and laboratory examinations including Blood Glycaemia Test, Urinary Glycaemia Test, Malaria Test and HIV Test.

Access to and provision of quality health services is often a primary concern for not only ex-combatants but also members of community. The following experience from XCWDs resident of Muyumbu village helps to apprehend the value of medical assistance provided by the Health Post housed by the IRPWs center:

When we came to live in this village, there was neither a health center nor a health post. We used to go to the Health Center near the Sector Office and the distance was just too long for us with disabilities and pregnant women. Not only XCWDs were struggling to travel a long distance to reach the health center, but also other residents from the village who got sick. Most people opted for medical drug smuggling. After the construction of the Health Post, it is now easy for us to access treatment without facing problems. I am glad for this as I can easily see a nurse for medical treatment whenever I feel unwell. Let me add that when there is a need for further treatment at provincial referral hospital, the clinic arranges for an ambulance which takes us to CHUK.

This experience from an XCWDs correlates with what was testified by one RDRC representative:

The provision of adequate healthcare and mental wellbeing services for former combatants and their families is a fundamental feature of CBR in Muyumbu Village and elsewhere in other IRPWs centers such as Nyarugunga in Kigali and Rutaraka in Nyagatare. Interventions aim to ensure that each individual's access to immediate and medium to long-term health care is maintained during demobilization and reintegration processes and in terms of CBR. It was essential to engage local health authorities at the outset and maintain this engagement throughout. So, it was important to support the capacity of the public health system to address basic healthcare needs of former combatants, their dependents and other members of the community. That is why we built that Health Post and equipped it with excellent medical equipment.

The following experience from a resident of Muyumbu village also helps to explain the way medical services in IRPW center of Muyumbu Village has helped the entire community of Muyumbu:

I was one of the first people to settle in Muyumbu village. Since there were no public infrastructures such as roads, Health Centers, schools, markets and others, many people who had plots here sold them and relocated to other developed villages in Kigali. It was when houses of ex-combatants were built here that we started to see many people coming. The Health Post in this center has really helped me as one of those who suffered from this incurable wound to get a daily medical care.

This validates what suggested by UNDDR (2014): “CBR Projects are better when they provide direct support for specific health needs by training of health-care providers, provision of equipment and materials for health services or rehabilitating infrastructure for health care in specific communities. By investing in quality health-care services, health outcomes can improve for all community members of Muyumbu Village not, just for the ex-combatants themselves”.

The above findings allow to conclude that that medical support provided in IRPWs center of Muyumbu has played a big role in improving and sustaining health of both XCWDs and members of the community.

4.2.3.2. Rehabilitation and prostheses service

Findings from interview with the RDRC authority show that some disabled Ex-combatants suffer from incurable injuries and others have problems of their prostheses which get old or due to changing weight. The health post of IRPWs center of Muyumbu provide basic

rehabilitation for those one whose injuries and disability need a continuous treatment and follow up. For those ones with prostheses problems, the health post proceeds on readjustment where possible and transfer the beneficiary of the service for further physiotherapy treatment to the Orthopedist Specialists to try to sustain their livelihood.

XCWDs and other PWDs from the community recognize this role played by the health post of IRPWs center of Muyumbu:

I have a disability that requires me to consult a doctor every week. As such, this health post helps me a lot. If the health post was not here, I would not have been able to work and fulfil my task in this center. The Head Nurse does her best to help me when the injury relapses. She also helped me change my prostheses because they were no longer fitting me due to the weight loss.

This support provided the Health Post of IRPWs center reflects the United Nations Standard Rules on the Equalization of Persons with Disabilities of 1993 as quoted in the work of Colin Barnes (2003): “All rehabilitation service provided to disabled person should be available in the local community where the person with disabilities lives”. However, these services should go beyond ‘initial medical care’, to include ‘a wide range of measures and activities from more basic and general rehabilitation to goal orientated activities.

4.2.3.3. Psychological support

Findings show that psychological support provided by Muyumbu Village encompasses Psychotherapy where they focus on restoration of one’s organism confidence and “experiential freedom”.

A person is biopsychosocial by nature. As argued by Johansen, (2021), The reality is that whether the condition is an injury or a physical or mental illness, living with a disability fundamentally shapes one’s life experiences. But accepting, and even embracing, one's disability as a facet of one's identity doesn't mean submitting to a defeatist mindset.

However, for ex-combatants with disabilities being physical or mental carry a double stigma: on one hand they struggle with the symptoms and the disabilities that result from their condition; on the other hand, they are challenged by the prejudices of the general population and, commonly, those of their family and community (Sarajuuri et al., 2005; Leff, 2008). By these argument, psychological interventions to help XCWDs and those vulnerable people from the community, encompasses different approaches from the one of medical support

discussed above to include individual psychotherapy and systemic therapy (family/community therapy).

4.2.3.3.1. Psychotherapy

a. Restoration of one's organism confidence

At the first glimpses before starting interview with XCWDs 'X' on this theme, what I noticed directly in him was the worrying weight loss and the body pimples everywhere. However, in his speech I most apprehended his feeling of hope, optimism and comfort in his organism:

People I meet for the first time, by looking at me may think I am about to die due to the extreme loss of weight. Even though this is my current physical status, I am awesome and strong in my body. I am a Tailor like my colleagues. However, this was not the case before COVID 19 when I was normal and healthy. In 2020, at the beginning of COVID19, I was attacked by two serious illnesses on top of my disability. I thought I was going to die and I was no longer going to work. Later, when I went for treatment, the doctor told me that I needed to come back for a new treatment because she had diagnosed another illness in me. I suspected that it was diabetes because I was in a critical condition.

Another XCWDs through the following extract shows the importance of psychotherapy:

After 2 weeks, I came back to see the Doctor. She asked me to sit down and talk to her but I couldn't. I was so helpless that I couldn't afford to share my story with anyone. I always felt uncomfortable in my body, with different diseases. There was a time I even suspected to have a cancer in my blood. However, the conversation with her helped me to realize that I had a serious mental disorder. I was not working at all. I was not taking care of myself or my family like I used to before. I couldn't talk to or mix with others as I used to before. I have had 4 other sessions from the first I had with the doctor, and every day I feel more and more strong, confident about myself and trust in others. I strongly attest to the importance of this individual psychotherapy. I believe I could have committed suicide or gone mad by now had it not been for this.

The narration is in line with the argument of Johansen, (2021). According to him, there is a significant body of evidence that persons with disabilities are at an increased risk for suicide or suicidal ideation which are caused by the loss of one's organism confidence. Therefore, findings show that it is not the disabling condition intrinsically that most often leads to suicidal impulses. Rather, it's the social constraints that so many people with disabilities regularly face that can lead to life-threatening depression, as argues the Psychologist of the IRPWs center:

People with disabilities encounter many obstacles in the "normal" social functioning that have little or nothing to do with the injury or illness itself. However, despite all the diverse challenges they encounter, life with a disability does not have to mean a life of unhappiness, isolation or loneliness and with the reestablishment of one's organism confidence, hope and self-esteem through psychotherapy, individuals regain the test of life and continue to tie relationships with others.

b. Restoration of one's experiential freedom

Findings from FGDs showed that psychotherapy helps in the restoration of one's experiential freedom. One member in the group said:

...I often felt ashamed and unworthy to meet other non-disabled people. I felt guilty for being different from others and thought I had caused this handicap myself, saying to myself: "why did I join the military?" On this, I always felt discouraged such that I couldn't get out of bed to go out and work or undertake new projects. At the Mutobo Camp, I remember refusing to learn any trade. When I received this psychotherapy, my life changed. My mind was opened and I realized that I had to fight for my life. I started to approach others to learn from them. During the training, I learnt the how to make soap. I established many relationships with my neighbors, got married and now have 2 children that I am proud to take care of. I get along well with my co-workers and my neighbors whom we socialize together. In terms of economic development, specially in terms of income generation, I am used to saving for various projects. I have been able to buy a plot of land where my wife cultivates different crops. I am now feeling better than before. I and the rest of villagers here thank the government of Rwanda for bringing this IRPWs center here.

Theories state that the loss of experiential freedom is rooted in the search to get away from the perpetual crisis from the environment (family, community or work place) and the individual develops other tendencies including avoidance, self-invalidation or self-stigma. Invalidation of one's experiences leads to inhibition or avoidance of emotional experiences and expressions (Rogers, 1975). The Social Cognitive Theory by Bandura (2001) underpins the role of environment influence to hinder or hold back the experiential freedom. These environmental influences may be social, physical, cultural, economic, or political that surround the individual (Hawkins, 2013). Besides, SCT acknowledges that these environmental influences appear as enablers of behavior change or constraints to behavior change.

The experience from those XCWDs benefiting psychotherapy sessions in IRPWs center and the results of the second data allow the study to confirm that Psychotherapy sessions provided

in Health Post of IRPWs center of Muyumbu Village contributes to the improvement of mental health of XCWDs and entire community of Muyumbu Village.

