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Humanitarian relief organizations (HRO) have an important role in providing services during complex humanitarian emergencies (CHE), especially to children in armed conflict. This study examines the strengths and limitations of HROs ability to provide services for child soldiers globally by surveying and interviewing various local and international HROs. HROs were found to provide more indirect services than direct services and limited number gender specific services for female child soldiers. Also, HROs reported barriers to collaboration between organizations due lack of sharing resources, limited exchange of “best practices” and competition of financial resources. Further research is needed to determine how HROs can improve planning and implementation of services to child soldiers, especially females, and effectively collaborate with other HROs to provide comprehensive services.

AN ASSESSMENT OF SERVICES FOR CHILD SOLDIERS

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CHAPTER 1

INTRODUCTION

In 1989 the UN High Commission of Human Rights (UNHCHR) recognized that children need special care and attention and therefore the Convention on the Rights of the Child was enacted. The Convention on the Rights of the Child is a universally agreed set of non-negotiable standards that set minimum entitlements and freedoms that should be respected by governments (UNHCR, 1989). From this convention they created the Optional Protocol on the Involvement of Children in Armed Conflict. It details the basic human rights that children everywhere have which include: the right to survival, the right to healthy development to protection from harmful influences such as abuse and exploitation, and the right to participate fully in family, cultural and social life. The four core principles of the Convention are non-discrimination, devotion to the best interests of the child, the right to life, survival and development, and respect for the views of the child. Each right spelled out in the Convention is inherent to human dignity and to the harmonious development of every child. The Convention protects children's rights by setting standards in health care, education, and legal, civil and social services"(http://www.unicef.org/crc/index_30160.html).

Despite the enactment of the Convention on the Rights of the Child and the adoption of the Option protocol, the enforcement on governments to stop the use of child soldiers has been difficult and there are still over 300,000 child soldiers worldwide. Today, children still comprise significant percentages of national standing armies and guerrilla groups worldwide (Boothby, 2008). Many of the children who are forcefully

admitted into these regimes are abducted or orphaned due to the conflict itself and therefore have no recourse. Although males are conventionally thought to comprise of a large percentage of child soldiers, females have also been forced into these armed conflicts. Child soldiers as well as those affected by armed conflict are at great risk of various adverse health outcomes due to the destruction of public health infrastructure. Children are especially vulnerable to malnutrition due to increased food insecurity and increase in preventable disease such as, malaria and dysentery, due to lack of clean water and sanitation. Furthermore, children in armed conflict may suffer from various psychosocial issues due to being exposed to violence and sexual abuse. Although there are many United States and international HROs that participate in providing services to current and former child soldier's research is limited in determining the efficacy of these DDR programs. Thus, it is imperative to understand what is currently being done to combat the use of child soldiers and to conduct further research to determine what gaps continue to prevent progress. Finally, through careful research, innovative and effective plans of action can be recommended to various international relief agencies.

Purpose of the Study

This study aims to examine the direct and indirect services to current and former child soldiers that are provided by various humanitarian relief organizations worldwide. This study aims to expand upon the limited existing research of services provided to child soldiers, examines the collaborative efforts of humanitarian relief organization that aid child soldiers and finally aims to ascertain the unmet needs in the form of services that exist for child soldiers.

Research Aims

1. Examine the services provided by United States and international relief organizations that provided direct and indirect services to current and former child soldiers worldwide.
2. Examine the collaboration and overlap of services provided by various United States and international humanitarian relief organizations formed to assist child soldiers.
3. Ascertain the unmet needs in the form of services that exists for child soldiers.

Delimitations

This study is delimited by:

- The participants include United States and international relief agencies.
- The participants will respond to a web-based survey.

Limitations

This study is limited by:

- Survey non-response of humanitarian relief organization that may not be willing or able to participate in the study.
- Potential limitations of generalizability of study due to small sample size.
- Incomplete sampling due to the nature of web-based surveys. This study will only be able to capture humanitarian relief organizations that have access to the internet or have web sites.

- The participants in the study may have various job titles and positions, and therefore may answer the survey differently based upon their experiences.
- Web-based and other surveys are limited by potential participant non-response, which may bias the data in an unknown way.
- Web-based survey technique could potentially incur technical difficulties beyond the scope of the researcher, such as computer or server malfunction and technical difficulties.
- Phone interview were limited to those organizations that had functioning telephone numbers.

Assumptions

For the purposes of this study, the following assumptions were made:

- All participants in the data collection are giving their informed consent by responding to the questions of the web-based survey.
- All organization participants are 18 years or older at the time of answering the survey.
- All participants are members of United States and international humanitarian relief organizations.
- The data collected are accurate and available for public and research use.
- All of the organizations will be able to respond to a web-based survey written in English.

Definition of Terms

- *Humanitarian Relief Organization (HRO)* -Any organization that provides assistance including but not limited to, food, shelter, health services, advocacy and policy implementation, to countries outside the United States.
- *Direct Service*- any support that is delivered to the individual or the community that can immediately impact their health or well-being. This includes but is not limited to health care, education, food and shelter.
- *Indirect Service*-any support that is not personally delivered to the individual or community but has an influence on their health or welfare. This includes but is not limited to, advocacy, policy implementation and financial assistance.
- *United Nations High Commissioner for Refugees (UNHCR)*- A branch of the United Nations that is dedicated to the international protection of refugees. (UNHCR, 2008)
- *Child soldier*-A person under 18 years of age who is part of any kind armed group in any capacity, including but not limited to cooks, porters, messengers, and spies. It includes girls recruited for sexual purposes and forced marriage. It does not, therefore, only refer to a child who is carrying or has carried arms. (Lorey, 2001)
- *Disarmament, Demobilization and Reintegration (DDR)* - The sociopolitical and economic process where small arms and heavy weapons are collected, stored or destroyed; children in armed conflict are discharged from their positions in the military or armed forces and their needs are assessed; and finally provides ex-

child soldiers with social services in order to maintain a livelihood as an alternative to participation in the armed forces (CSUCS, 2009).

CHAPTER 2

Review of Literature

Introduction

In the past two decades, there have been many complex humanitarian emergencies (CHE) that have required humanitarian relief organizations (HRO) such as, The Red Cross, United Nations, International Rescue Committee and World Vision, to mobilize immediately in order to provide services to those in need. These complex humanitarian emergencies fall into two general categories; natural and man-made disasters. Recent examples of CHEs include, Hurricane Katrina in New Orleans in 2005, genocide in Rwanda in the mid 1990s and the ongoing civil war in Uganda. HROs play a vital role in providing a variety direct and indirect services during CHEs, including but not limited to, advocacy, financial assistance, field support staff and most importantly the planning and implementation of direct services (food, shelter, emergency medical services etc.). This study will focus on the responsibility of HROs during man made disasters with the specific emphasis on children in armed conflict. Furthermore, this study will focus on three main themes. First, the strengths and limitations of HROs providing direct and indirect services for current and ex-child soldiers, second, the strengths and limitations of collaboration among HRO and finally, the gaps in service provisions for female child soldiers.

Child Soldiers: Who are they?

A child soldier is described as any person under 18 years of age who is part of any kind of regular or irregular armed force or armed group in any capacity, including but not limited to cooks, porters, messengers, and those accompanying such groups, other than purely as family members. Although many child soldiers are male, females are also recruited as combatants, sex slaves and forced marriage. Therefore, this definition does only refer to a child who is carrying or has carried arms (Lorey, 2001). UNICEF estimates that there are approximately 300,000 child soldiers involved in over 30 conflicts worldwide (UNICEF, 2002). The specific number of child soldiers is unknown, however, it can be inferred that African and Asian countries have the largest number of children who are forced or coerced into armed conflict due to the on going turbulent political climate and economic instability.

Although some countries have agreed to demobilize their forces and release child soldiers, ongoing civil conflict has severely impacted progress. According to a 2002 estimate, Burma (Myanmar) has the highest number of child soldiers in the world with approximately 70,000 children under the age of 18 being forced to take up arms (Human Rights Watch, 2002). Chad has been reported to have between 7,000 to 10,000 child soldiers and are continuing to recruit children as young as eight years old from refugee camps (Global Report, 2008). Most recently, it has been reported that the Democratic Republic of Congo has approximately 7,000 child soldiers who have also been used as sex slaves, porters and spies (Global Report, 2008).

