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MASTERS SECURITY STUDIES

**THE MILITARY CITIZEN OUTREACH PROGRAM ON
HEALTH SECURITY IN RWANDA: A CASE OF RWANDA
MILITARY HOSPITAL IN BUGESERA DISTRICT 2009-2018**

A Thesis Submitted to the University of Rwanda in Partial Fulfillment of the Requirements for
Award of Masters of Arts Degree in Security Studies

Presented

By

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Nyakinama, May 2019

DECLARATION

I, KAZARWA Mary, declare that, this research was conducted by myself and has never been carried out and presented to any Higher Institution of Learning. No part of this study can be copied or replicated without the writers' consent or that of University of Rwanda.

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DEDICATION

This Thesis is dedicated to:

My beloved Husband NTABANA Pascal

My Late Father SEGATARAMA Eledephonse

My Late Mother MUKANKUNSI Catherine

My Daughter KIREZI Lenah NTABANA

ABSTRACT

Traditionally, the role of military was limited to activities related to protection of national boundaries and territorial integrity in order to prevent nations from foreign aggression. However, this concept has recently changed and the term security has broadened to encompass issues of human security to encompass health security. For decades there has been considerable participation of military in different activities directly contributing to national development in addition to their primary role of preserving national boundaries. Available study shows that the involvement of the military role in health security has a long and dynamic history. Moreover, the military effort to preserve health of population can also be viewed in its emergency activities towards disaster management. In addition to humanitarian assistance activities conducted, military medical personnel also have demonstrated an irresistible effort in fighting against diseases. The concept of health security was given more importance from 1990s to a new mindset concerning a tremendous rising and intensification in contagious diseases. However the relationship between health security and national security is not commonly understood. In Rwanda, the contribution of the military in health security programs and other social economic development activities can be viewed through “RDF Citizen Outreach Program,” previously executed as “Army Week” established in 2009 a government initiative to reinforce health measures that was in place since the devastation of the 1994 genocide against the Tutsi. The aim of this research is to assess the RDF outreach program on health security in Rwanda a study of Rwanda Military Hospital (RMH) in Bugesera District towards sustainable human security and development. The research will make key findings with a view to providing reasoned answers to research questions and make recommendations to improve the RDF citizens outreach program. The research will show that although RDF outreach has made impressive achievements, there are underlying challenges that leadership must address as requisite to make RDF Citizens’ Outreach Program more effective. The research will recommend some possible strategies to the stakeholders as the surer courses of action towards making RDF Citizen Outreach’s program more plausible for sustainable health security.

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LIST OF ABBREVIATIONS AND ACRONYMS

CDCP:	Centre for Diseases Control and Prevention
CDS:	Chief of Defense Services
EU:	European Union
GDP:	Gross Domestic Product
GoR:	Government of Rwanda
HIV/AIDS:	Human Immune Deficiency Virus Infection and Acquired Immune Deficiency Syndrome
RDF:	Rwanda Defense Force
RMH:	Rwanda Military Hospital
SARS:	Severe Acute Respiratory Syndrome virus
SPSS:	Statistical Packages for Social Sciences
TB:	Tuberculosis
UN:	United Nations
UNDP:	United Nations Development Program
USA:	United States of America
WHO :	World Health Organization

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CHAPTER ONE: GENERAL INTRODUCTION

1.0 Introduction

This research discusses the role of Rwanda Defense Force Citizen Outreach Program on health security in Bugesera District. This chapter presents the background of the study, problem statement, and objectives of the study, assumptions, /Hypothesis, scope and limitations of the study, significance of the study, summary, and conclusions. It shows the effects of the 1994 Rwandan genocide against the Tutsi to the social sector particularly on human capital with emphasis on medical personnel professions. Chapter 1 provides the background and the reasons for the establishment of the RDF Citizens Outreach Program.

1.1. Background

Traditionally, the role of military was limited to activities related to protection of national boundaries in order to prevent nations from foreign aggression. However, this concept has recently changed and the term security has broadened to encompass issues of human security. For decades ago, there has been considerable participation of military in different activities directly contributing to national development in addition to their primary role of preserving national boundaries. For example, a study by (Musyimi, 2015) revealed that military can play a significant role in national development, findings from his study shows that the American army contributed more in development of technology industry in field of aviation and computer. In African countries like Namibia, Senegal, Nigeria, and Tanzania have involved their military in different area such as engineering and construction, industrial development, Agriculture and Medical.