4.2.3.3.2. Counseling

Among most respondents to the interviews, it was found that they are pleased with the counseling service received in the center, especially for the ‘Before and “After Test to HIV/AIDS, family counseling and Behavioral change counseling.

a. Pre and Post HIV Test Counseling

Findings from interview with RDRC staff and 3 FGDs show that Pre and Post HIV Test Counseling service helps XCWDs and members of the community to take preventive measures from being infected and affected by HIV/AIDS and it was noted that it is among the fundamental services in high demand in the Health Post of Muyumbu as it was attested by the Counselor of the IRPWs centre:

... we receive many people in need of Pre and Post HIV Test Counseling services, not only from this Village but also from Kigali and other Districts. They give different reasons for coming forward for the test such as when their partners request it or they want to determine their HIV status before starting a new relationship. Some want to be tested prior to getting married, others feel guilty and concerned about having multiple sex partners. Others come forth because they have had recent sexual encounters in which they did not use condoms or they are manifesting symptoms that are giving them cause for concern. Other are those referred by STI or TB clinics because a client has tuberculosis or a sexually transmitted infection. Others come to re-confirm a positive HIV test, their current partner is HIV positive, or they were once involved with a partner who was HIV positive, they plan to become pregnant and want to check their HIV status before they do so, they have been raped or assaulted, they need to be tested after an occupational exposure or they are simply curious. So you may understand there are many reasons which push them to come here. Some come because this facility is easily accessible and has built trust with local populations for many years. All of these factors make it the most used Health Post in terms of delivering Pre and Post HIV Test counseling.

The statement from this Counselor is in the same line with the experience of one member of the community who benefited from this counseling service:

Before my husband and I got married, we agreed that we should first get tested for HIV. Fortunately, we had never had any sexual intercourse before. He wanted us to go to another facility for the test where no one knew us. After consulting others about the service delivery of this center, I was assured that the counseling provided to them was confidential. Indeed, apart from counseling, before and after test we were provided with “mpingagasani”

sessions and we were lucky the result was negative. Even when I was pregnant, I used to have counseling sessions with other mothers on how to avoid infecting the baby during childbirth and breastfeeding. In general, this service helps a lot in our village.

Pre and Post HIV Test Counseling as one of the psychological support programs has purpose mainly to provide with information on the technical aspects of testing and the possible personal, medical, social, psychological, legal and ethical implications of being diagnosed as either HIV positive or HIV negative (AidAction, 2021).

It is provided also to find out why someone want to be tested, the nature and extent of his/her previous and present high-risk behaviour, and the steps that need to be taken to prevent him/her from becoming infected or from transmitting HIV infection (AidAction, 2021).

b. Family counseling

The findings show that XCWDs and the members of the community have benefitted from family counseling by solving different problems that affect they families such as family planning, conjugal problems and so forth. This may be apprehended through the following experience from the resident of Muyumbu Village:

I am an inhabitant of this village and I can tell you many benefits of this Health Post. After realizing that we had given birth to twins two times, my husband and I decided to seek for family planning counseling at the center. With four children, we didn't have the means to provide for them in terms of food, medical insurance and school fees. The Counselor helped us to chose one among the many different methods of family planning that were available. My husband and I have now agreed to stop having other children while we raise the four we have got by following all the guidance as given by the counselor. It is now 4 years and I have no problem with family planning. Counseling has contributed a lot to solving some of the problems that we had. As long as it is located in our village, there is no constraint of travelling long distances as it was before. Moreover, there is no constraint of cost of money because we use medical insurance ('Mitiweli').

This telling show how much the counseling support provided in the IRPWs center has improved health conditions of both XCWDs and the community members of Muyumbu Village.

c. Behavioral change Counseling

Findings has shown that some of XCWDs and members of the community in Muyumbu Village by being dependent on alcohol and drugs, their mood and mental health are affected

and suffer from different mental disorders and by benefiting counseling sessions from this Health Post they health is now improved.

One of the XCWDs resident of Muyumbu Village shared with the researcher his experience:

I vividly remember the times I felt that life was useless. When I got injured and lost my leg on the battle field, my wife left me with five children. Since I had no idea of what to do with myself, I started abusing alcohol and drugs to keep myself calm. After being demobilised, I was accommodated in this village while still abusing alcohol and drugs. I lived alone because my children were taken to their grandmother. With the counseling I received at this center, I was healed from different mental disorders, including addiction, lack of motivation, aggression, anger, lack of appetite and sleep, despair and misuse of my stipend. I stopped using those substances and drugs and I started to have a taste for life. Now I am no longer abusing alcohol and drugs. I learned the art of hairdressing and the money I earn help me to cater for my children who live with me now.

The above assertion reflects what different authors including Bandura (2001) and Kouimtsidis, (2016) argued on environmental factors and human behavior: They suggest that chronic stress, trauma and negative childhood experiences are associated with an increased risk of developing drug use problems and mental health conditions.

Counseling during detox helps to deal with and understand many different emotions being experiencing by the abuser. Thus, as addicted patients develop depressive disorder, they appear to interpret social cognitive stimuli differently to healthy controls where depressed individuals may interpret emotion through a mood-congruent bias. With counseling, individual may shift from being addicted to “fully functioning person”. This is well explained under Social Cognitive Theory by Bandura (2001) which conceives the person as an agent of change that affects the person and the social environment.

The findings from the above experience from those XCWDs, members of the community benefiting psychotherapy and counseling sessions provided by the health post of IRPWs center of Muyumbu Village and the testimonies from Psychologists and counselors of the IRPWs center allow the researcher to confirm that psychological support contribute to improvement of the livelihood of XCWDs and the member of the community of Muyumbu Village.

4.2.4. The role of recreative and social events organized by IRPWs center of Muyumbu on social cohesion among XCWDs and community members of MUYUMBU Village.

This construct explores how the Community Based Social Support provided by IRPWs center can improve the livelihood of XCWDs as well as the community members. It looks at how recreatives and social events contribute to the increase of social cohesion among both XCWDs and community members of Muyumbu Village.

4.2.4.1. Recreative events

This component encompasses different sports (sitting volley ball, table tennis) and games (Arrow game, scrabble, “Igisoro”, chess, Playing cards, etc).

Findings from FGDs shows that recreative events through sports, games, music and traditional dances organized by the IRPWs center have contributed to increase trust, reciprocity and mutuality among XCWDs and members of the community:

Games and sports into this center have lifted us out of isolation. Every evening people come in this center and play different sports and games, each and every one depending on what he/she likes. it made us more connected to each other. In this center I belong to Seating Volley Ball team called ‘Urusamagwe’ composed by XCWDs and other residents from this village. The center or our Cell authorities organize competition where we play and after we share food and beverage. It helps me change my mind set vis a vis XCWDs; before I didn't feel comfortable being with them, but when I started to play with them, I realize they have many things to learn from them. So, now I trust them. I feel we belong to each other, indeed, when they need something, I provide it to them whenever I have it. When someone has a party at home, he/she invite others. I can attest that sport and game helped us to be closer to each other than before. Another statement from an XCWDs helps to understand this construct:

Sports and games help me to relax and stretch my muscles and joints. More importantly however, we take joy in joining with the rest of the community in playing different sporting games which boost our morale and confidence. We are now able to trust one another even out of sport in our everyday lives. Games have taught us a culture of tolerance because when they play with us, they forget that we have disabilities. Above all, the culture of sports and entertainment has made us more united with the residents of this village than before.

4.2.4.2. Social events

Findings show that social events including meetings of residents and local leaders, parental evening (“umugoroba w’Ababyeyi”), debriefing meeting after Community Work (“Umuganda), cultural activities and other related to commemoration of Genocide against Tutsi and other National Cerebration Days which take place into the center organized by local authorities-built reciprocity and trust between XCWDs, members of the community and local authority. This is captured through the following assertion by an XCWDs:

I was astonished to see all meetings, official activities and events at cell level being held at this place! This is really “Ndi Umunyarwanda!” As an ex-combatant, this inculcates in me the feeling of citizenship and integration in my community. Events and meetings which occur at this center not only keep me from isolation, stigma and discrimination but also help me to be updated on different Government policies and programs which help us to push ourselves towards social development at the same time as other citizens.

This statement reflects what authors argue on the role of recreative and social events to increase social cohesion. According to Leff, (2008) and Asiedu, (2010), games, storytelling, theatre, visual art, music, dance and sport constitute a powerful pillar for social bridging. Therefore, referring to the theory of social network, Gilchrist (2004) emphasizes bridging and linking for forming and enhancing community development: bridging, because it can be seen as important for managing diversity and maintaining community cohesion; and linking, because it is needed for empowerment and enabling partnerships to work.

The above experiences of XCWDs and members of the community on recreative and social events organized by IRPWs center of Muyumbu allow to note that they contribute to social cohesion among XCWDs and community members.

4.2.5. Influence of contextual factors to community reintegration of XCWDs in MUYUMBU Village

Findings from respondents of interview show that among contextual factors those linked to environment are those which later will condition personal factors to enable or hinder community integration of XCWDs.

4.2.5.1. Environmental factors

a. Family factors:

The following have been found as some of family attitudes enablers of community reintegration of XCWDs in Muyumbu Village: communication, mutual respect, lack of conflict and family time, opportunity and willingness to spend time together, requiring good interpersonal communication. This may be captured from the statement of one of the XCWDs:

My family is built on respect. When my husband wants us to discuss something as a family, I like the way he invites me to discuss it: “Do have time for me? There is an issue I want us to discuss”. This really comforts me. I feel worthwhile and this never happened to me with my first husband. For me, family plays a big role towards my community reintegration.

The above statement reflects what argue the Social Network theory. Ager et al. (2005) has identified social bonding as a key element in enhancing reciprocity, connectedness between family members and wellbeing. According to Boudouries (2004), social networks are made up of agents that are linked with specific types of interdependencies, such as friendship, conflict. these agents can be individuals, family or group.