In 1989 The Convention to the Rights of Child was established by the United Nations in order to address the gap of specialized needs and rights of children around the world. In May 2000, The Optional Protocol was enacted in order to address the use of children in armed conflict (UNICEF, 2000). Overall, although significant progress has been made in stopping the use of child soldiers, local and international sociopolitical as well as, economic efforts have fallen short of eliminating their recruitment in warfare, and child soldiering still continues today.

The effect of war on children has significant adverse public health implications including, violence and destruction of families and communities, destruction of public health infrastructure (hospitals, clinics and healthcare personnel), increased food and shelter insecurity. The lack of these basic necessities have a negative impact on public health, leaving children especially vulnerable, and may lead to an increase in chronic and infectious diseases, poor physical and mental health, and death due to violence. Therefore, HROs are important mediators in providing relief during and post conflict and have a huge responsibility in providing direct and indirect services throughout the world.

The Role Humanitarian Relief Organization During Complex Emergencies

Providing services during CHEs, specifically during conflict in developing countries, poses several challenges: (1) the unstable sociopolitical climate of during and post conflict impedes HROs ability to mobilize quickly and provide immediate aid to those in need. (2) Although there have been improvements in the coordination

of services between HROs, collaboration is still inefficient and resources are not shared leading to gaps in direct services. (3) Finally, due to the destruction of public health infrastructure, populations in conflict situations have immediate needs ranging from food and shelter to safe drinking water and medical services; HROs have a finite amount of resources and must prioritize and allocate their resources to serve the most number of people possible. These challenges are complex and require meticulous planning, implementation, monitoring and evaluation from various sectors, HROs including, governments and communities, in order to meet the needs of all those affected by CHEs.

War not only destroys public health infrastructure but also the personnel that provides services. This is one of the major challenges that HROs face is providing service provisions for children during and after conflict. In order for HROs to provide service during and post conflict, there must be an understanding of not only the sociopolitical climate but also the public health infrastructure on the ground. Furthermore, because the sociopolitical climate is often unstable it may be difficult as well as dangerous to provide services due to limited access to those in need. Some governments are unwilling to cooperate with HROs and restrict international aid from entering into their country. This poses a major public health threat to the survival and well being of thousands of people in crisis, especially in developing nations. The consequence of government restrictions on international aid severely inhibits the ability for HROs to mobilize and therefore, more people died from malnutrition and preventable diseases, such as malaria and dysentery, than violence during conflict.

For example, a five-year mortality study published by the International Rescue Committee found that an estimated 3.8 million people have died due to war in the Democratic Republic of Congo (International Rescue Committee, 2000).

Research has not provided a systematic method to increasing the accessibility of child soldier, who are inherently a difficult to reach population. As stated previously, due to the severity of this CHES, HROs have an integral role in providing a range of direct services such as, health care, food and shelter, as well as indirect services such as advocacy, financial support and policy change. There are many HROs that participate in creating programs to aid current and former child soldiers. Yet, there have been a limited number of studies conducted by independent researchers and research institutions that address various HROs abilities to provide services to child soldiers. One independent study sponsored by the Ministry of Foreign Affairs of Japan, recommended that in order for HROs to be successful at providing services, there is a need to collect more information about countries who use child soldiers in order create effective disarmament, demobilization and reintegration (DDR) programs. The current information still remains inadequate and it is acknowledged that an increased number of local community needs assessments are necessary in order to create long-term child soldier rehabilitation and reintegration. (Deng Deng, 2001) The aid provided by international HROs often remains unbalanced in using both a centralized and decentralized community based approach to rehabilitation and reintegration of former child soldier. Another independent evaluation of reintegration programs in the Democratic Republic of Congo, emphasized that although there have

been improvements in collaboration with the community there is a lack of uniformity amongst various HROs due to insufficient funding, staff and lack of training of field workers thus, leading to fragmented services (Development Alternative Incorporated, 2007).

Another challenge to providing services during CHEs is due to the coordination and collaboration with multiple HROs. Although some research shows there have been advances in coordination of services between various HROs, other research has shown that there is a need for major improvements in communication, sharing of best practices and collaboration in resource poor settings (Salama et al.,2004;Shepard et al.,2000; Burkle and Hayden,2001). With the rise of CHEs around the world, HROs have recognized the need to improve collaborative efforts in direct and indirect service provisions. In 1997, several HROs and The Red Cross/Red Crescent formed the Humanitarian Charter and published The Sphere Project, a guidebook establishing the minimum standards that HROs to follow in response to CHEs (The Sphere Project, 2004). These guidelines are a major step toward creating a systematic strategy for the planning and implementation of aid during CHEs. In addition to these guidelines, several large HROs including UNICEF, the International Rescue Committee and other HROs conduct an annual meeting in order to share best of practices, create effective strategies on program implementation and findings from research to further the goal of stopping child soldiering.

The Coalition to Stop the Use of Child Soldiers (CSUCS), which includes organizations such as Amnesty International, The Human Rights Watch and International Save the Children Alliance, was created in 1998 to foster collaboration to aid in the prevention, reintegration and rehabilitation of the recruitment of child soldiers. In 2004 the CSUCS published a report that found that although progress has been made to disarm, demobilize and reintegrate (DDR) child soldiers further research and aid is necessary to make a larger impact (Global Report, 2004). Other reports have stated that in order to speed up the DDR process, HROs must improve stronger collaborative effort between organizations, share information, brainstorm new strategies and dedicate long term financial assistance to post conflict countries (The Global Report, 2008; Hardy and Phillips, 1998; Bracken, et al., 1996). Furthermore, it is necessary for stakeholders to strengthen coordination share information and use resources effectively in order to avoid an overlap in services (Landry, 2006).

The third challenge that HROs face is the prioritizations of services during and after CHEs. Post conflict, there are many needs that require immediate attention. War ravaged countries face sever challenges in rebuilding economic, political and social infrastructure. HROs and cooperating governments must determine the best plan of action in order to meet the needs of the population at large. However, during the rebuilding process there are bilateral and multilateral HROs that are involved in the decision making process. Many HROs have competing as well as overlapping interests in providing aid and financial resources are often limited. Thus, HROs are often at odds with each other in trying to secure long-term financial support to meet the various needs of ex-child soldiers

during the DDR process. Reintegration is a long-term process, that takes years to “complete”, and is often severely underfunded (CSUCS, 2006). As a result, HROs must prioritize the allocations of resources to serve the greatest number people. Unfortunately, due inadequate resources certain groups maybe excluded and essential services maybe limited which may lead to further negative public health implications. For example, research has shown the need for the integration of mental health services throughout the DDR process. However, due to the limitations on funding, staff and the inefficient mental health assessments most child soldiers do not receive counseling.

A study in Democratic Republic of Congo emphasized that a community oriented “girls club” where both member from the community and reintegrated female child soldiers can interact could potentially increase an understanding with each other, decrease stigmatization and in turn provide a sense of ‘normalcy’ to former female child soldiers (Verhey, 2004). It is evident that further research is necessary to determine how HROs can integrate specific services toward the needs of female child soldiers.

HROs and Gender Specific Services

Although it has been established that girls also participate in various aspects of armed conflict, many governments and HROs have neglected to respond to this issue appropriately therefore have not provided equitable services provisions to reintegrated female child soldiers. Due to the gap in literature on the extent of girls in armed conflict, female child soldiers are often overlooked and not taken into account during the DDR planning and implementation process. Some studies have shown that female child

soldiers go unnoticed due to their reluctance to demobilize. For example, in Sierra Leone, there were only 15 girls that formally demobilized although it was reported that girls comprised of 30% of the RUF forces (Mazurana and McKay, 2001). There may be several reasons why HROs only provide a limited number of services to child soldiers. One of the major reasons is that female child soldiers have low demobilization and reintegration rate may due to social and cultural stigma. Especially, if they have been “married” to male combatants. A study in the Democratic Republic of Congo found that girls may not view demobilization as a choice due to fear of their “husbands”, fear that they will be socially outcast and unable to marry due to their perceived sexual status and also due to their safety (Verhey, 2004). Furthermore, the many girls may not identify as “child soldiers”, but as “army wives”, and do not want to be formally associated with other child soldiers. The demobilization process automatically places a stigma on female “child soldiers” and may make girls targets in their communities upon reintegration. For that reason, girls may be viewed by their communities as promiscuous or damaged and therefore, become social outcast due to their association with armed forces (Hobson, 2005).