Globally, the involvement of the military role in health sector has a long and dynamic history. For example, the International Committee of Red Cross was created by military medical personnel as a result of military led efforts to fight tropical diseases including yellow fever and malaria (Licina, 2012). Moreover, the military effort to preserve health of population on international level can also be viewed in its emergency activities towards disaster management. A prominent example is Indonesia army in response to the South Asian Tsunami of 2004 and the earthquake that hit Haiti in 2010. In addition to humanitarian assistance activities conducted throughout the world, military medical personnel also have demonstrated an irresistible effort in

fighting against HIV/AIDS (Shiffman, 2009). Furthermore, military have gone beyond curative medicine to play an active part in preventive medicine. For example, the military in Guatemala have used their medical clinics as centers at which to conduct research on nutrition in the rural areas, thus opening the possibility of improving the general standard of health in these areas by remedying nutritional deficiencies (Shaw, 1979).

The intervention of military in health sector was especially praised more particularly in developing countries, where the essential for social issues including access to health care is most pressing (Chiang, 1991). Given that many developing countries lag behind in all social sectors development. There is now an increasing awareness by leaders in these developing countries to establish strategies to fight against poverty, ignorance, disease and to create job opportunities as well as improve the infrastructure (Musyinyi, 2014). However, resources available to deliver for the needs are not sufficient and governments have to apply all resources available to deal with these challenges where military is one of these resources equipped with skills which once fully utilized would contribute to national development especially in health sector.

According to (Helena, 2016) , the concept of health security was given more importance from 1990s to a new mindset concerning a tremendous rising and intensification in contagious diseases. However the relationship between the two terms health and national security is not commonly understood. Some contended that there is very little benefit to control contagious diseases for a country, once the latter is not equipped enough with public health infrastructure to ensure effective control for the diseases. On the other hand contagious diseases were believed to be posing threats to all nations irrespective to their boundaries. Therefore, nations are trying to set policies to counteract some contagious disease that can threaten countries internal security (Rebecca & Daniel, 2006). In Africa, several countries have engaged their militaries in developmental activities ranging from weapon engineering to agriculture. However, the development in health security is lagging behind. For (Kibicho, 2005), the role of military in health security for African countries lack a proper specialization and in most cases it is performed in cases of emergencies such as in period of disasters and this limit its long-term impacts on country's population. Also the intervention of military towards health security in Africa has been lagging behind once compared to their peer's developing Asian countries like

China, The Philippines, Thailand, Cambodia, Vietnam etc. Fortunately, some African countries effort regarding this issue is noticeable.

According to (Dyna, 2012), the military in Senegal plays a key role of availing medical care to the society where the military provides about 80 percent of medical care through the twenty-nine military medical establishments in the whole country. The Defense Ministry regularly signs protocols with the Ministry of Health to involve the military health service in prevention campaigns including programs targeting AIDS, malaria, tuberculosis, and maternal and infant mortality (William, 2013). In East African region like elsewhere in African countries, the outreach programs towards health security for the benefit of local population are mostly absent despite the presence of this program in Rwanda. The military intervention in health sector is associated with other activities aiming at supporting people mainly during the emergencies situations and this reveals lack of specialization in health sector support (Heitman, 2015).

In Rwanda, the contribution of the military in health security programs and other social economic development activities can be viewed through “RDF Citizen Outreach Program,” previously executed as “Army Week.” Established in June 2009 and launched by His Excellency the President of the Republic of Rwanda and the Commander in Chief (C in C) of the RDF, the idea of the Army Week (currently known as RDF citizens outreach program) was conceived by Rwandan Government and the RDF leadership as a series of practical and high value socio-economic activities where the RDF joins hands with the population in various activities aimed at fighting poverty, diseases, ignorance, hunger and lack of shelter for the vulnerable members of the population especially orphans and genocide survivors (RDF, 2009). Since its inception, the program have been involved in treating different illnesses mainly concentrating on dental, oral and visual ailments, orthopedics, genecology and obstetrics and pediatrics cases among others. This background has set a stage for this research on the role played by Rwandan Military in health security of Rwandan citizens through “RDF Citizens Outreach Program.

1.2 Problem Statement

According to WHO (2007) health security denotes all those activities essential, both active and reactive to diminish susceptibility to severe public health issues that are a risk the public health and wellbeing of population that live in different geographical regions and intercontinental

borders. For (Ruttan, 2006), the experience from different countries revealed that the military can without doubt play a significant role in national development especially in health sector without affecting its ability to perform its primary role of defense. According to (Kristina, 2014), the Government of Rwanda (GoR) has been praised for its commitment and excellent improvements regarding infant and child survival, maternal health, HIV/AIDS, Tuberculosis (TB), and malaria outcomes that had devastated the population in the aftermaths of the 1994 genocide against the Tutsi.