Findings from respondent’s data, in general showed the following as family barriers to community reintegration of XCWDs in Muyumbu Village: violent behaviors among the couple, lack of cooperation in the family, inability to spend enough time together, issues related to children and other families, lack of effective communication, and financial problems:

...when I went back to my family after being demobilized, I had no capacity to sustain my family. I couldn’t afford to provide food, or school fees for my children. I had so many problems that the process of reintegration into the community was not possible with the family in those problems.

c. Physical (natural/humanmade) factors:

Findings from the respondents in general emphasized on humanmade enabler or barriers in detriment to natural enablers for community reintegration of XCWDs in Muyumbu Village: Services provided in IRPWs center, infrastructure (houses, road, electricity, etc), material and equipment relevant to disabled, etc.

Almost everything is provided for at this center. I found a job with profitable activities. This helps me in terms of community reintegration as long as I am able to sustain my family. However, the problem we have encounter her is lack of water during the dry season. Another one is that our houses here are not allowed to be mortgaged to get a bank loan.

4.3. Summary

The chapter four focused on presentation and discussion of findings on Community Based Reintegration of XCWDs in Muyumbu Village: Achievements and challenges collected from 3 FGDs and semi structured interviews, as it is a qualitative design study. The first FGDs was conducted on XCWDs of Category I and II of disability, second FGDs was conducted XCWDs of Category III &IV of disability. Interviews were conducted on four types of respondents: XCWDs, Community members using IRPW center of Muyumbu, Representative and Staff of RDRC and Local Leaders in Muyumbu Sector.

The findings are mainly focused on three main constructs:

Contribution of Income Generating Activities and On-Job Training provided by IRPWs center to the improvement of the livelihood of XCWDs and the community members,

Contribution of medical and counseling service provided by IRPWs center to the health conditions of XCWDs and community members.

Contribution of recreative and community events conducted in IRPWs center to the social capital of XCWDs and the community members and Contextual factors (enablers/barriers) of community reintegration of XCWDs.

The findings show that Community Based Reintegration (CBR) through IRPWs center is very successful to the reintegration of XCWDs: IRPWs center of Muyumbu has improved the livelihood of XCWDs and the members of the community by providing them employment in different productions workshops (tailoring, Embroidery, Hairdressing and Soap Manufacturing) to generate income to sustain their families. It has also contributed to professionalism and self-efficacy of the beneficiaries through On-Job training. It has ensured access to quality health services for both XCWDs and community members of Muyumbu Village. Through IRPWs, Community Based Reintegration contributes to social cohesion among XCWDs and members of the community. Some contextual factors were identified as

enablers and barriers to community reintegration of XCWDs and are related to family and human made physical environment rather than natural environment.

The findings are in line with theories used in the study including Social Network Theory and Social Cognitive Theory (SCT). Social Network Theory informs that interconnection and interdependence among members of the family or community helps to build their social capital and social cohesion, and consequently increase their economic capital. while Social Cognitive Theory (SCT) informs that motivation for behavior change is influenced through interactions between personal factors and physical, social, cultural, economic and political environments.; and by the International Classification and Functioning, Disability and Health (ICF) to enlighten how physical, social, and attitudinal environments affect XCWDs; their ability to function and participate in various home and community activities.

CHAPTER FIVE: GENERAL CONCLUSION AND RECOMMENDATION

This study intended to examine the contribution of the IRPWs center in community reintegration of XCWDs in Muyumbu Village. This chapter draws a conclusion to the findings and presents achievements, challenges and recommendations to be considered.

5.1. Conclusion

This study rested on three specific objectives as operationalized from the above-mentioned general objective.

The first objective focused on the contribution of Income Generating Activities and On-the-Job Training provided by IRPWs center to the improvement of the livelihood of XCWDs and other community members of Muyumbu Village. The findings show that Income Generating Activity and On-Job Training contribute to the improvement of their livelihood and professionalism through training, employment and access to credit. This has helped them to create a financial supporting group (“IKIMINA”) which in return strengthen their social cohesion.

The second objective focused on the contribution of medical and counseling support to the improvement of the livelihood of XCWDs and members of the community of Muyumbu Village. The findings show that XCWDs and members of the community benefit from the psycho-medical and counseling support provided by the Health Post of the IRPWs center. They no longer walk long distances to go to other health centers as numerous health services from medical consultation, orthopedic, psychotherapy and family planning counseling are provided within their Village.

The third objective focused on the contribution of recreative and social events to social cohesion among XCWDs and Community Members of Muyumba Village. The findings show that recreative and social events which take place at the IRPW center contribute to social cohesion among XCWDs and Members of the Community.

The fourth objective focuseed on contextual factors influencing community reintegration of XCWDs in Muyumbu Village. The findings show that in general, family related factors and human made (environment) related factors are more enablers or barriers to community reintegration rather than natural enablers or barriers. IRPW center programmes, infrastructure

(houses, road, electricity, etc), material and equipment relevant to the disabled and so forth assiste XCWDs in community reintegration, while communication, mutual respect, lack of conflict and family time, opportunity and willingness to spend time together are family factors which enables community reintegration of XCWDs.

4.2. Key Achievements

Key Achievements of Community Based Reintegration of XCWDs through IRPWs Center of Muyumbu Village are summarized below as follows:

First, in terms of Community Based Economic Reintegration: XCWDs have been fully reintegrated and the achievements are many. The following some:

Second, XCWDs and other vulnerable people (widows, persons with disabilities and other poor people) in Muyumbu Village have employment in different production workshops through IRPWs center and they are able to generate income to sustain their individual and family basic needs.

Third, XCWDs and other vulnerable people (widows, persons with disabilities and other poor people) in Muyumbu Village have been empowered with skills in different vocations that provide income for them. These include: tailoring, hairdressing, soap manufacturing and embroidery.

Fourth, XCWDs and other vulnerable people (widows, persons with disabilities and other poor people) in Muyumbu Village founded a financial support group (“IKIMINA”) which has a bank account in “UMURENGE SACCO” and this help them to ascertain a loan at low interestrate and more friendly conditions compared to regular banks.

Fifth, economic stability. Due to the COVID-19 Pandemic consequences on the market, XCWDs and members of the community through their cooperative received a subsidy of 1,000,000FRW (1,000\$) to compensate the loss they incurred due to COVID 19. Apart from houses that every XCWDs has, they bought more houses, plots of land, live stocks, etc.

Furthermore, in terms of Community Based Psychosocial Reintegration, XCWDs have been fully reintegrated and the the achievements are the following:

XCWDs and community members of Muyumbu Village have their health care improved at Village level through their health post empowered with different medical services and they no longer walk long distance to other health centers.

In addition, psychologically, XCWDs in MUYUMBU Village are reintegrated as their self-acceptance and self-esteem get more restored. This status is observed through the way they participate in different socioeconomic development activities such as income generating activities, credits and savings, etc.)

Socially, XCWDs are now stable and part of the community as they have developed social bonds and are able to participate in Community Works, organize sport/games competitions and so on and so forth.

4.3. Challenges

Some challenges were raised during FGDs by XCWDs and RDRC authorities as shown below:

First, as time goes by, many XCWDs are aging and their disability is getting worse. This means that in the coming years, the elders will not be able to do the demanding work.

Second, Muyumbu Village has no access to water, apart from the one collected in tanks during the rainy season. XCWDs and other residents of the village continue to straggle to find water to perform different household and IRPWs center activities during dry season.

Third, XCWDs and community members working in soap manufacturing field have challenges of accessing raw materials. Almost all the needed materials are imported. Hence, with the COVID-19 pandemic, some raw materials are scarce and production level has declined.

In addition, there is a lack of access to the market for their products because the markets are far from where they live and so unable to reach the clients. In otherwords many of their product are sold only on demand.

Furthermore, mainstreaming of people with disabilities in planning at tactical and operational level is still a challenge in as far as some local leaders are concered for some are still not

aware of the challenges that XCWDs in Muyumbu Village face. Some of their responsibilities are still vested to the RDRC and NCPD.

5.4. Recommendations

The following recommendations are framed to address the challenges highlighted above and are directed to MINALOC, Rwamagana District, Muyumbu Sector, RDRC and NCPD. These recommendations are economical, social- cultural as well as political.

First, Muyumbu Sector ought to sensitise XCWDs to make savings for their future through insurance companies such as RSSB and “EJO HEZA”. This will help them to sustain their wellbeing as they age and their health get worse.

Second, Rwamagana District has to mainstream people with disabilities in its planning so that the issues they face are solved.

Third, Rwamagana District, NCPD and RDRC should work jointly in monitoring the management of the IRPW centers to ensure its effectiveness. Failure to do so may affect some components of the center, for example the standards of living of the disabled persons.

Forth, more attention should be put into consideration for some XCWDs claiming to have full rights to their houses provided by RDRC so that they can use them to obtain mortgages to from banks.