As a result of the limited research, HROs have yet to establish an appropriate response on how to reach girls who have not demobilize and recognize girls that have “defected” or self-demobilized. Some reports have show that girls are not even recognized by governments and HROs as “combatants”. Thus, the service provisions have mainly been targeted toward the needs of males and females are left to survive on their own accord. Female child soldiers may have different experiences than boys in

armed conflict. The role of female child soldiers may range from the front lines of combat to traditional gender roles (cooking, cleaning etc.). Many girls have experienced sexual abuse and have had children while in armed conflict. A 2004 report stated that due to sexual abuse and a lack of appropriate health services during conflict, female child soldiers are at high risk for sexually transmitted diseases and a higher incidence of gynecological health issues at an early age (McKay, 2004). There is an immediate need for HROs to advocate and recognize females as child soldiers and integrate appropriate services specifically target towards the needs of girls. It is evident that there is a significant gap in HROs ability to provide gender specific services and therefore girls are at a greater risk for marginalization in their communities.

CHAPTER 3

METHODOLOGY

Study Design

Sampling of Child Soldier Organizations

The goal of this study is to determine the services provided to child soldiers by various child soldier organizations worldwide. This has been assessed through a cross-sectional exploratory study design using purposive sampling of child soldier organizations that have been identified and selected through conducting a web-based research. Key terms such as *child soldier organization*, *child soldiers*, *internally displaced people*, *children of war* and *children in armed conflict* were entered into the Google, Web of Knowledge and the United Nations Children's Fund search engines to find organizations that worked with child soldiers. An initial number of 20 organizations were identified and selected due to their involvement in providing direct or indirect services, including but not limited to health care, rehabilitation, advocacy, policy implementation food and shelter to child soldiers worldwide through information provided on their website. In addition to the online surveys, 20 organizations were contacted for phone interviews.

Instrumentation and Data Collection

A needs assessment survey, created by a student and faculty of the University of North Texas Health Science Center, School of Public Health, was administered to the humanitarian relief organization (HRO) using the professional survey site,

www.freeonlinesurveys.com by e-mail. The data collection was completed on April 15, 2009. The information was downloaded to excel and transferred to SPSS version 16.0 for analysis. The qualitative analysis was conducted by compiling the qualitative responses and organized by similar themes.

Data Analysis

A frequency distribution was conducted using SPSS version 16.0 to determine the most common types of services provided by various HRO and which countries are receiving the most services. The qualitative analysis was conducted by organizing responses by recurrent themes to determine the collaborative efforts among organization, the gaps in services and how organizations could improve service delivery.

Survey Results

The survey was sent out by e-mail to a total of 27 United States and International humanitarian relief organization (HRO) that potentially provided services to child soldiers worldwide. The survey was sent out to an initial list of 20 organizations on February 10, 2009. A second round of e-mails was sent out on February 24, 2009 and a final round of e-mails were sent out on March 8, 2009. There were a total of 20 responses from the survey. One organization responded “unknown” to whether they provided service to child soldiers. This was a questionable response and therefore it was not included in the study. From the 19 organizations surveyed, 13 provided either direct or indirect services to child soldiers worldwide. There were six of nineteen organizations that responded that did not provide services to child soldiers. There were 15 attempts to

conduct follow-up phone interviews and a total of 2 phone interviews were completed with different United States and HROs. The interviews were between March 3,2009 and April 13,2009.

Importance of Study

The issue of child soldiering has become an international concern due to the ongoing conflicts due to economic and political instability in developing countries. Children are conscripted into armed conflict, which is in direct violation of the United Nation's *Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict* and therefore it is important to understand what actions are being taken to prevent such atrocities. Furthermore, the effect of war on children has significant adverse public health implications including, destruction of public health infrastructure (hospitals, clinics and healthcare personnel), increase food and shelter insecurity. The lack of these basic necessities have a huge negative impact on health, especially children, and may lead to an increase in chronic and infectious diseases, poor mental health and death due to violence. This study aims to determine the provision of services provided to child soldiers, how organizations collaborate to create effective change and finally aims to identify the unmet needs of child soldiers in worldwide.

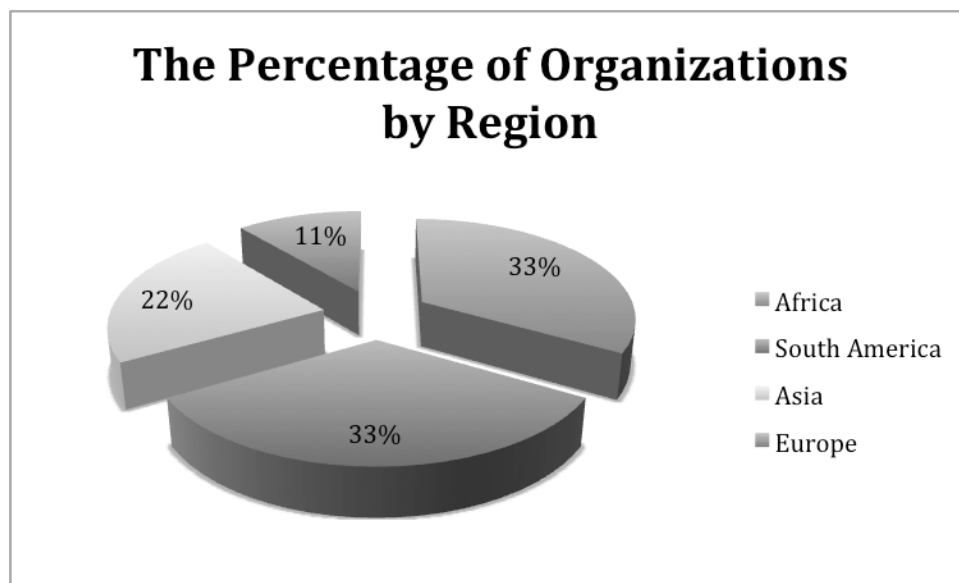
CHAPTER 4

RESULTS

Geographical Location of Services

In an effort to determine where resources are distributed worldwide, the organizations were asked to state geographic regions where they provided services to child soldiers. Approximately 70% of the organizations surveyed identified the regions where they provided direct or indirect services. Of the 70% of organization that provide services globally, one-third provide services in Africa, one-third provide services in South America, and one-third provide services to Asia and Europe combined (Figure 1). Organizations were able to select multiple regions and the results are not necessarily mutually exclusive.

Figure 1

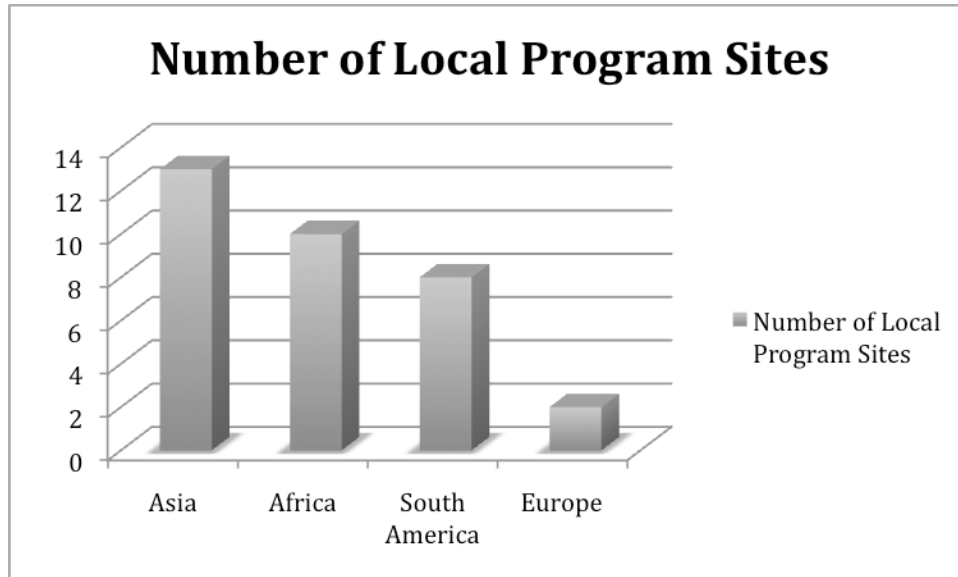


Respondent organizations were also asked to list specific countries within the regions where services are provided for child soldiers (Table 1). Figure 2 provides a graph of the number of local program sites where HROs are present in each region. The organizations that have regional offices or local agencies are distributed globally with Asia contributing to over one-half of the local program sites, organizations in Africa representing two-fifths, South America one-fifth, and finally Europe has one-tenth (Figure 2).