However, according to (WHO, 2018), there are numerous challenges that exist in the health sector in Rwanda. One of the most challenges is the serious lack of qualified medical personnel (doctors, nurses, technicians, and laboratory staff), while other problem include the lack of technical know-how on the medical equipment. There are other associated challenges that include malnutrition which currently accounts for 38% of under-five children who are still stunted. Moreover, communicable diseases such as HIV/AIDS, acute respiratory infections, diarrheal diseases and tuberculosis account for 90% of complaints at health facilities.

This research has demonstrated that both communicable and non-communicable diseases could endanger health status and directly or indirectly have impacts on national security. Furthermore, persistent epidemic diseases end up in community undermining social order, or long-standing decline of the economic viability of a country or region (Helena, 2016).

As seen, this calls for institutions and stakeholders' partnership with the Ministry of Health in Rwanda to address those health challenges. Among the primary role of RDF is to safeguard the territorial integrity of the country, partake in humanitarian actions in case of disasters, to contribute to the development of the country, to participate in international peace-keeping missions, training and other identified *Operations Other than War* Defence priorities such as RDF Citizen Outreach Program that this research has undertaken to assess. While there is much effort put in place in the past to minimize the increase of diseases in the country following the depletion of human resources due to the effects of genocide against the Tutsi, there has been little success to this effect. As the situation stands, malnutrition and other communicable diseases in most of the districts still account for high percentage and deaths probably due to a limited number of qualified medical personnel to effectively respond to such problem. It is in this line that the "RDF Citizen Outreach program" the former "army week" was established in 2009, to

contribute to national development especially through enhancing health security among the population. The extent to which RDF as an institution contributes to health security through the RDF outreach program is the central problem of this research.

1.3 The General Objective

The objective of this study was to assess the role of the military on health security development in Rwanda through RDF Citizens Outreach Program with a Case Study of RMH in Bugesera District. In order to arrive at this general objective the research has to respond to issues raised in the following research specific.

1.3.1 Specific Objectives

1. To investigate the main health related activities undertaken by military through ‘RDF Citizen Outreach program in contributing to health security.
2. To examine the contribution of RDF Citizen Outreach program on health security enhancement in Rwanda.
3. To assess the main challenges encountered by military when delivering the ‘RDF outreach program’ health related services to citizen in Rwanda.
4. To propose strategies to be undertaken through ‘RDF outreach program’ health related services to reach more beneficiaries.

1.3.2. Research Questions

Primary Question: To what extent did RDF Citizens out Reach Program Contribute to health security in Bugesera District?

Secondary Research Questions: In order to provide logical answers to the primary research question, it is important also to answer the following questions.

1. What are the main health related activities undertaken by the Military through RDF Citizens Outreach program and what is their contribution to health security in Bugesera District?
2. What are the main challenges encountered by military when delivering the RDF Citizens Outreach Program’s health related services to Citizens?
3. What strategies could be put in place to improve RDF Citizens Outreach Program for the better of more beneficiaries and smooth running of the program?

1.4 Scope and Limitation of the Study

The study will be covers activities of the military medical doctors towards health security in Rwanda by focusing on activities performed through “RDF Citizens outreach program” in Bugesera district. It is aimed at assessing the role of the military in health security. This research covers period from 2009 to present.

1.5 Significance of the Study

The literature reviewed before embarking on this study revealed that little comprehensive study exists in activities linking the military and health security in Rwanda. This study is therefore significant in that it is hoped to complement the existing literature available and add to the academic filed, policy making and practice in the health security sector. Finally, this study attempts to show how the military related activities affect the health of Rwandan citizens Rwanda. It is my belief that the fruitful accomplishment of this study contributes to academic field in health as well as strengthening the culture of health world in particular Rwanda which this research envisions.

1.6. The Structure of the Thesis

This Thesis is organised as follows; Chapter one is general introduction to the topic of this research and presents the background of the study, problem statement, and objectives of the study, research questions, scope and limitations of the study and the significance of the study. Chapter Two literature review is focused on introduction and assessment of literature, theoretical and critical research gap identification, conceptual framework and summary. Chapter Three discusses introduction on methodology, research plan, selected population, sample design, data gathering methods, data investigation technique, and the operationalisation of the research Questions, an analysis of respondents questionnaire from the respondents and ethical consideration data to be presented in chapter Four so as to provide possible recommendations on how to make the RDF Citizen Outreach Program more effective. Chapter Four covered introduction of research results, analysis and explanation while Chapter Five summarizes the results found, conclusions and recommendations for effective employment of the RDF Citizen Outreach Program as a strategy for sustainable health security and development.