Politically, also if the uprightness and lives of our XCWDs is not improved, this may not motivate X-FAR and interahamwe from putting down their weapons so that they can equally be integrated in the Rwanda of today and tomorrow. Also, if they are not well taken care of, they may discourage the youth from joining the security forces and also make those who are already in service be more careful so as to avoid any injury that may lead them to become XCWDs

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ANNEXES

ANNEX A. INTERVIEW GUIDE FOR XCWDs ON CONTEXTUAL FACTORS TO THEIR COMMUNITY REINTEGRATION/ENGLISH VERSION

1. INTRODUCTION

My name is SP Athanase NYANDWI and I am a student from The University of Rwanda and National Police College. I am conducting a research on “**Community-Based Reintegration in Muyumbu Village: Achievement and Challenges**” as a partial fulfilment of the award of Master of Arts in Peace and Conflict. This interview intends to collect information on the contribution of Muyumbu IRPW to community reintegration of XCWDs; improvement of the livelihood of XCWDs and the community in general.

You are among the members of this village selected to provide worthy information that could contribute to the fulfillment of this research. I assure you that the information you provide will be treated in strict confidentiality and that your names will not appear anywhere while reporting the findings. If you feel uncomfortable, you may refuse to answer any question, or end the activity of responding at any time you want, and this will not have any negative consequence on you. I thank you in advance for your acceptance to get involvement in this study.

2. IDENTIFICATION OF THE INTERVIEWEE

1. Gender:
2. Age:
3. Marital status: Single/Married, Divorced, Widow(er)
4. Number of children:
5. Date of demobilization:
6. Category of disability:
7. Education/vocational Training.....

3. INTERVIEW PROTOCOL

Interview Questions	Response Notes
OVERALL REINTEGRATION EXPERIENCE Let’s talk about your experience with Community Reintegration since establishment of IRPWs Center Muyumbu. By reintegration, I mean:	<i>1. He agree with the definition</i>

<p>(a) To fully contribute to social wellbeing of your family,</p> <p>(b) Being accepted by the community and participating fully in the social and economic fabric of the community, and</p> <p>(c) The process of returning to the civilian community life and engaging in socio-economic livelihoods of the community.</p>	
<p>Have you been able to reintegrate back into your family and community like you thought you would be able to?</p> <p>a) What were your expectations from IRPW? b) How have or haven't your expectations been met?</p> <p>2) Currently, do you consider yourself to be wellintegrated in your family and community?</p> <ul style="list-style-type: none"> • Can you give some examples of activities you do that make you feel integrated? 	
<p>ENVIRONMENTAL FACTORS</p> <p>3) What types of things have supported you in doing these activities?</p> <p><i>Potential follow-up questions:</i></p> <p>a) Have people's attitudes towards you helped you with reintegrating (supportive attitudes of family, friends, other service members, strangers)?</p> <p>b) Have you received help in IRPWs Center of Muyumbu that assisted you with reintegrating?</p> <p>c) Are there any products and technology that have helped you with reintegrating (things used for daily living, mobility, recreation)?</p> <p>d) Have any services or programs in IRPWs center of Muyumbu helped you with reintegrating into community (transportation, healthcare, recreation, any</p>	

<p>other assistance programs)?</p> <p>e) Have any policies of business or organizations (including governmental policies) helped you with reintegrating into community?</p> <p>f) Apart from IRPWs Muyumbu, is there anything about the natural or human-made environment that helps you with reintegrating (temperature; climate; physical geography- land forms, body of water, electricity, road, market, other)?</p> <p>“Thank you. We’ve talked about things that have helped you with reintegrating into community...now let’s talk about things that may have hindered you or kept you from reintegrating into community.”</p> <p>4) Is there anything in particular that has hindered you from reintegrating into your family?</p> <p>a) Has a lack of help at IRPW Center or in Muyumbu Village kept you from reintegrating into community successfully?</p> <p>b) Is there anything about the natural or human-made environment that keeps you reintegrating into community (temperature; climate; physical geography-land forms, body of water, electricity, road, market, other)?</p> <p><input type="checkbox"/> <i>Added question for this section:</i></p> <p>a) Are there any products and technology that have kept you from reintegrating (things used for daily living, mobility, recreation)?</p> <p>b) Have there been any types of services/programs <u>orlack of services</u> in IRPWs center that have kept you from reintegrating into community (housing, transportation, healthcare, recreation, any other assistance programs)?</p> <p>c) Have any policies of businesses or organizations (including governmental policies) kept you from reintegrating into community?</p> <p>Is there anything in particular that made reintegrating into your family difficult for?</p>	
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Is there anything in particular that has hindered you from reintegrating into your community?

a) Has a lack of help at IRPW Center or in Muyumbu Village kept you from reintegrating into community successfully?

b) Is there anything about the **natural or human-made environment** that keeps you reintegrating into community (temperature; climate; physical geography-land forms, body of water, electricity, road, market, other)?

Added question for this section:

a) Are there any **products and technology** that have kept you from reintegrating (things used for daily living, mobility, recreation)?

b) Have there been any types of **services/programs** **or lack of services** in IRPWs center that have kept you from reintegrating into community (housing, transportation, healthcare, recreation, any other assistance programs)?

c) Have any **policies of businesses or organizations** (including **governmental policies**) kept you from reintegrating into community?

PERSONAL FACTORS

Introduce discussion of personal factors and expand on participant's previous comments relating to self-efficacy, motivation, self-regulation, copying, etc.

“We have talked a lot about external things... now let's talk about some internal things.”

Is there anything in particular that made reintegrating into your community difficult for you?

5) In what ways are you motivated to reintegrate into your family and community?

6) *In what ways are you motivated to reintegrate into your family and community?*

6) Is there anything about you, personally, that has helped you with reintegrating into community?

“This may include something as simple as your age/gender or as complex as your personal beliefs about yourself such as your ability to overcome challenges.”

7) Is there anything about you, personally, that has made it difficult for you to reintegrate into community?

8) Do you believe you have the skills and abilities to be successfully integrated into your family and community?

9) Have you set any goals for yourself?

a) If so, have you been able to achieve those goals?

b) If not, do you expect to reach those goals?

WRAP-UP

10) Is there anything that we haven't talked about that you would like to discuss?

11) Do you have any suggestions for ways IRPWs center can better improve livelihood of XCWDs and community members?

“Thank you for talking with me and sharing your experiences.”

*Could you please give me your contacts for further information?

ANNEX B. INTERVIEW GUIDE FOR XCWDs ON CONTEXTUAL FACTORS TO THEIR COMMUNITY REINTEGRATION/IKINYARWANDA VERSION

1. IRIBURIRO

Nitwa SP Athanase NYANDWI nkaba ndi umunyeshuri muri Kaminuza y’u Rwanda ku bufatanye n’ Ishuri Rikuru rya Polisi y’u Rwanda nkaba ndi gukora ubushakashatsi ku **“Isubizwa mu buzima busanzwe rishingiye ku muryango (Community) ry’abavuye ku rugerero bafite ubumuga mu mu Mdugudu wa Muyumbu: Ibyagezweho n’imbogamizi”**.

Muri bamwe mu banyarwanda batoranijwe kugirango muduhe amakuru. Ubu bushashatsi bugamije kumenya uruhare Ikigo cya IRPW Muyumbu cyagize mu gusubiza mu buzima busanzwe abavuye ku rugerero bafite ubumuga, kubateza imbere no guteza imbere abaturage muri rusange.

Amakuru muduha azafasha kumenya uruhare rwa za IRPWs mu gusubiza mu buzima busanzwe abavuye ku rugerero bafite ubumuga mu Rwanda. Ndabizeza ko amakuru muduha azegeranywa n’ayabandi kandi amazina yawe ntabwo azagira aho agaragara muri raporo.

Muramutse mwumva hari ikibazo mudashaka gusubiza mwacyihorera; ndetse muramutse munashatse guhagarika ikiganiro nabwo nta kibazo kandi nta ngaruka biri bubagireho.

Ndashimiye cyane ku kuba mwemeye kugira uruhare muri ubu bushashatsi.

2. UMWIRONDORO W’UGANIRIZWA

1. Igitisna:
2. Imyaka:
3. Ingaragu/Arubatse, Yatandukanye n’uwo bashakanye, Umupfakazi
4. Umubare w’abana arera:
5. Igihe yaserewe mu ngabo:
6. icyiciro cy’ubumuga:

3. IMFASHAKIGANIRO

Ibibazo byifashishwa mu kiganiro	Ibisubizo byatanzwe
Urugendo rw’ubuzima mu bijyanye no gusubizwa mu buzima busanzwe <i>"Reka tunganire ku bunararibonye bwawe ku bijyanye no gusubizwa mu buzima busanzwe kuva IRPW Muyumbu</i>	

yashingwa. Iyo tuvuze gusubizwa mu buzima busanzwe, tuba tuvanga kubasha kwifatanya mu (a) ibikorwa byo mu muryango, (b) ibikorwa by'imibereho myiza, n' (c) ibikorwa byo kwiteza imbere (urugero: akazi gatanga umushahara cyangwa umurimo ubyara inyungu, ubukorerabushake, siporo n'imyidagaduro)".

1) Waba warashoboye gusubizwa mu buzima busanzwe no kwiyumva mu bandi baturage bo mu gace utuyemo nk'uko wabitekerezaga?

- a) Ni iki wari witeze kuri IRPWs?
- b) Nigute ibyo wari witeze kuri IRPWs wabigezeho cyangwa utabigezeho?

2) Kugeza ubu, uratekereza ko wabashije gusubizwa neza mu buzima busanzwe no kwiyumva kimwe/kwisanga mu baturage bo muri uyu Muugudu wa Muyumbu?

- Waduha urugero rw' ibikorwa ukora ubikesheje IRPWs bigatuma wisanga mu bandi (umuryango/abandi baturage mutuye muri uyu Muugudu wa Muyumbu?)