Table 1 Countries Where Relief Aid Agencies Serve Worldwide

Countries	Number Organizations that Provide Services to CS Worldwide	
Uganda		4
Democratic Republic of Congo		2
Sudan		2
Liberia		1
Sierra Leone		1
Myanmar		2
Afghanistan		1
Sri Lanka		1
Cambodia		1
Russia		1
Columbia		4

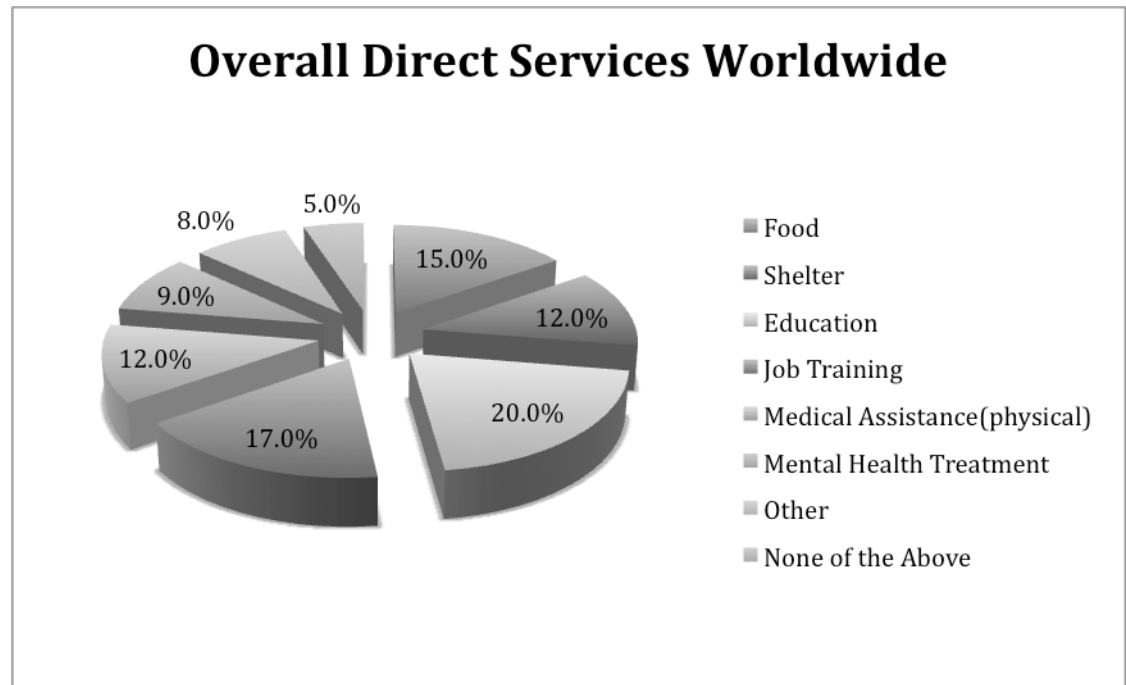
Figure 2



Direct Service Provisions

A primary focus of this study is to determine what direct services are being provided by HROs to child soldiers worldwide. Direct services are essential to rebuilding the lives of child soldiers and it is important to determine the extent and patterns of the services that are being provided. The categories for this question were not mutually exclusive and respondents were able to select multiple answers. Overall, the largest percentage of direct services is education (20%), followed by job training (17%), food (15%), shelter (12%), medical assistance (12%) and finally, mental health treatment (9%) (Figure 3).

Figure 3



n=9

Respondent organizations were asked to specify if the services their organization provided varied by country within each region. One organization in Africa stated that their direct services varied by country: “it is all community and need based...what works in one country may not work in another.” Another organization in Asia responded:

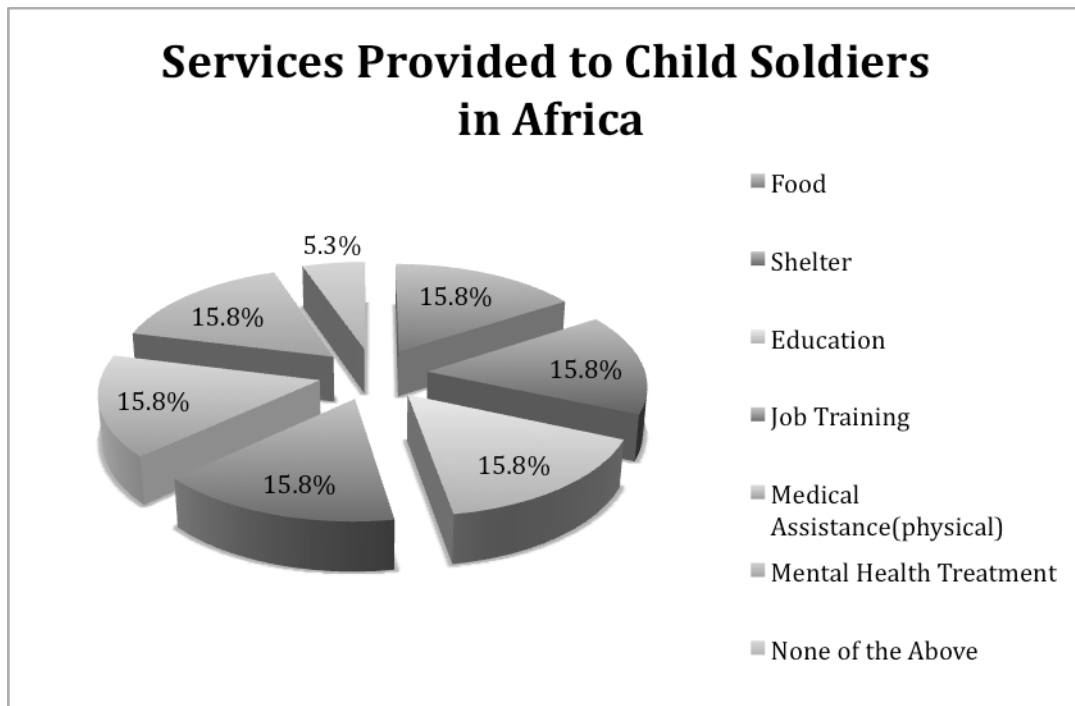
[The] communities have different needs. The type of conflict and the typical use of child soldiers [are different in each region] in a conflict. All services have capacity for provisions of every listed service but some services are needed more than others depending on the context.

Two organizations in South America said that their services varied by country, and one organization responded: “our organization does it from a complex and eco-systemic view where youth may be subjects for resilience.”

Figures 3 through 6 show the services provided by HROs by region. In Africa, services were distributed evenly with each category contributing approximately 15.8% of

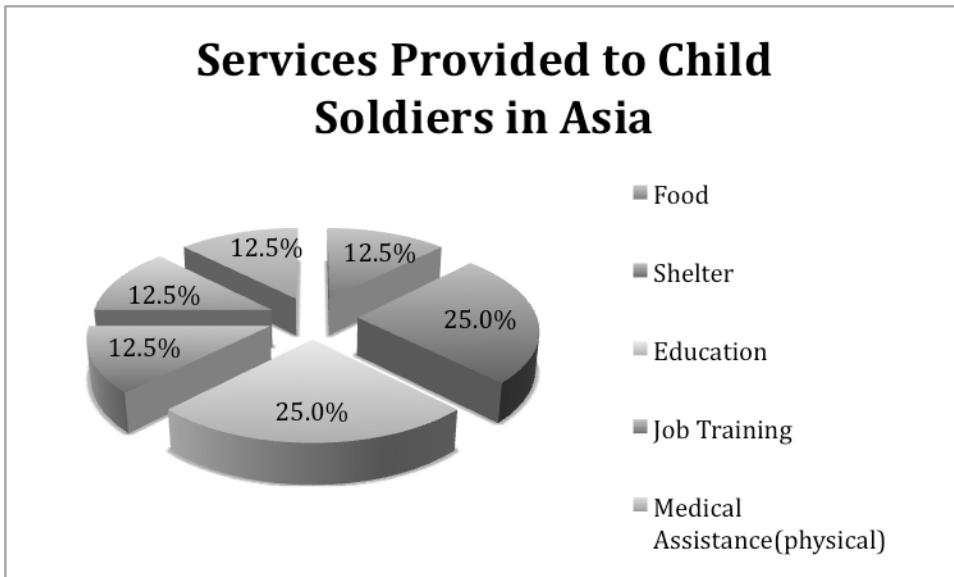
direct resources. Europe also distributed their resources relatively evenly (20%) with the exception of shelter (0%). HROs in Asia apportioned the largest percentage of direct services to shelter and education at 25% respectively. In South America, the highest percentage of direct services was allocated to education (33%) and job training (22%). However, none of the HROs allocated resources to shelter or medical assistance services.