CHAPTER TWO: LITERATURE REVIEW, CONCEPTUAL FRAMEWORKS

2.0. Introduction

The available literature reviewed has shown that, although much effort has been made in the past in the health sector to put an end at the increase of diseases in the country, there has been a very inadequate success. The measures employed in treating patients in various district hospitals have produced little results. Chapter two reviewed the available literature on the contribution of the RDF Citizen Outreach Programs and health security sector. It offers the data from other related research in the parallel research domain. The explicit areas examined in this chapter are, theoretical review of literature, conceptual framework, review, and the analysis of the gaps to be filled by the research.

2.1 Theoretical Literature

2.1.1 Definitions of Key Concepts/ Terms

Military: Military refers to a professional organization formally authorized by a sovereign state to use lethal or deadly force and weapons to support the national interests.

Citizen Outreach Program: This is an activity of giving services to any populations who might not otherwise have access to those services. A key component of Citizen Outreach is that the teams giving the services are mobile. In other words move from their work places and for mobile teams to move throughout the country to meet those in need of outreach services.

Security: Security is the safe and secure condition for an individual, group, organization, institution, and system, entity from harm or hostile acts. It is the absence of harm or danger and presence of an essential condition, foundation, secrecy, containment, and state of mind.

Health: The WHO Constitution defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Health security: Is defined as the global public health security, the activities required, both proactive and reactive to minimize vulnerability to acute public health events that endanger the collective health of populations living across geographical regions and international boundaries.

2.1.2 Change in Military roles

According to Mosby's Medical Dictionary, 9th edition 2009, the Citizen Outreach Program is the act of offering different special services to a group of people who might have low or no access to those services. Moreover, people who offer the outreach activities are supposed to move from their location and meet the beneficiaries in order to provide them with the outreach services.

As noted, since the end of the cold war, the military have undertaken many additional activities to their traditional role of safeguarding the national borders. For instance, the military are found to be playing an important role in promoting human security such as protection from environmental degradation, drugs trafficking and abuse (Ackerman, 2008).

Many developing nations such as Rwanda, Burundi, Indonesia and many others have been experiencing security crisis including destructive ethnic violence. Security crisis in these countries prevent the implementation of development initiatives and the wellbeing of citizens who live in critical situations due to extreme poverty.

As observed, in order for those countries to get out of cyclical poverty and reach desired development, there is a need to involve military in demonstrating the ethical conduct desired for leaders towards a paradigm shift from governance deficiencies. Militaries were found to play a significant role not only in peacekeeping but also in peace making. Instead of abusing human rights, it can become the custodian of human rights in these conflict-torn societies.

Nowadays, human security is given more importance than country territory protection in many countries. Due to globalization, many countries become more connected through technologies and global changes such as climate changes and communicable diseases are creating negative effects on many countries regardless their geographical location. This is creating more threats to human security worldwide this calls many leaders to pay much attention to address them. (MBAKU 2, 1998),

Today, many countries appreciate the role the militaries play in the socio-economic development beyond the defense of national boundaries. The Military have acquired more skills to cooperate with civilian population once fulfilling their missions where some are being deployed to peace keeping and maintaining law and order in conflict torn societies. In doing so, they can be

involved in different social and infrastructure reconstruction activities such as construction of road, bridges, schools and hospitals in post conflict societies. The RDF has been at the forefront as a prominent example in post conflict reconstruction.

2.1.3. Change in Concept of Security

According to Ekoko and Vogt, since the end of the cold war, the concept of security has undergone a big change where it was broadened to not only be limited to defense and protection of the territorial integrity and sovereignty of a nation state from external attacks but also to involve issues and threats related to economic, social, food and technological security and that of quality of life (Ekoko & vogt, 1990). The meaning of the concept of security was extended to be defined as the absence of threats related to social, economic, political, and environmental conditions that might distress the social cohesion, socio-political and economic objectives that nation was set to achieve. According to (Karim et al., 2004) , many decades ago, the role of the military was limited to military activities, such as fighting armed war against negative armed forces. However, nations are now becoming more focused on connecting the traditional role of the military to modern one by assigning to the military different roles such as fighting poverty, environmental protection and other activities related to their nation's development.