IMITERERE Y' AHO DUTUYE YOROSHYA ISUBIZWA MU BUZIMA BUSANZWE RW' UWAMUGARIYE KU RUGERERO

3) Watubwira icyagufashije kubasha gukora ibikorwa byavuzwe haruguru?

Ibibazo bishamikiyeho:

- a) Ese imyifatire yabantu kuri wowe yaba yaragufashije gusubira mu muryango (uburyo umuryango inshuti abo mukorana n' abandi, bagushyigikira/bagutera inkunga)?
- b) IRPWs Muyumbu hari inkunga/ubufasha yaguhaye yagize icyo ikumarira mu gusubira mu buzima busanzwe?
- c) Haba hari ibikoresho/ibicuruzwa n'ikorabuhanga biri muri kigo cya IRPWs byagufashije gusubira mu buzima busanzwe (ibintu byifashishwa mu mibereho ya buri muni nko kubasha kugenda, gutumanaho, guhaha,

kwidagadura/gukina)?

d) Haba hari serivisi cyangwa programu iyo ari yo yose muri IRPWs ya Muyumbu yagufashije gusubira mu buzima busanzwe (servisi z'Uburezi/amahugurwa, serivisi z'ubuvuzi, serivisi z'imari, insengero, ibiro by'ubuyobozi, amaduka/isoko, imyidagaduro, izindi gahunda zose zifasha abaturage mu mibereho myiza)?

e) Haba hari politike yoroshya gukora ubushabitsi cyangwa kujya mu mashyirahmwe (harimo na politiki ya leta) byagufashije gusubira mu buzima busanzwe?

f) Uretse IRPWs Muyumbu, haba hari ibindi bintu bijyanye n'imiterere karemano y'umudugudu wa Muyumbu cyangwa ibikorwaremezo byagufashije gusubira mu buzima busanzwe (kuba aho mutuyehashyuha/hakonja, ikirere cyaho, imiterere y'ubutaka, ibikorwa remezo by'amazi, imihanda n'amashanyarazi, isoko, n'ibindi)?

“Murakoze. Twaganiriye ku bintu byagufashije gusubira mu buzima busanzwe... none reka tunganire no ku bintu bishobora kuba byarakubangamiye cyangwa bigatuma utabasha gusubira mu muryango no muzima busanzwe nk'uko wabyifuzaga”

4) Haba hari ikintu cyihariye cyatumye ugorwa no gusubizwa mu buzima busanzwe? Cyangwa ikindi kintu cyose cyakugoye muri urwo rugendo?

a) Ese kubura ubufasha ubwo aribwo bwose haba muri Centre ya IRPW cyangwa mumudugudu wa Muyumbu byatumye ntacyo ugeraho ubikesheje gusubizwa mu buzima busanzwe?

b) Uretse IRPWs Muyumbu, haba hari ibindi bintu bijyanye n'imiterere karemano y'Umudugudu wa Muyumbu, cyangwa ibikorwa bya muntu byakubangamiyemu gusubira mu buzima busanzwe (kuba aho mutuyehashyuha/hakonja, ikirere cyaho, kuba hakunze kuba inkuba, imyuzure cyangwa amapfa, imiterere mibi y'ubutaka/ahantu hahanamye/ , imihanda yangiritse, ibikorwa remezo by'amazi n'amashanyarazi bidahari cyangwa byangiritse)?

□ *Ibibazo by'inyongera kuri iki gika:*

- a) Haba hari ibikoresho/ibicuruzwa n'ikoranabuhanga biri cyangwa bitaboneka muri kigo cya IRPWs cyangwa mu Mudugudu wa Muyumbu byabangamiye isubizwa mu buzima busanzwe ryawe (ibintu byifashishwa mu mibereho ya buri munsu nko kubasha kugenda/transport, gutumanaho kwidagadura/gukina)?
- b) Haba hari serivisi cyangwa programu iyo ari yo yose bitaboneka cyangwa se biboneka muri IRPWs no mu Mudugudu wa Muyumbu byabangamiye isubizwa mu buzima busanzwe ryawe (servisi z'Uburezi/amahugurwa, serivisi z'ubuvuzi, serivisi z'imari, insengero, ibiro by'ubuyobozi, amaduka/isoko, imyidagaduro, izindi gahunda zose zifasha abaturage mu mibereho myiza)?
- c) Haba hari politike igenga ibyo gukora ubushabitsi cyangwa kujya mu mashyirahmwe/koperative (harimo na politiki ya leta) yaba yarabangamiye gusubira mu buzima busanzwe kwawe?

Imiterere y'umuntu ku giti cye yoroshya/ibangamira isubuzwa mu buzima busanzwe.

Gutangiza ikiganiro kijyanye n'imiterere yihariye ku muntu hibandwa ku kwigira, gushishikazwa n'ibintu, kwiyumanganya no kwigira kubitubaho, n'ibindi (hagendewe no kubyavuzwe haruguru).

“Twaganiriye byinshi ku mpamvu zitaduturukaho zifasha/zibangamira gusubizwa mu buzima busanzwe,... none rero twaganira no ku mpamvu zihariye ziterwa n'uko buri wese aba ateye.”

5) Ni mu buhe buryo ushishikazwa no gusubizwa mu buzima busanzwe; kubana n'abandi mu muryango, abaturanyi,...?

6) Haba hari umwihariko ku giti cyawe/ mu miterere usanganywe yagufashije wakisanga mu muryango no mu baturanyi bawe? “Wenda n'imyaka y'amavuko,/igitsina, cyangwa indi miterere kamere ijyanye n'uko wiyizera cyane cyane mu guhangana n'ibibazo.”

7) Mu miterere (y'umubiri cyangwa imitekerereze/imibereho yawe) haba hari ibyatumye gusubira mu buzima busanzwe bikorohera/bikugora?

8) usanganywe ubumenyi n'ubushobozi bigufasha muri uru rugendo rwo gusubira mu buzima busanzwe?

9) Haba hari intego/umuhigo wigize wishyiriraho ku giti cyawe mu iterambere, imibereho myiza?

a) Niba ari yego, waba warabashije kuzigeraho/kwesa uwo muhigo?

b) Niba utarayigeraho/utarawesa (intego/umuhigo), wizeye kuzayigeraho/kuzawesa?

Gusozza ikiganiro

10) Haba hari ikindi tutaganiriyeho wifuzaga ko twavugaho?

11) Ni ibihe byifuzo byawe ku cyakorwa ngo servisi na program bitangirwa muri IRPWs Muyumbu birusheho guteza imbere imibereho yawe n'iya'abaturage muri rusange?

"Murakoze ku bw'umwanya wanyu mwigomwe kugirango mudusangize ku makuru y'urugendo rwanyu mu gusubizwa mu buzima busanzwe."

*Ese mwampa numero za telefoni zanyu kugirango bibaye ngomba mbe nagira ikindi mbabaza?

ANNEX C. INTERVIEW GUIDE FOR XCWDs ON THEIR COMMUNITY REINTEGRATION /ENGLISH VERSION

1. INTRODUCTION

My name is SP Athanase NYANDWI and I am a student from The University of Rwanda and National Police College. I am conducting research on **“Community-Based Reintegration in Muyumbu Village: Achievement and Challenges”** as a partial fulfilment of the award of Master of Arts in Peace and Conflict. This interview intends to collect information on the contribution of Muyumbu IRPW to community reintegration of XCWDs; improvement of the livelihood of XCWDs and the community in general.

You are among the members of this village selected to provide worthy information that could contribute to the fulfillment of this research. I assure you that the information you provide will be treated in strict confidentiality and that your names will not appear anywhere while reporting the findings. If you feel uncomfortable, you may refuse to answer any question, or end the activity of responding at any time you want, and this will not have any negative consequence on you. I thank you in advance for your acceptance to get involvement in this study.

2. IDENTIFICATION OF THE INTERVIEWEE

1. Gender:
2. Age:
3. Marital status: Single/Married, Divorced, Widow(er)
4. Number of children:
5. Date of demobilization:
6. Category of disability:
7. Profession/vocation.....

3. INTERVIEW PROTOCOL

3.1. Income Generating Activities and On-Job Training.

- 1) What is your opinion about the connection between Income Generating Activities you benefited from IRPWs Muyumbu and your reintegration into community?
- 2) Employment / entrepreneurship

- 3) Self- reliance in terms of assets and finances
- 4) Access to credit
- 5) Self-confidence and self esteem
- 6) Professionalism
- 7) Community acceptance

b. What is your opinion about the connection between the On-Job Training you benefited from IRPWs Muyumbu and your reintegration into community?

- 1) Employment / entrepreneurship
- 2) Self- reliance in terms of assets and finances
- 3) Access to credit
- 4) Self-confidence and self esteem
- 5) Professionalism
- 6) Community acceptance

3.2. Medical and Counseling services

What is your opinion about the role of Medical and Counseling services provided by the center for IRPWs in improving health conditions to both of you?

- a. Medical treatment
- b. Benefiting physiotherapy and prostheses
- c. Self-acceptance, trauma healing and recover from stigma
- d. Other health services provided (Family Planning, Vaccination, etc)

What is your opinion about the role of Medical and Counseling services provided by the center for IRPWs in improving health conditions to both of you and other community members and contributing to community reintegration of XCWDs?