Figure 4



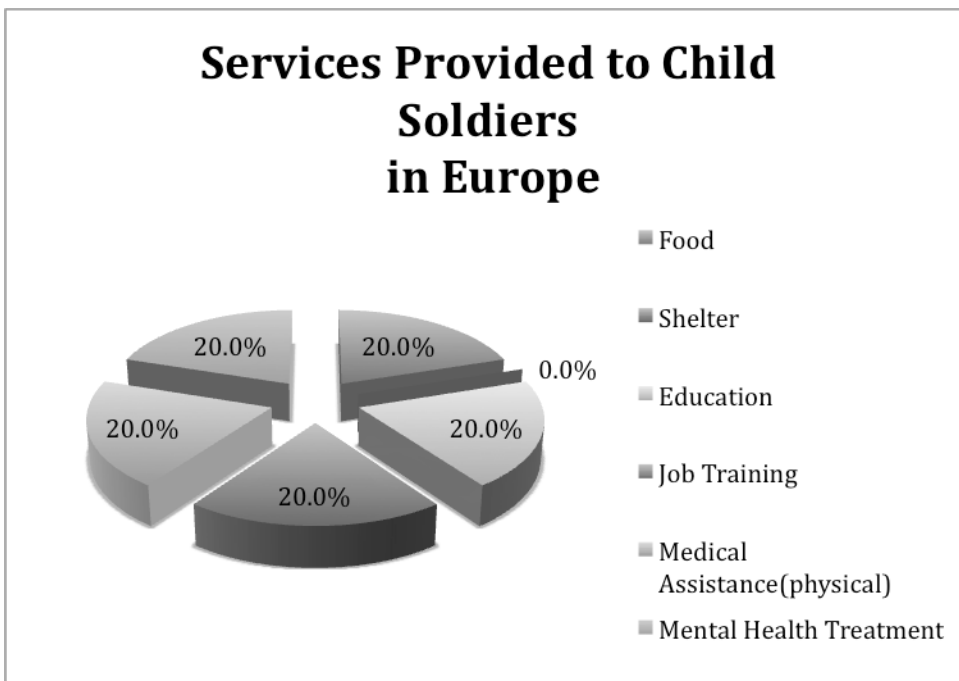
n=4

Figure 5



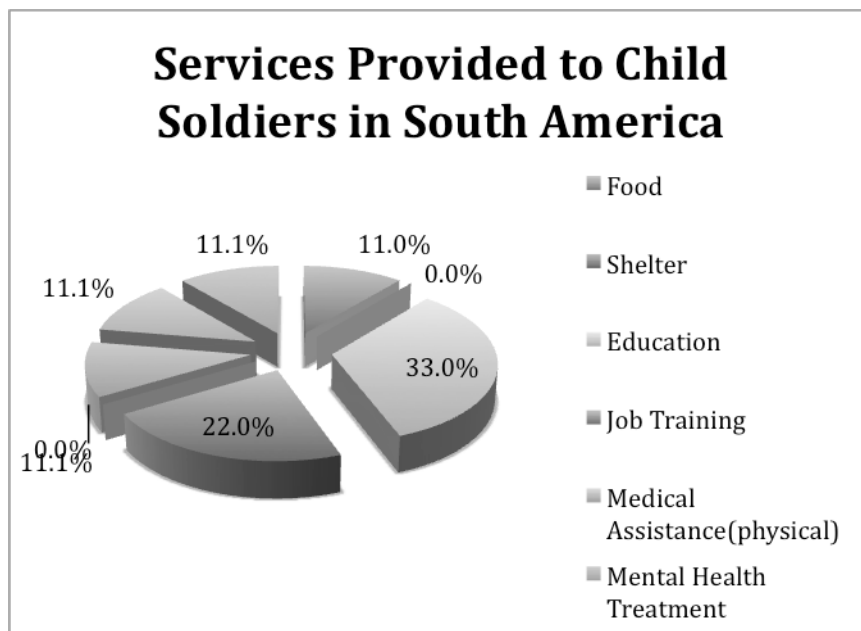
n=2

Figure 6



n=1

Figure 7



n=4

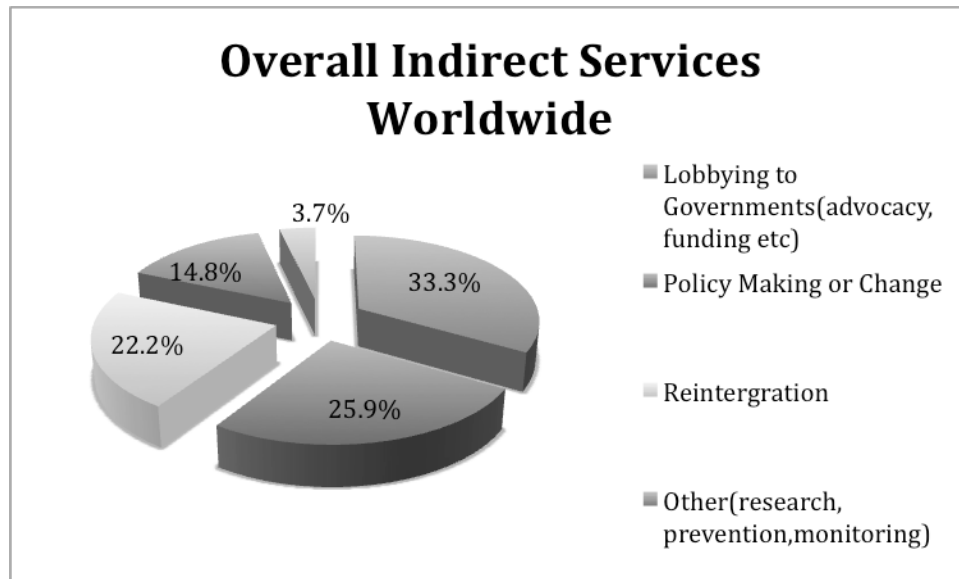
Indirect Service Provision

Not all services are direct and it is important to include organizations that provide indirect services to child soldiers. Indirect services are defined as any support that is not personally delivered to the individual or community but has an influence on their health or welfare. This includes, but is not limited to, advocacy, financial support or policy implementation. Organizations were asked to describe the interaction of services that were provided to child soldiers. A total of 13 organizations responded to this question, and their answers can be divided into four main themes. The following recurrent themes are listed in order of frequency include: (1) advocacy, (2) research (3) monitoring and (4) reporting of child soldier recruitment trends.

Participant organizations in the study were also asked to state the indirect services provided to child soldiers. The categories for this question were not mutually exclusive,

and respondents were able to select multiple answers. One-third of the organizations surveyed participate in lobbying to governments to create legislative action or government funding on behalf of child soldiers, one-quarter of the organizations surveyed participate in policymaking or policy change and nearly one-quarter of organizations participate in the reintegration process and 3.7% of participants stated that they did not participate in any of these activities. Fifteen percent selected “other,” and responded that they provide “prevention to recruiting child soldiers,” “physical, psychosocial and spiritual support,” and “ monitoring and reporting of child recruitment and use.” None of the organizations surveyed participate in disarmament or demobilization activities.