Furthermore (Jeremy, 2012) posited that numerous policymakers and academicians suggested for a review of the definition and meaning of national security to involve threats related to health as part of national security. They argued that health related threats ought to be given much consideration because health of citizens is very important for many nations to sustain within the international system. Hence involving health and other threat related to the health in national security would make concept of security more pertinent to current health related setbacks that countries have been experiencing since the end Cold War. Therefore, since 2000 the United Nations Security involved AIDS and its associated challenges to international security issues and it was the first time that a public health issue had received such attention from the world's highest body. Moreover, countries like Canada and Denmark have also involved issues related to health and human security in their national foreign policies (Peter, 1999),

However, despite this popular support some authors in security studies community are contracting the decision by countries and United Nations to change the concept of security by

involving health threats as national security issues. They declared that doing so would undermine or weaken the proper definition and meaning of security making it a catch-all term for anything negative. Even if those scholars do not refuse that health issues are creating troubles to world nations, they suggest that health issues do not pose the same sort of existential threat to a state's livelihood.

2.1.4. Health related issues of National Security

According to (WHO, 2005) health is a state of complete mental, physical, and social well-being and not merely the absence of disease or infirmity. The relationship between health and security is not a new issue, since the destabilized human health by nations in conflict was used as an essential strategy to fade the antagonists. For example, one party could gain advantages to block the transport of food and medical supplies to the opponent and this could cause the adversary to fail (Henretig, 2001). Few decades ago, the concept of health security was given much credence. Through globalization, much health related threats increased tremendously due to facilitated movement of people, climate change and many new contagious diseases and this became a threat to both national and global security. Due to that reason, the UN Security Council voted for the declaration on health issues in 2000 after identifying AIDS as potential epidemic that is threatening stability and security, the SARS outbreak in 2003, a H1N1 pandemic in 2009 and an Ebola outbreak in 2014, which the UN Security Council Resolution 2177 of 18/9/2014 marked as a "threat to international peace and security", more attention has been given to the concept of global health security.

Although majority of population in developing nations think that terrorism is the first threat to security, the truth reveals that disease is the main the cause of death at 91% of deaths worldwide (Ejdus, 2012). This is due to the fact that with globalization, diseases are being transmitted more easily and rapidly, and more than 34% of all deaths worldwide were attributed to spread of contagious disease, while war only accounts for 0.64 percent of those deaths (Evans, 2010). It was revealed that in 2002 about 11 millions of people died of infectious diseases and according to WHO, HIV/AIDS was proclaimed one of the biggest threats to global health with which more than 1.5 million worldwide live in 2013 alone. According to Centers for Disease Control and Prevention (CDCP) data, 9936 people have died since the West African Ebola epidemic emerged in southern Guinea in December 2013 (CDCP, 2015). It also caused a potential damage to the

West African economy in 2015 to approximately \$1.6 billion in a “Low Ebola” scenario reflecting containment (rising to \$3.8 billion when 2014 losses were included).

During 1994, the UNDP organized a conference to discuss about the problem of global health security where it concluded that there are seven aspects that threats to national and global security can be viewed. These were found to be economic, food, health, environmental, personal, community, and political aspects of national security. The seven aspects were combined to form what was called the human security and since then, health issues were considered as health security issues that also pose threat to national security. This literature is in line with the main purpose of this study which tends to show that diseases become among the main threats to national security and call for all possible means and ways including the military intervention to constrain the issue at national level. Indeed, RDF Citizen Outreach Program fits well in this argument since health issues is threat related national security that has been approached to the best end state.

2.1.5 Common Themes of Health Security

Although UN, WHO, and the EU perceive the concept of health security differently, their meanings are similar since they both consider all health issues as potential threats to national security. Health security is premised on the following themes:

2.1.6 Emerging Diseases

Emerging diseases are poorly understood, difficult to treat, and often highly lethal (Heymann, 2003). Several recent events such as the outbreaks of SARS, avian influenza, and influenza (H1N1) suggest that emerging diseases are serious threats to global health security. Other new diseases include Ebola virus, Marburg hemorrhagic fever and Nipah virus.

1. Infectious Diseases

According to WHO 2018 Globalization enables the transmission of contagious disease. For example AIDS was considered the most globally transmitted disease due to globalization and become health security threat to all worldwide. Furthermore, diseases such as malaria,

meningitis, and sexually transmitted diseases are considered to be easily transmitted and cause mass killings globally.