- e. Medical treatment
- f. Benefiting physiotherapy and prostheses
- g. Self-acceptance, trauma healing and recover from stigma
- h. Other health services provided (Family Planning, Vaccination, etc).

3.3. Recreative activities and community events

What is your opinion on the contribution of recreative activities and community events conducted in IRPWs center in promoting social capital among XCWDs and community members of Muyumbu Village?

- a. Community acceptance
- b. Social cohesion
- c. Mutuality
- d. Trust and reciprocity
- e. Civic mindedness on political and socio-development of the country

3.4. Challenges and Suggestions

What are the challenges do you encounter that hinder your reintegration into community through the IRPWs Center of Muyumbu?

What could be done so that the center optimizes its role in improving the livelihood of XCWDs, their families and the community members?

ANNEX D. INTERVIEW GUIDE FOR XCWDs ON THEIR COMMUNITY REINTEGRATION /IKINYARWANDA VERSION

1. IRIBURIRO

Nitwa... SP Athanase NYANDWI... nkaba ndi umunyeshuri muri Kaminuza y'u Rwanda ku bufatanye n' Ishuri Rikuru rya Polisi y'u Rwanda nkaba ndi gukora ubushakashatsi ku **“Isubizwa mu buzima busanzwe rishingiye ku muryango (Community) ry’abavuye ku rugerero bafite ubumuga mu mu Mdugudu wa Muyumbu: Ibyagezweho n’imbogamizi”**.

Muri bamwe mu banyarwanda batoranijwe kugirango muduhe amakuru. Ubu bushashatsi bugamije kumenya uruhare ikigo cya IRPW Muyumbu cyagize mu gusubiza mu buzima busanzwe abavuye ku rugerero bafite ubumuga, kubateza imbere no guteza imbere abaturage muri rusange.

Amakuru muduha azafasha kumenya uruhare rwa za IRPWs mu gusubiza mu buzima busanzwe abavuye ku rugerero bafite ubumuga mu Rwanda. Ndabizeza ko amakuru muduha azegeranywa n’ayabandi kandi amazina yawe ntabwo azagira aho agaragara muri raporo.

Muramutse mwumva hari ikibazo mudashaka gusubiza mwacyihorera; ndetse muramutse munashatse guhagarika ikiganiro nabwo nta kibazo kandi nta ngaruka biri bubagireho.

Ndabashimiye cyane ku kuba mwemeye kugira uruhare muri ubu bushashatsi.

2. UMWIRONDORO W’UGANIRIZWA

- a. Igitisna:
- b. Imyaka:
- c. Ingaragu/Arubatse, Yatandukanye n’uwo bashakanye, Umupfakazi
- d. Umubare w’abana arera:
- e. Igihe yaserewe mu ngabo:
- f. icyiciro cy’ubumuga:
- g. Umwuga akora.....

3. INSANGANYAMATSIKO

3.1. Uruhare rw'umurimo ubyara inyungu n'amahugurwa mu myuga inyuranye atangwa na IRPW mu gufasha abamugariye ku rugamba mu gusubira mu buzima busanzwe.

- a. Kubona akazi/kwihangira umurimo
- b. Kwigira mu bijyanye n'umutungo n'
- c. Kubona inguzanyo za Banki
- d. Kwigirara icyizere
- e. Gukora kinyamwuga
- f. Kubonwa neza no guhabwa agaciro mu muryango na 'community'

3.2. Uruhare rwa servisi y'Ubuwuzi n'ubujyanama bitangirwa muri IRPW mu gufasha abamugariye ku rugamba n'abandi baturage muri rusange bigira ingaruka ku gufasha uwamugariye ku rugamba kurushaho kwibona mu bandi baturage nabo kandi bakamwibonamo.

- a. Kuvurwa indwa zinyuranye ku buryo bworoshye
- b. Kubona servisi z'ubugororangingo n'inyunganirangingo ku buryo bworoshye
- c. Gufashwa kwiyakira, gukira ihungabana no kwiyumva nk'abandi baturage
- d. Ubujyanama mu by'ubuzima bwo mu mutwe
- e. Izindi servisi z'ubuzima zitangwa (kuboneza urubyaro, guhabwa inkingo, n'izindi)

3.3. Ibikorwa by'imikino, imyidagaduro n'ibiganiro bikorerwa muri IPRW bifasha abamugariye ku rugamba n'abaturage kurushaho kunga ubumwe no gusabana.

- a. Kwibona mu bandi
- b. Gushyirahamwe n'abandi baturagemu bikorwa bigamije imibereho myiza n'iterambere
- c. Ubuvandimwe
- d. Kwizerana no guhuza urugwiro n'abandi baturage
- e. Kugira imyumvire n'imatekerereze nk'iy'abandi baturage muri gahunda z'igihugu

3.4. Imbogamizi

-Ni izihe mbogamizi uhura nazo nk'uwamugariye ku rugamba mu gusubizwa mu buzima busanzwe?

-Ni izihe mbogamizi ubona zishingiye ku mikorere y'ikigo cya IRPWs mu gufasha abamugariye ku rugamba gusubira mu buzima busanzwe?

-Hakorwa iki ngo ibibazo n'imbogamizi bigaragara mu gusubiza mu buzima busanzwe abamugariye ku rugamba bikemuke?

-Haba hari ikindi mwumva mwambwira kumwe ku binyanye no gusubiza mu buzima busanzwe abamugariye ku rugamba?

Nongeye kubashimira ku bw'umusanzu ukomeye mutanze kuri ubu bushakashatsi.

ANNEX E, INTERVIEW GUIDE FOR COMMUNITY MEMBERS BENEFICIARIES OF IRPWs MUYUMBU /ENGLISH VERSION

1. INTRODUCTION

My name is SP Athanase NYANDWI and I am a student from The University of Rwanda and National Police College. I am conducting a research on “**Community-Based Reintegration in Muyumbu Village: Achievement and Challenges**” as a partial fulfilment of the award of Master of Arts in Peace and Conflict. This interview intends to collect information on the contribution of Muyumbu IRPW to community reintegration of XCWDs; improvement of the livelihood of XCWDs and the community in general.

You are among the members of this village selected to provide worthy information that could contribute to the fulfillment of this research. I assure you that the information you provide will be treated in strict confidentiality and that your names will not appear anywhere while reporting the findings. If you feel uncomfortable, you may refuse to answer any question, or end the activity of responding at any time you want, and this will not have any negative consequence on you. I thank you in advance for your acceptance to get involvement in this study.

2. IDENTIFICATION OF THE INTERVIEWEE

- a. Gender:
- b. Age:
- c. Marital status: Single/Married, Divorced, Widow(er)
- d. Number of children:
- e. He/she has disability or not:.....
- f. Profession/vocation.....

3. INTERVIEW PROTOCOL

3.1, Income Generating Activities and On-Job Training.

What is your opinion about the connection between Income Generating Activities and your reintegration into community?

- a. Employment and entrepreneurship
- b. Access to credit and financial capacity
- c. Financial support group and social cohesion

What is your opinion about the connection between On-Job Training you benefited from IRPWs Muyumbu and your reintegration into community?

- d. On-Job Training and Self-reliance
- e. On-Job Training and professionalism

3.2. Medical and Psychological Support

What is your opinion about the role of Medical support provided by the center for IRPWs in improving health conditions of the community members?

- a. Medical support
- b. Rehabilitation and prostheses service

What is your opinion about the role of psychosocial support provided by the center for IRPWs in community reintegrationXCWDs?

Psychological support

- a. Psychotherapy (Restoration of one's organism confidence, Restoration of one's experiential freedom)
- b. Counseling (Pre and Post HIV Test Counseling, Behavioral change Counseling, Family counseling)

3.3. Recreative activities and community events

What is your opinion on the contribution of recreative activities and communityeventsconducted in IRPWs center of Muyumbu in promoting the social capital among the community members of Muyumbu village?

Recreative events and social cohesion:

- a. Recreative events and social network
- b. Social events and community network

3.4. Challenges and Suggestions

What are the challenges do you encounter in using the IRPWs Center of Muyumbu?

What could be done so that the center optimizes its role in improving the livelihood of XCWDs, their families and the community members?

ANNEX F. INTERVIEW GUIDE FOR COMMUNITY MEMBERS BENEFITING FROM IRPWs MUYUMBU /IKINYARWANDA VERSION

1. IRIBURIRO

Nitwa... SP Athanase NYANDWI... nkaba ndi umunyeshuri muri Kaminuza y'u Rwanda ku bufatanye n' Ishuri Rikuru rya Polisi y'u Rwanda nkaba ndi gukora ubushakashatsi ku **“Isubizwa mu buzima busanzwe rishingiye ku muryango (Community) ry’abavuye ku rugerero bafite ubumuga mu mu Mdugudu wa Muyumbu: Iyagezweho n’imbogamizi”**.

Muri bamwe mu banyarwanda batoranijwe kugirango muduhe amakuru. Ubu bushashatsi bugamije kumenya uruhare ikigo cya IRPW Muyumbu cyagize mu gusubiza mu buzima busanzwe abavuye ku rugerero bafite ubumuga, kubateza imbere no guteza imbere abaturage muri rusange.

Amakuru muduha azafasha kumenya uruhare rwa za IRPWs mu gusubiza mu buzima busanzwe abavuye ku rugerero bafite ubumuga mu Rwanda. Ndabizeza ko amakuru muduha azegeranywa n’ayabandi kandi amazina yawe ntabwo azagira aho agaragara muri raporo.