Figure 8

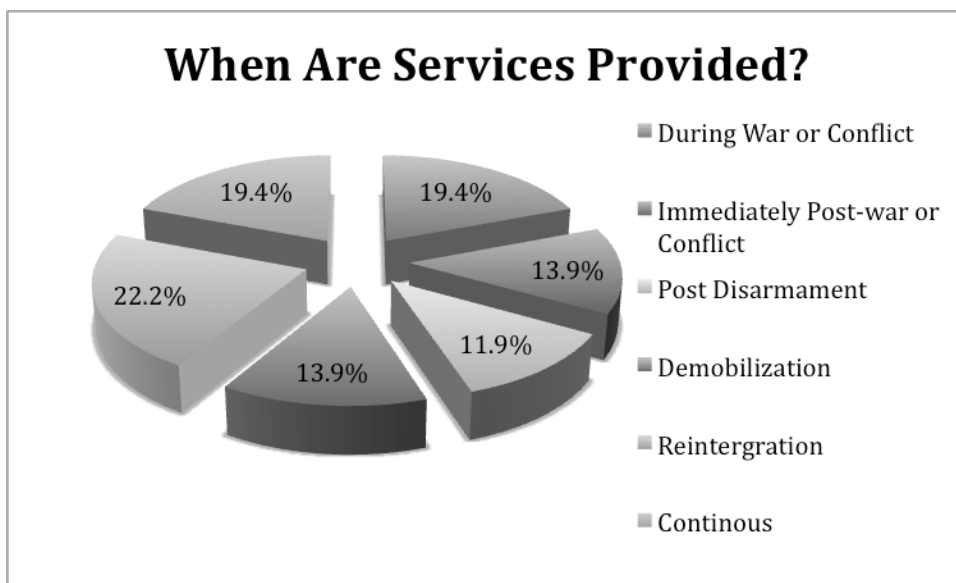


n=19

Timing of Services

The ability for HROs to provide services is associated with the severity of the conflict and how quickly aid can be mobilized to those in need. There are various points of intervention within the life-course of a child soldier from prevention through treatment. This study aimed to determine when the HROs provide services most often in this process. The HROs responded that 22.3% of aid is provided to child soldiers during reintegration, 18.9% responded that they provided services continuously, 13.5 % responded that they provided services immediately post-war or post-conflict, post-disarmament and during demobilization respectively (Figure 9). The categories for this question were not mutually exclusive and respondents were able to select multiple answers.

Figure 9

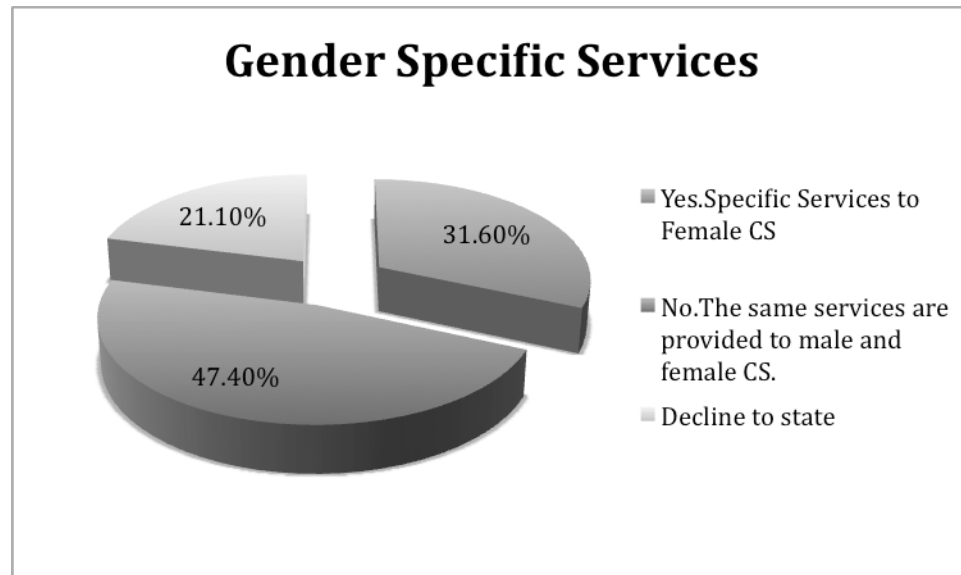


n=19

Gender Specific Service Provisions

Research on gender specific services for child soldiers is limited and the extent of services directed to the specific needs of female child soldiers is inadequate. One aim of this research was to determine whether there is differentiation of services along the lines of gender provided by those HROs surveyed. The survey revealed that slightly less than one-third of the HROs surveyed provide specific services tailored to female child soldiers while nearly half of the HROs surveyed provide the same services regardless of gender. The remainder of the HROs declined to state if they provided specific services to female child soldiers (Figure 10).

Figure 10



HROs that did differentiate services by gender were asked to specify the types of services in which female child soldiers received and which were tailored by gender. Six HROs responded to this question in free-list form and the responses can be separated into

six main themes. The recurrent themes, listed in order of frequency mentioned, include: (1) mental health and trauma counseling, (2) social support during the reintegration process, (3) social services (food, shelter, health care), (4) advocacy, (5) education/job training, and (6) mother/child health services.

Of the six organizations that provided specific services to female child soldiers 20% provided direct services, 40% provided indirect services and 40% of the organizations surveyed provide a combination of both services (Table 3). One of the organizations did not state if they provided direct or indirect services for female child soldiers and therefore could not be included in the table 3.

Table 2. Specific Services for Female Child Soldiers

Services for Female Child Soldiers	
Direct	1
Indirect	2
Both	2

Of the nine organizations that do not provide gender specific services, one-third provide direct services, one-half provide indirect services and slightly less than one-fifth provide both (Table 4). Finally, one-third of the organizations surveyed did not state if they provided direct or indirect services and therefore could not be included in the table.

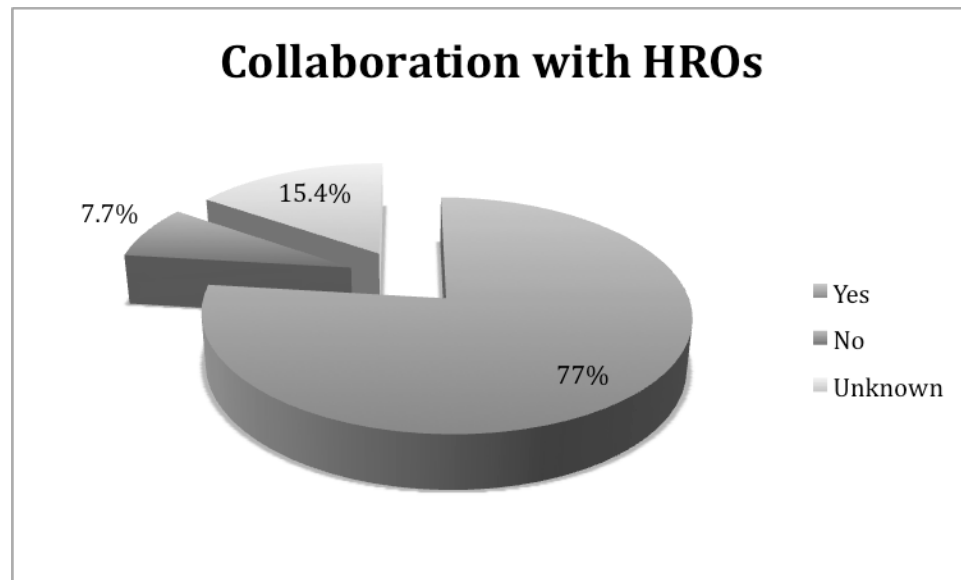
Table 3. Services for Male and Female Child Soldiers

Services for Male and Female Child Soldiers	
Direct	2
Indirect	3
Both	1

Collaboration of United States and International Humanitarian Relief Organizations

A primary goal of this study is to determine the strength of collaboration between parent and partner organizations providing both direct and indirect services to child soldiers. Collaboration is an essential aspect to ensuring that the needs of child soldiers are being planned and implemented effectively by partner organizations. Approximately three-fourths of the organizations responded that they collaborate with at least one other Humanitarian Relief Organization (HRO), less than one-tenth of organizations noted that they do not collaborate with other organization and finally, less than one-fifth responded “unknown” to collaborative partnerships with other organizations (Figure 11).

Figure 11



n=13

The respondents that indicated a collaborative relationship with one or more partner organizations were asked to estimate the how often they collaborated during one calendar year. Approximately 85% of organizations responded to the follow up question and their answers varied between one to three hundred times per year. Over 50% of HROs reported collaborating between 10-12 times per year.

All HROs, regardless of frequency of collaboration with partner organizations, were also asked to state potential barriers to collaboration. However, none of the organizations provided a response to this inquiry. 32The HROs were asked to list the top three organization or subsidiaries that they collaborated with most often. Each organization listed at least two organizations and the three organizations most commonly mentioned that were mentioned the were advocacy-based:

Table 4. Top Organization Mentioned in Collaboration

Ranking	Organization
1	Human Rights Watch
2	War Child
3	Save the Children

The organizations were asked to rate their perceived strength of collaboration with the partner organizations they listed. A total of thirteen of the respondent HROs rated having a “strong” relationship with their partner organization, seven organizations were rated “moderate” and five organizations were rated “very strong” relationship with the partner organization (Table 6). None of the organization mention received a rating of “weak” or “very weak”.