2. Violence, Conflict, and Humanitarian Emergencies

Violence in all forms has been a major threat to health security (CHS, 2003), in addition to the direct effect of individual harm, violence may lead to fear, coercion, and deprivation of food and health care. Violent events may result from conflicts, wars, crimes, domestic and even self-inflicted violence.

3. Environmental change and natural disasters

According to WHO report 2007, the effect of environment pollution has been materializing and was intensified due to globalization (WHO, 2007), for example dumping of petrochemical waste in West Africa led to several deaths in 2006.

4. Food insecurity

According to Wahlqvist, food insecurity was also identified as health security issue that pose a problem to national security because malnutrition for example would result in anemia, micro-nutrient deficiencies, stunting and diseases transmitted by food (Wahlqvist, 2008),

5. Poverty

According to Beniston, the poor are at great risk of infectious disease and illness aggravates impoverishment. (Beniston, 2002), Shortage of food is the main cause for high morbidity and mortality of poor people in undeveloped countries thus becoming a critical concern for national security.

2.1.7 Infectious Disease and National Security

As Brower and Chalk (2003), concluded, there exist a relationship between contagious disease and security. Disease can negatively affect citizens of a nation while at the same time deteriorates the trust of community in the possibility for the state to counteract it. On the other hand, diseases negatively affect the economic performance of the society, destabilize state and

can be used intended biological warfare threat. The following is a summary of arguments intended for clarifying the effects of infectious disease to security:

1. Direct Mortality and Morbidity.

According Heymann, diseases with high level of mortality were identified to be among the main causes of nation's instability. He noted that, once high mortality disease prevails in a region, it can become threat to security by generating a kind of fear and nervousness among population while at the same time causing citizens death in some nations (Heymann, 2003; Price-Smith, 2002).

2. Economic Loss.

Diseases were perceived to be causing essential economic loss through drop on national trade due to limited movements of people toward the nations that are experiencing the contagious diseases. Studies also revealed that contagious diseases may be very devastating. The US General Accounting Office, (2001), revealed that Africa's GDP would be nearly one-third higher if malaria alone had been eliminated several decades ago.

3. Social and Governmental Disruption.

Studies also clarified that contagious diseases may be sources of community troubles rooted from panic and worry about illness, that can also result in the loss of important people in government, stigmatization of a group citizens suffering from any given contagious illness and the loss of the majority of (or entire) specific demographic groups (Chyba, 1998).

2.1.8 Health Security in Africa

In many societies particularly Rwanda, health indicators have improved significantly in recent decades. However, health sector has been lagging behind in many African countries as shown by very low health indicators. For example, African continent was found to be the one with highest maternal and infant mortality coupled with small life expectancy in relation to other regions in the world (Itam & Adindu, 2012)

According to World Health Organization Report 2010, there are many more issues that still prevent African countries to achieve an advanced level of health security including, poor health

facilities, misuse of available resources, poor coordination among stakeholders, inadequate strategic and operational planning at all levels, poor leadership and management in health organizations, less skilled managers, shortage in medical drugs, less motivated employees, misunderstanding between different health professionals as well as prevalent corruption in health sector (WHO, 2010),

According to WHO the poor performance in health sector in Africa is attributed to inadequate healthcare services delivery coupled with poor medical equipment and infrastructures. It is suggested that in order for Africa to become health secure, a great attention needs to be paid in relation to how both health care services and adequate health equipment can be availed to population to improve their health status (WHO, 2007), Researchers and other experts in the domain of health also suggested that policy makers and leaders in Africa should seriously involve the problem of access to health care services quality in their policies and strategies for a long-term development. Additionally, there is a need for leaders to mobilize both private and public investments in health sector to ensure that adequate and updated infrastructures are established to enable access to several healthcare services.

According to (Price-smith, 2002), it is noted that, severe and chronic changes in health status have direct and indirect impacts on security as epidemics may lead to weakening, political unrest, civil disorder or long-term decline of the economic viability of a country or region. For (Ibrahim, 2012), the importance of a sound and effective health care system would no doubt enhance the security of the nation as it will create a nation of healthy people in body and mind that could help in increasing its prosperity and happiness.

Lastly, a study by (Musyimi, 2015) revealed that military plays a key role in nation's development where 100% of the respondents agreed that military indeed, has a role to play in national development outside its traditional role of defense, and still being military involved in human security development.