Muramutse mwumva hari ikibazo mudashaka gusubiza mwacyihorera; ndetse muramutse munashatse guhagarika ikiganiro nabwo nta kibazo kandi nta ngaruka biri bubagireho.

Ndabashimiye cyane ku kuba mwemeye kugira uruhare muri ubu bushashatsi.

2. UMWIRONDORO W’UGANIRIZWA

- a. Igitisna:
- b. Imyaka:
- c. Ingaragu/Arubatse, Yatandukanye n’uwo bashakanye, Umupfakazi
- d. Umubare w’abana arera:
- e. Kugira ubumuga cyangwa kuba ntabwo:.....
- f. Umwuga akora.....

3. INSANGANYAMATSIKO

3.1.Uruhare rw’umurimo ubyara inyungu n’amahugurwa mu myuga inyuranye atangwa na IRPWs mu gufasha abaturage n’abamugariye ku rugamba kwiteza imbere.

- a. Kubona akazi/kwihangira umurimo
- b. Kwigira mu bijyanye n’umutungo n’imari

- c. Kubona inguzanyo za Banki
- d. Kwigirara icyizere
- e. Gukora kinyamwuga
- f. Kubonwa neza no guhabwa agaciro mu muryango na ‘community’

3.2. Uruhare rwa servisi y’Ubuwuzi n’ubujyanama bitangirwa muri IRPW mu gufasha abamugariye ku rugamba n’abandi baturage muri rusange mu gufasha abaturage kugira ubuzima buzira umuze.

- a. Kuvurwa indwa zinyuranye ku buryo bworoshye
- b. Kubona servisi z’ubugororangingo n’inyunganirangingo ku buryo bworoshye
- c. Gufashwa kwiyakira, gukira ihungabana no kwiyumva nk’abandi baturage
- d. Ubujyanama mu by’ubuzima bwo mu mutwe
- e. Izindi servisi z’ubuzima zitangwa (kuboneza urubyaro, guhabwa inkingo, n’izindi)

3.3. Ibikorwa by’imikino, imyidagaduro n’ibiganiro by’abayobozi b’inzeho z’ibanze bikorerwa muri IPRW bifasha abamugariye ku rugamba n’abaturage gusobeka umubano no gusabana.

- a. Kwibona mu bandi
- b. Gushyirahamwe n’abamugaye mu bikorwa bigamije imibereho myiza n’iterambere
- c. Ubuvandimwe
- d. Kwizerana no guhuza urugwiro n’abamugaye
- e. Guhindura imitekerereze ifa=itanye isano n’uburyo abafite ubumuga babonwa

3.4. Imbogamizi n’Ibyifuzo

-Ni izihe mbogamizi uhura nazo mu gukoresha no kubyaza umusaruro iki kigo cya IRPWs?

-Ni izihe mbogamizi ubona zishingiye ku mikorere y’ikigo cya IRPWs mu gufasha abamugariye ku rugamba mu gusubira mu buzima busanzwe?

-Hakorwa iki ngo ibibazo n’imbogamizi bigaragara mu guteza imbere imibereho myiza y’abamugariye ku rugamba n’abaturage bikemuke?

-Haba hari ikindi mwumva mwambwira kitaganiriweho?

Nongeye kubashimira ku bw’umusanzu ukomeye mutanze kuri ubu bushakashatsi.

ANNEX G. INTERVIEW GUIDE FOR LOCAL LEADERS OF MUYUMBU VILLAGE /IKINYARWANDA VERSION

1. IRIBURIRO

Nitwa... SP Athanase NYANDWI... nkaba ndi umunyeshuri muri Kaminuza y'u Rwanda ku bufatanye n' Ishuri Rikuru rya Polisi y'u Rwanda nkaba ndi gukora ubushakashatsi ku **“Isubizwa mu buzima busanzwe rishingiye ku muryango (Community) ry’abavuye ku rugerero bafite ubumuga mu mu Mdugudu wa Muyumbu: Ibyagezweho n’imbogamizi”**.

Muri bamwe mu bayobozi batoranijwe kugirango muduhe amakuru. Ubu bushashatsi bugamije kumenya uruhare ikigo cya IRPW Muyumbu cyagize mu gusubiza mu buzima busanzwe abavuye ku rugerero bafite ubumuga, kubateza imbere no guteza imbere abaturage muri rusange.

Amakuru muduha azafasha kumenya uruhare rwa za IRPWs mu gusubiza mu buzima busanzwe abavuye ku rugerero bafite ubumuga mu Rwanda. Ndabizeza ko amakuru muduha azegeranywa n’ayabandi kandi amazina yawe ntabwo azagira aho agaragara muri raporo.

Muramutse mwumva hari ikibazo mudashaka gusubiza mwacyihorera; ndetse muramutse munashatse guhagarika ikiganiro nabwo nta kibazo kandi nta ngaruka biri bubagireho.

Ndabashimiye cyane ku kuba mwemeye kugira uruhare muri ubu bushashatsi.

2. UMWIRONDO W’UGANIRIZWA

- a. Urwego rw’umurimo:.....
- b. Igihe umaze uyobora:.....
- c. Igitsina: M/F

3. INSANGANYAMATSIKO

3.1. Mukorana mute n’Urwego rushinzwe gusubiza mu bizima busanzwe abamugariye ku rugamba?

3.2. Mubona mute uruhare rw’imirimo ibyara inyungu n’amahugurwa mu myuga inyuranye bitangirwa mu kigo cya IRPWs mu guteza imbere imibereho y’abaturage n’abamugariye ku rugamba?

- a. Kubona aho kuba
- b. Kubona ibibatunga
- c. Kwishyura services zinyuranye zirimo kwivuza n'amashuri y'abana
- d. Kwizigamira.

3.3. Mubona mute uruhare rwa servisi y'Ubuvuzi n'ubujyanama bitangirwa muri IRPWs Muyumbumu gufasha abamugariye ku rugamba n'abandi baturage muri rusange mu gufasha abaturage kugira ubuzima buzira umuze?

- a. Kuvurwa indwa zinyuranye ku buryo bworoshye
- b. Kubona servisi z'ubugororangingo n'inyunganirangingo ku buryo bworoshye
- c. Gufashwa kwiyakira, gukira ihungabana no kwiyumva nk'abandi baturage
- d. Ubujyanama mu by'ubuzima bwo mu mutwe
- e. Izindi servisi z'ubuzima zitangwa (kuboneza urubyaro, guhabwa inkingo, n'izindi)

3.4. Mubona mute ibikorwa by'imikino, imyidagaduro n'ibiganiro bigenewe abaturage mutangira muri IRPWs Muyumbu mu gufasha abamugariye ku rugamba n'abaturage gusobeka umubano no gusabana?

- a. Gufasha abamugariye ku rugamba kwibona mu bandi baturage muyoboye
- b. Gushyirahamwe kw'abamugariye ku rugamba n'abaturage mu bikorwa bigamije imibereho myiza n'iterambere
- c. Kongera ubuvandimwe hagati y'abaturage n'abamugariye ku rugamba
- d. Kwizerana no guhuza urugwiro hagati y'abamugariye ku rugamba n'abaturage
- e. Guhindura imitekerereze ifitanye isano n'uburyo abamugariye ku rugamba babonwa

3.5. Imbogamizi n'Ibyifuzo

-Ni izihe mbogamizi muhura nazo mu mikoranire n'iki kigo cya IRPWs Muyumbu?

-Ni izihe mbogamizi mubona abaturage n'abamugariye ku rugamba bahura nazo mu gukoresha no kubyaza umusaruro iki kigo cya IRPWs?

-Ni izihe mbogamizi mubona zishingiye ku mikorere y'ikigo cya IRPWs mu gufasha abamugariye ku rugamba n'abaturage mu guteza imbere imibereho myiza yabo?

-Haba hari ingamba zihari zo gukemura ibibazo bigaragara muri uyu mushingano gukomeza guteza imbere imibereho myiza y’abamugariye ku rugamba n’abaturage muri uyu Mudugudu wa Muyumbu.

ANNEX E. INTERVIEW GUIDE WITH RDRC AUTHORITY/IKINYARWANDA VERSION

1. IRIBURIRO

Nitwa SP Athanase NYANDWI Inkaba ndi umunyeshuri muri Kaminuza y’u Rwanda, Ishami rya National Police College. Ndi gukomeza bushakashatsi ku **“Isubizwa mu buzima busanzwe rishingiye ku muryango (Community) ry’Abamugariye ku rugamba batuye mu Mudugudu wa Muyumbu: Iyagezweho n’imbogamizi”:(Community Based Reintegration of XCWDs in Muyumbu: Achievement and Challenges)**

Mbegereye nk’umwe mu Bayobozi ba Komisiyo y’Igihugu ishinze gusubiza mu buzima busanzwe abamugariye ku rugamba (RDRC) kugirango muduhe amakuru. Ubu bushakashatsi bugamije kumenya uruhare ikigo cya IRPW Muyumbu cyagize mu gusubiza mu buzima busanzwe abamugariye ku rugamba, kubateza imbere no guteza imbere abaturage muri rusange.

Amakuru muduha azafasha kumenya uruhare rwa za IRPWs mu gusubiza mu buzima busanzwe abamugariye ku rugamba mu Rwanda. Ndabizeza ko amakuru muduha azegeranywa n’ay’abandi agahurizwa hamwe muri ubu bushakashatsi ntahandi azagaragara.