Table 5. Strength of Collaborative Relationship between Respondent and Partner HRO

Very Strong	Strong	Moderate
Human Rights Watch	Save the Children	Human Rights Platforms Columbia
World Vision	NRC(Norwegian Refugee Council)	Amnesty International USA
Living Waters	Coalition to Stop the Use of Child Soldiers	One Mango Tree
Terre des Hommes Alemania	Village of Hope	Favor of God
UNICEF	Zion Project	World Orphans
	Invisible Children	Enough Project
	Gulu Walk	
	Columbian Commission of Jurists	
	Watchlist on Children and Armed Conflict	
	War Child	
	Madre	

Prioritization of Service Provision for Child Soldiers

A primary goal of this study was to determine the gaps in services for child soldiers. In order to determine the gap it is important to determine the perceived challenges from an organizational perspective and to determine how organizations prioritize their need and the needs of the community they are serving. HROs were asked to state what they perceived was missing in service provisions for child soldiers. There were five recurrent themes. Listed in order of frequency mentioned these themes are: (1) collaboration with other agencies and the community; (2) lack of employment, educational and vocational training opportunities for ex-child soldiers; (3) weak implementation of permanent and effective public policies; (4) lack of specific social services for female child soldiers; and (5) limited training on demobilization, disarmament and reintegration (DDR).

The HROs were further asked to provide potential solutions to how to improve service provisions to child soldiers. One respondent stated,

[there needs to be] more collaboration amongst agencies where each group is specialized in a certain area instead of each organization trying to meet all the needs of each child...a coordinated treatment plan for rehabilitation where different organizations are responsible for specific parts of the process.

There were six HROs that responded to this question and their answers are listed in order of frequency: (1) collaboration with other organization; (2) more funding intended for to child soldiers; (3) needs based social services for child soldiers; and (4) more research on efficacy of vocational training programs for child soldiers.

Respondents were asked to rank the following items: financial constraints, limited staff, local or international laws, field training, lack of local or international support and cultural or religious beliefs, from most challenging to least challenging.

A total of 13 organizations responded to this question and the overall responses are shown in Table 7 below:

Table 7. Ranking of Challenges in Providing Services to Child Soldiers

Challenge to Organization	Ranking (1 high, 6 low)
Financial Constraints	1
Limited Staff	2
Local or International Laws	3
Field Training of Local Staff	4
Lack of Local or International Support	5
Cultural or Religious Beliefs	6

In addition to ranking perceived challenges identified by the researcher, HROs were asked to free list the challenges their organization face in providing services to or on behalf of child soldiers. One respondent stated

[There is] difficulty finding education for them [child soldiers] that takes into account what they have missed due to being in captivity and that provides child care for the young mothers...other organization do not seem to want to partner...we could share resources with one another.

There were a total of 15 responses that fell under three main categories listed in order of frequency: (1) limited resources (2) safety of children and staff and finally (3) difficulty collaborating with the government or other organizations staff.

CHAPTER 5

DISCUSSION

Introduction

The goal of this study was to determine the role of humanitarian relief organizations (HRO) in delivering direct and indirect services to child soldiers worldwide. The efficacy of these HROs in providing aid to child soldiers will be addressed by focusing on three key findings. First, this study found that there were a limited number of HROs that provided direct services to child soldiers as compared to the number of organizations that provided indirect services. Second, there is a limited number of needs-based, gender-specific services for child soldiers and finally, HROs reported that there were significant gaps in coordination with other organizations.

The Gap in Direct and Indirect Service Provision for Child soldiers

Direct and indirect services have a vital role in providing a comprehensive solution to addressing the needs of child soldiers. The findings show that approximately half of HROs surveyed provide indirect services such as advocacy, lobbying and policy implementation without providing direct services.

Although the other half of HROs provide direct services, upon closer investigation, only about a quarter of HROs focus their resources solely on providing direct services. This finding is reiterated further through examining the partner organizations that the HROs listed. Approximately half of the partner organizations listed focus their primary efforts on indirect services, specifically advocacy. Again, although half of those partner organizations provide direct services only about one quarter focused

on providing direct services. Furthermore, of the HROs that provide direct services only one-third are in Asia, one-half are in South America and two-thirds are in Africa.

Both direct and indirect services have an essential role in various aspects of planning, implementing and monitoring child soldier programs, and an overwhelming emphasis on one aspect inhibits the entire process. Direct services provide child soldiers not only with basic needs such as food, shelter and medical treatment but also can provide a network of social support through education, vocational training and mental health counseling. Indirect services are also important in influencing the health and welfare of child soldiers because it raises awareness to the international community through advocacy, raises capital to finance programs and research for child soldiers and also creates a forum for activists to lobby and create legislation to put pressure on governments where child soldiers are being recruited. From the finding there seems to be an emphasis on advocacy and only a limited number of direct services. The previous findings are significant for three main reasons because: (1) it can be assumed there is a correlation between direct service provisions and the relationship to the population of interest; (2) within this study there were only a small number of HROs that provide direct services to child soldiers globally and therefore there may be a large portion of child soldiers who are underserved and (3) the HROs are overburdened with meeting the immediate needs of child soldiers.

HROs that are “on the ground” providing direct services have an intimate relationship with the community, have a better understanding of the community’s immediate needs and therefore have positive impact on the efficacy of their program and

ultimately, on the community. In contrast, indirect services can be implemented without contact with child soldiers and the information they receive is based upon the research and reports from in country and local HROs. Again, the immediate needs of child soldiers rely on direct services received and although advocacy efforts are important, child soldiers themselves may not see those efforts. The findings show that there is a definite gap between the numbers of organizations providing direct services to child soldiers globally as well as between regions. For example, although Africa accounts for 33% of HROs providing direct services, there are only 10 local program sites shared between 5 countries, Uganda, Democratic Republic of Congo, Sudan, Liberia and Sierra Leone. Although this survey does not account for all HROs in Africa, it has been previously said that a representative sample was surveyed for this study. If this is assumed to be true, there is a potential that child soldiers in Africa are severely underserved in terms of immediate and direct services that cannot be substituted with an emphasis on indirect services.

Building upon the first finding, the second significant finding shows that due to the small number of HROs providing direct services to child soldiers during the reintegration process, there may be a limited variety of services that meet the immediate needs of this population. HROs have to prioritize services based on the immediate needs of child soldiers and also based upon their ability to provide aid. A key informant stated, “each organization [is] trying to meet all the needs of each child...there needs to be more collaboration.” The data shows that approximately one-quarter of HROs participate in the reintegration process. A successful reintegration process requires an extensive wrap-

around approach to aid child soldiers into reintegrating back into civilian life and preventing them from returning to armed conflict (Mezmur, 2005). For example, an area of direct services that is limited is mental health. The data show that less than 10% of direct services are intended for mental health. This is supported by the current literature that there is an immediate need for the integration of mental health services as part of the rehabilitation process (Medeiros,2007; Betancourt and Khan,2008; Bracken et al,1996).

This is further supported by a key informant from Gulu Walk stated,

“ the feedback we are getting from the local NGOs and partner organizations is that although there is some level of counseling and support the various rehabilitation centers are inadequate...these kids have been in and out of rehab and people expect them to be fixed...these kids need ongoing, consistent and continuous mental health treatment and care and the infrastructure an support just isn't there.”

Further research is necessary to investigate how to integrate mental health services as a priority issue for HROs and the most effective method to implement these services as part of the reintegration process.

Another important finding was that education and job training comprised of the largest percentage of direct service provided to child soldiers. Globally, education and job training comprised of 20% and 17% of direct services respectively. Both education and job training are fundamental elements in providing child soldiers with the knowledge and skills necessary to survive in mainstream society. Although these figures are encouraging, it is also necessary to evaluate how effective the education and vocational training programs are in regards to creating a sustainable livelihood. One of the HROs stated, “ the education needs to be geared toward the needs of the child soldier who are too old to return to regular school and have missed too much to catch up or for ones [girls] who have babies which prevent them from attending.” Another key informant

stated, “ these kids are intelligent, skilled leaders...many of these children become disenfranchised because after they reintegrate back into society and are ‘rehabilitate’ or ‘trained’ to selling calling cards in a booth or at a market they feel like they have taken a step backwards...and sometimes that leads them to look for another military group to join.” The direct services that the HROs provide to child soldiers have an immediate impact on their health and well-being. If the children do not feel that the programs are effective and the services they are receiving are adequate, then it can be assumed that they will find the means to support themselves, even if that puts their lives in danger. Therefore, it is important for HROs to integrate community participatory and needs based programs that require the participation of child soldiers culminating in the implementation of fully funded and effectively managed programs. Further research on how to HROs can meet the needs of child soldiers during the reintegration process is necessary to ensuring that these children are protected and are able to fully reintegrate back into their communities.