2.1.9 Health Security in Rwanda

According to WHO Report 2014-2018, it has been remarked that, Rwanda has made outstanding progress in socio-economic during the past decade with real GDP growth averaging to 8.2% annually. This has translated into enhancements in the health sector. Major health reforms took

place including the health insurance schemes that has contributed to amazing improvement in health sector. Insurance aims at ensuring access for all to health care and experience from Rwanda have shown that it is possible to achieve universal health coverage in a country with 90% of its population in the informal sector. Life expectancy has doubled during the 20 years following the devastating 1994 genocide against the Tutsi, as a result of increase in the number of health facilities, improvement in immunization coverage, access to good safe drinking water, and improved housing. All targets related to the three health-MDGs were met with a notable success in reduction of child mortality and considerable improvements in maternal health. The HIV/AIDS national prevalence remains stable at 3% in people between ages 15 and 49. The current Tuberculosis (TB) prevalence is 100,000 people for each country and the TB mortality rate has been reduced by 81%.

Despite these achievements, several health challenges are still at large and they include as example malnutrition which is at 38% of under-five children still stunted. The Increase in incidence of non-communicable diseases as a result of the ageing of the population is another issue a large burden of mental disorders. Moreover, communicable diseases such as HIV/AIDS, acute respiratory infections, diarrheal diseases, and TB account for 90% of complaints at health facilities. Referring to RDF COP(2018) report, the Outreach program in medical sector covered the area of Ear, Nose & Throat treatment, gynecology, obstetrics, ophthalmology, orthopedics, dental general surgery, dermatology and male circumcision among other services. The report also shows that since 2009 about 74,523 patients have so far received medical care in the above enumerated medical services. Moreover, up-to-date six hospital and health centers were constructed through this program, 55 health posts were constructed while 114 rooms of health counselors were constructed.

2.2. The RDF Citizen Outreach program and Health Security in Rwanda

Since its inception RDF was not reserved only for fighting lethal wars or purely military activities but also other “*operation other than*” war and civil- military related activities such as citizen outreach program. Indeed, as remarked, it was an institution that did not concern itself with pure military roles but it was also concerned with a number of socio-economic conditions that the members enjoyed. That is why the army was called the “social army” (Rutayisire, 2018),

This is in line with the speech of General Patrick Nyamvumba the Chief of Defense (CDS) of RDF during the launch of “military outreach program “it was remarked that in Rwandan, security cannot only be viewed as fighting any form of instability, security can rather be extended to freedom of achieved through access to advanced health care services. He then added that that it is the main reason of cooperation between military and government and citizens in undertaking health related activities in interest of local population. He concluded that developed countries could not have achieved the development they are enjoying today, if they did not used their hands and brains regardless of foreign support to develop themselves. That is why Rwanda also adopted the culture of self-reliance to sustain itself in order to achieve the desired long-term sustainable development.

Launched in June 2009 by His Excellency the President of the Republic of Rwanda, the idea of the Army Week (currently known as RDF outreach program) was conceived by the RDF leadership as a series of practical and high value socio-economic activities where the RDF joins hands with all Rwandans in various activities aimed at fighting poverty, diseases, ignorance, hunger and lack of shelter for the vulnerable members of the population especially orphans and genocide survivors (RDF, 2009), Moreover, according to RDF (2018), the outreach program directly participated in construction of homes for genocide survivors, vulnerable citizens, habitation of high risk zone occupants, assistance in agriculture activities, extension of medical services to citizens in rural areas, the one cow per poor family program and many others that meant to enhance the well-being of Rwandan citizens.

2.3 Review and the Research Gap Identification

It is evident from the literature reviewed that studies have been done on the role played by the military in development in several countries but no study has yet been carried to establish how the military has contributed to development with focus on in-depth health security. This study is therefore, is relevant in examining the role of the military in health security of Rwanda with the main emphasis and focus on health security covering health related activities carried out by RDF through ‘RDF Citizen outreach program’

2.4 Theoretical Framework

2.4.1. Human Security Theory

Developed by (Tanaka, 2015), Human security theory suggest that problems may rise from threats sources including the threat to survival. These threats materialize in form of disasters such as earthquakes, volcanic eruptions, tsunamis, floods and droughts. Moreover, the theory states that threats to human security may appear in terms of living system such as pandemics, epidemics, famines, malnutrition, ecological disasters and social systems. On the other hand, Tanaka notes that, threats may take a form of intended or unexpected domestic violence, murder, rape, genocide, terrorism, panic, anarchy, civil wars, accidents), displacement (refugees, Internally Displaced Persons), collapse of social lifelines/institutions, and weak or inadequate health/medical institutions.