Ndashimiye cyane ku kuba mwemeye kugira uruhare muri ubu bushakashatsi.

2. UMWIRONDORO W’UGANIRIZWA

- a. Urwego rw’umurimo:.....
- b. Igihe kuri uyu murimo:.....

3. INSANGANYAMATSIKO

3.1. Nk’umwe mu bayobozi ba RDRC, mukurikirana imibereho y’Abamugariye ku rugamba, mwaba mwarasubije mu buzima busanzwe abamugariye ku rugamba bangahe mu Mudugudu wa Muyumbu?

3.2. Mbere y’uko uyu mushinga wa IRPWs ukorwa mu Mudugudu wa Muyumbu ni ibihe bibazo mwabonaga byari bihari Abamugariye ku rugamba bahuraga nabyo?

3.3. Ni ibihe bikorwa by'ingenzi umushinga wa IRPWs ufashamo abamugariye ku rugamba n'abaturage muri rusange bo mu Mudugudu wa Muyumbu?

3.4. Mwatubwira ubushobozi bw'imari bugenda kuri IRPWs center Muyumbu mu mwaka?

3.5. Haba hari abafatanyabikorwa mukorana muri uyu mushinga (Urugero nka NCPD, NUDOR,..) gusubiza mu buzima busanzwe ariye ku rugamba? Nibabahari babafasha iki? Mukorana mute?

3.6. Ubuyobozi bw'inzego z'ibanze (Akarere ka Rwamagana n'Umurenge wa Muyumbu) haba hari icyo bafasha muri uyu mushinga? Mukorana mute mu kurushaho guteza imbere Abamugariye ku rugamba binjizwa mu yindi mishanga y'iterambere?

3.7. Ni ibihe bikorwa by'ingenzi uyu mushinga wa IRPWs kuva utangiye kugeza ubu umaze kugeraho mu guteza imbere imibereho y'abamugariye ku rugamba n'Abaturage muri rusange?

- a. Ni iki uyu mushinga wagezeho mu kuzamura imibereho myiza n'ubushobozi by'abaturage n'abamugariye ku rugamba biciye mu mirimo ibyara inyungu n'amahugurwa?
- b. Uyu mushinga waba umaze kugeza kuki abamugariye ku rugamba n'abaturage mu kubafasha gusobeka umubano no kwizerana hagati yabo mugereranyije na mbere y'uko ubaho?
- c. Servisi y'Ubuvuzi n'ubujyanama zitangirwa muri IRPWs Muyumbu zafashije iki abamugariye ku rugamba n'abandi baturage muri rusange ugereranyije na mbere uyu mushinga utarabaho?
- d. Ibikorwa by'imikino, imyidagaduro n'ibiganiro bigenewe abaturage bitangirwa muri IRPWs Muyumbu mu gufasha abamugariye ku rugamba n'abaturage mubona byafashije bite Abamugariye ku rugamba n'abandi baturage muri rusange ugereranyije na mbere uyu mushinga utarabaho?

3.8. Abamugariye ku rugamba bafite ubumuga butabemerera kugira icyo bakora muri uyu Mudugudu wa Muyumbu bo mubasha kubitaho mute?

3.9. Mukurikije ubunararibonye muri uyu mushinga, ni iki mwumva mwashyiramo imbaraga kugirango isubizwa mu buzima busanzwe ry'Abamugariye ku rugamba rirusheho gukomeza kugenda neza?

3.10. Ni izihe mbogamizi muhura nazo mu guteza imbere imibereho y'abamugariye ku rugamba n'abaturage biciye muri uyu mushiga wa IRPWs?

3.11. Ni izihe ngamba mufite zo gukemura ibibazo bigaragara muri uyu mushinga no gukomeza guteza imbere imibereho myiza y'abamugariye ku rugamba n'abaturage muri uyu Mudugudu wa Muyumbu?

3.12. Haba hari ikindi mwumva mwambwira kitavuzwe ku binyanye no gusubiza mu buzima busanzwe abamugariye ku rugamba?

Nongeye kubashimira ku bw'umusanzu uko utanze kuri ubu bushakashatsi.

ANNEX F. FOCUS GROUP DISCUSSION (FGDs) WITH XCWDs

1. How has been the reintegration of XCWDs in Muyumbu Village in the past?
2. How is now the reintegration of XCWDs in Muyumbu Village?
3. What do you think are the causes for this?
4. What do you think was the contribution of the IRPWs as a CBR project to the improvement of livelihood of XCWDs?
5. What was new brought to the community members and the XCWDs by the IRPWs center as a CBR project in terms of social cohesion?
6. How was all this done?
7. What do you think is the challenges this CBR project is encountering?
8. What do you suggest as solutions to overcome the encountered problems?

**ANNEX G. FOCUS GROUP DISCUSSION (FGDs) WITH COMMUNITY MEMBERS
OF MUYUMBU VILLAGE**

1. What do you think was the contribution of the IRPWs as a CBR project to the improvement of livelihood community members?
2. What was new bought to the community members and the XCWDs by the IRPWs center as a CBR project in terms of social cohesion?
3. How was all this done?
4. What do you think is the challenges this CBR project is encountering?
5. What do you suggest as sollutions to overcome the encountered problems?

APPENDICES
APPENDICE 1: NPC COMMANDANT AUTHORISATION

RWANDA NATIONAL POLICE

Musanze, 16 DEC 21



NATIONAL POLICE COLLEGE
TEL: (+250)788311379
P.O.BOX: 23 Musanze
E-mail: npc@police.gov.rw

TO WHOM IT MAY CONCERN

This is to certify that **SP ATHANASE NYANDWI** is a student at Rwanda National Police College, undertaking a Master's Degree in Peace Studies and Conflict Transformation for the academic year 2021-2022. He is conducting a research on: "COMMUNITY BASED REINTEGRATION OF EX-COMBATANTS WITH DISABILITIES IN MUYUMBU VILLAGE: ACHIEVEMENTS AND CHALLENGES", for which he is required to collect data from relevant sources. Any assistance rendered to him in this regard is highly valued by this College.

R MUJISI
CP
COMMANDANT



APPENDICE 2: RDRC RESEARCH APPROVAL

REPUBLIC OF RWANDA



RWANDA DEMOBILIZATION AND REINTEGRATION COMMISSION (RDRC)

BP: 7277 Kigali,

Website: www.demobrwanada.gov.rw ; E-mail: rdrc@demobrwanada.gov.rw,

Ref: RDRC/A.D/01/VN/...336.../2022

Date: 5th April. 2022

Subject: Authorization to conduct a research

Dear Mr. Athanase NYANDWI,

With reference also to your letter dated 06th January 2022, requesting for authorization to conduct a research on **“Integrated Rehabilitation and Production Workshops for Community reintegration of Ex-Combatants with Disabilities at Muyumbu site** for the purpose of partial fulfillment for the award of Master’s degree in Peace and Conflict Transformation at National Police College- Musanze, and the research proposal you sent on 31st March 2022,

I am pleased to inform you that you are authorized to conduct the research mentioned above at Muyumbu site for the purpose of partial fulfillment for the award of Master’s degree in Peace and Conflict Transformation at National Police College- Musanze.

Please communicate the time you intend to start the research.

Regards,



NYIRAHABINEZA Valerie

Chairperson, RDRC

- Commissioners, RDRC
- SG, RDRC.

APPENDICE 3: MUYUMBU SECTOR APPROVAL FOR RESAERCH

Athanase NYANDWI

SP

National Police College

Musanze

06 January, 2022

The Executive Secretary of Muyumbu Sector

Rwamagana

Subject: Request for authorization to conduct a research

Madam,

I hereby request for authorization to conduct a research in the Village of Muyumbu.

In fact, I am enrolled in a Master's for Peace and Conflict Transformation at National Police College- Musanze and I am conducting a research on **"Integrated Rehabilitation and Production Workshops (IRPWs) for Community reintegration of Ex-Combatants with Disabilities"** for partial fulfillment for the award of a master's degree.

Attached is a copy of the confirmation letter from the National Police College.

I look forward to hearing from you soon.

Respectfully,



Athanase NYANDWI

SP

Approved by ES Sector
Muyumbu
BONNY



NYANDWI ATHANASE, COMMUNITY BASED REINTEGRATION OF EX-COMBATANTS WITH DISABILITIES IN MUYUMBU VILLAGE: ACHIEVEMENTS AND CHALLENGES

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UNIVERSITY of
RWANDA

COLLEGE OF ARTS AND SOCIAL SCIENCES

CENTRE FOR CONFLICT MANAGEMENT

AUTHORISATION TO SUBMIT THE CORRECTED DISSERTATION

I, undersigned, Dr Innocent RUGARAGU, member of the panel of examiners of the dissertation done by Athanase NYANDWI entitled: COMMUNITY BASED REINTEGRATION OF EX-COMBATANTS WITH DISABILITIES IN MUYUMBU VILLAGE: ACHIEVEMENTS AND CHALLENGES.

Hereby testify that, he successfully entered the suggested corrections by the panel of examiners and stands with authorization to submit required copies to the administration of CCM for administrative purpose.

Done at: CCM – UR, KIGALI

Date: 19, June 2022

Signature of the examiner:

A photograph of a handwritten signature in blue ink on a light-colored background. The signature is written over a horizontal line and includes the name 'Dr. Innocent Rugaragu, S.J.' written below it.

For Administration of the CCM MA Program: Name, Signature