Gender Specific Services

This study found that one third of HROs that responded to the survey provided specific services to female child soldiers, while half of organizations provide the same services regardless of gender. Furthermore, only one-third provides direct services, as compared to two-thirds of HROs that provide the same services to male and female child soldiers. These findings are significant for two main reasons: (1) because it reiterates the literature that there is a gap in specific services that are aimed at needs of female child soldiers (Mazurana and McKay, 2001;Wessells, 2007); and (2) it gives

evidence that female child soldiers are not necessarily incorporated as part of the reintegration process.

Female child soldiers may experience different roles than males in armed conflicts including forced marriage, combat while pregnant, self termination of pregnancy and sexual slavery and as a result incidence of sexual exploitation and abuse is high. Therefore, female child soldiers inherently have specialized needs and it is telling that the findings of this study show that HROs provide the exact same services to both male and female child soldiers. One key informant from Amnesty International stated,

“ there is awareness that male and female have different roles once conscripted into the armed forces...females may have traditional gender roles [such as] cooking and cleaning...girls have also been raped and sexually abused so therefore it is important to be aware of these sensitive issue during the reintegration process...some girls need medical attention due to sexual abuse.”

Some of the strengths of the HROs that provide services include providing psychosocial counseling and support female child soldiers with children. As well, one of the HROs stated that they provide referrals to health services, reunification and tracing of family members and education specifically for girls.

This study is in accord with the literature that female child soldiers are not taken into account when planning and implementing services during the reintegration process (McKay et al., 2007; Wessells, 2007). One HRO stated, “ [there needs to be] quality education for girls, especially child mothers...vocational training that provides marketable skills... there is a lack of services for girls who are transiting from captivity to camps.” There is more of a focus, structure and support of the needs of male child soldiers than female child soldiers upon return to their communities. Female child

soldiers return to their communities with out proper support or a system set up for their needs. Some girls have been in combat along side males and have had an opportunity to gain some skills such as leadership and militarily training. However, when returning back to their communities they are forced back into traditional gender roles and therefore there is further inequity in during the reintegration process.

Although many female child soldiers have had traumatic experiences they do not all remain in the roles of victims. Many of these girls and women are extremely resilient and HROs can have a direct positive impact on the lives of female child soldiers with the proper planning, implementation and attention to the needs of female child soldiers. It is evident that further research is necessary to determine how HROs can integrate specific services toward the needs of female child soldiers.

Gaps in Collaboration between Partner Organizations

The final aim of this study was to determine the collaborative relationships among respondent HROs and their partner organizations. This study revealed that three quarters of the HROs surveyed collaborating with least two or more partner organizations. However, the findings also revealed that collaborative relationships with partner organizations is one of the biggest challenges HROs face is their need to improve service provisions for child soldiers. These findings are significant for two main reasons: (1) organizations face challenges in determining how to prioritize their resources; and (2) there are barriers to organizations sharing knowledge and “best practices” which can lead to inefficiency of service delivery in humanitarian conflict situations.

There are a finite amount of resources available for HROs and the competition to attain those resources is high. Therefore, it is not unexpected that HROs listed financial constraints and limited staff as the top two challenges organizations face in providing services for child soldiers. Collaboration with partner organizations maybe a key strategy to providing comprehensive and continuous care to child soldiers in an efficient manner. However, studies have also demonstrated that collaboration can pose several challenges if partnerships are not well aligned and as a result, the quality of services can be severely impacted (Smith 1989; Hardy and Phillips, 1998). HROs have various philosophies on how to determine what is the immediate need of child soldiers. This can depend on how intimately the organization works with the community and how well networked HROs are with other HROs. Therefore, HROs may come at odds with each other because the goal or mission are dissimilar and can create tension among partner organizations and as a result, children may not receive comprehensive care.

In this study, all of organizations self-reported that the collaborative relationship with their partner organization ranged from “very strong” to “moderate” and listed at least two partner organizations. Human Rights Watch, World Vision, UNICEF, Living Waters and Terre des Hommes Alemania were reported having the strongest relationships with relationship with the respondent organizations. Although, collaboration with large umbrella organizations provide smaller HROs with financial assistance, outlets for advocacy and structural support, they can also can pose significant challenge because many large HROs operate remotely and are removed from the local HROs. For example, organizations such as Human Rights Watch and World Vision often support local

organization through advocacy efforts and lobbying to governments about policy implementation, such as the Convention to Right of the Child, where local HROs and are more likely to provide social services such as food, shelter and health services. Furthermore, large humanitarian aid agencies, such as UNICEF, are involved with many projects worldwide and do not concentrate their efforts or resources on one particular issue. One HROs stated, “ every year there is a conference on children and armed conflict and action points are decided upon...those action points are assigned to a diplomat or an agency...[in] a large organization such as the UN internal bureaucracy make it difficult to move forward.” Although these conferences have an impact on creating a discussion about the steps needed to create strategies on stopping the used of child soldiers, after a period of time large partner organizations may be fatigued in moving this issue forward due to the slow moving internal bureaucracy of large HROs and as a result may focus their attention and resources elsewhere. This is especially dangerous for smaller HROs that often rely on the interest and funding of larger HROs. Smaller HROs must compete for scarce resources in complex humanitarian emergencies that is further exacerbated by poor coordination with partner HROs, which ultimately has the potential to delay service delivery, and may negatively impact the health of children during the reintegration process.

Due to financial constraints and limited staff, sharing resources can aid HROs in prioritizing their needs and focus their efforts on their strongest programs. However, if

each HRO is trying to meet a variety of immediate needs of thousands of child soldiers the quality of services and the amount of attention each child receives will be limited. One HRO stated, “ it is necessary for more collaboration amongst agencies where each group is specialized in a certain area instead of each organization trying to meet all the needs of each child.” Although there have been studies on complex humanitarian aid in disaster emergencies there have been limited studies on the integration of services for HROs that work with children and child soldiers in particular. Further studied should be conducted to determine the efficient methods of interorganizational collaboration and how to communicate strategies in a resource poor setting.

Another barrier is sharing best practices and knowledge amongst partner HROs. First, there may be a reluctance to share information in the first place. This was reiterated by a key informant from Amnesty International-UK, “ sharing best of practices, lessons learned is difficult because people are not always willing to share...the focus at the time is often on that particular child’s need and it’s difficult to step back and look at the big picture.” Second, communicating best of practice also takes time and resources and furthermore diverting resources from the immediate needs of the child is especially difficult smaller, local HROs. The final barrier is timing. The reintegration is a long time process and the transition from conflict to peace in most countries has not been smooth. One of the areas that inhibit a smooth transition is lack of organization and cohesiveness with partner organizations. Ultimately, the immediate needs of ex-child soldiers are often put on hold due to poor management or resources, improper planning and implementation of programs and lack of leadership.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

This study has identified strength and limitations of service provision provided to child soldiers by HROs. HROs provide various direct and indirect services to child soldiers globally, including education, job training and some psychosocial support. In this regard, HROs locally and internationally are making progress in the post conflict reintegration programs for child soldiers. However, there is a gap in independent research investigating the effectiveness of these HROs and their ability to provide comprehensive services to child soldiers. One of the major findings was the limited gender specific services provided to female child soldiers. It is recommended that HROs allocate more resources and financial support to planning and implementing services target to girls.

These services should include:

- Psychosocial support of rape and sexual abuse victims
- Equal educational opportunities for girls
- Extended maternal and child health care for young mothers
- Increase advocacy and community based participatory programs that foster understanding and support for girls to reduce social stigmatization
- Recognize the various roles of girls in armed conflict and allowing them equal opportunity to access services and DDR compensation packages

The second major finding was that although HROs reported having a strong perceived collaboration with partner HROs they also reported collaboration as a barrier to providing service provision for child soldiers. HROs reported challenges in coordination services

due to lack of sharing resources and limited sharing of best practices. HROs may be able to improve collaboration by:

- Creating a strategy for sharing best of practices and knowledge. This can include more evaluations on DDR programs and annual meeting where organizations brainstorm new strategies and more research on reintegration programs
- Local HROs should increase the participation of local communities in order to determine the needs of ex-child soldier and work with larger HROs to gain financial support.
- The distribution of services should depend on the needs of the community and not on the HROs particular philosophy.
- Each HROs may consider focusing on one or two specific services and referring child soldiers to other HROs for specific needs rather than each HRO attempting to provide all resources for each child.

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