This study is related to this theory in that, social threats including those related to health and other kinds of diseases once not counteracted can create threat to health security of Rwandan citizens, hence this justify why qualified military are involved and intervene in social issues such as removing and minimizing the effect of identified health related threats, to ensure a health secured citizens. In short, this theory emphasizes that diseases and other health related threats could become a health security burden once ignored.

2.4.2. Health Security promotion

Health promotion theory was developed by Tannahill (2009) and it is based on three components mainly health education, disease prevention and health protection. Health education is designed to change the knowledge, beliefs, attitudes and behavior in ways that promote health. For Disease prevention, it aims at decreasing risk factors and minimizes the consequences of diseases. Health protection focuses on fiscal and legal controls and policies and voluntary codes of practice aimed at preventing ill health and enhancing well-being. He further argued that health protection includes public policies that address fair access to housing, employment, education and health care. This theory is in line with study as there is a need to extend health care education to citizens to prevent or constrain an existing disease. In fact, the involvement of military in providing health care services with expertise would results in building a health secured nation.

2.4.3. Heath Security

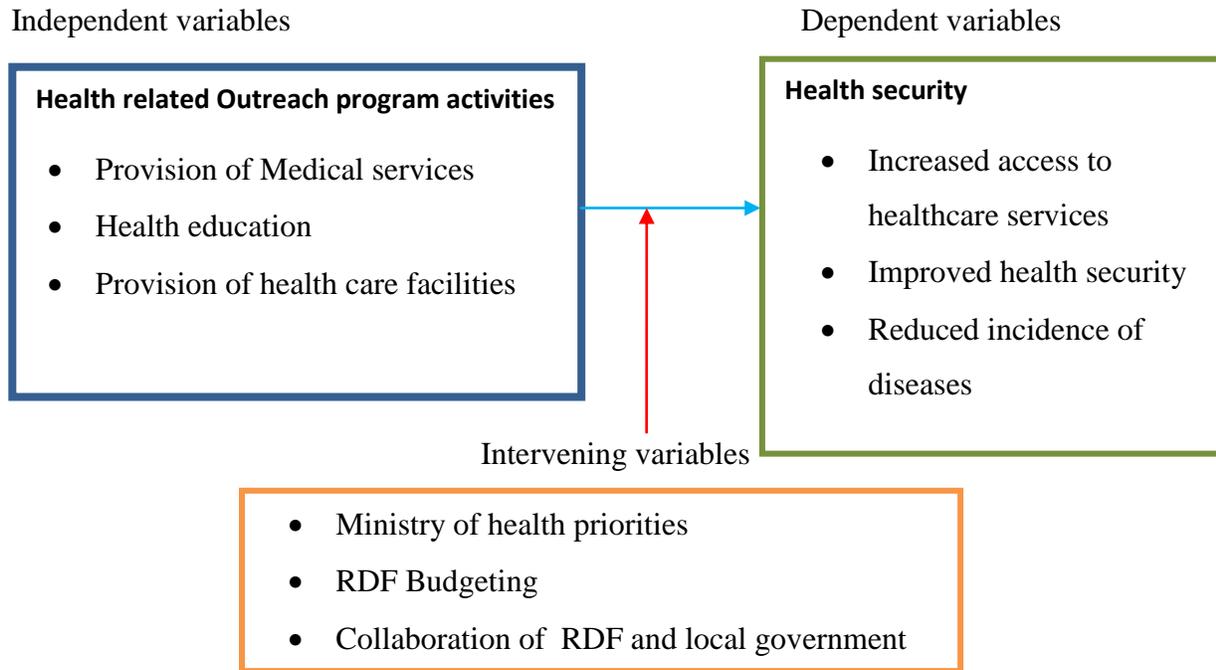
According to World Health Organisation (WHO Report 2017), managing the global regime for controlling the international spread of infectious diseases is a central and historical responsibility of World Health Organization. At the same time, the factors that govern global health security extend well beyond the mandate of WHO and its capacity to respond. Much responsibility falls to countries. According to this report, the question has been asked, why is health considered to be a security issue? As previously mentioned the events that marked the end of the 20th century left not only to the emerging of new, non-traditional security risks, but also to the shifting of focus from managing the global regime for controlling the international spread of infectious diseases is a central and historical responsibility of WHO. It has been noted that much responsibility falls to countries, interstate to intrastate conflicts. According to the SIPRI Year book data, the period 2002 to 2011 saw 73% state based conflict, 40% of which in Africa, and 165 non state conflicts 76% of which in Africa. Conflicts have incalculable consequences for all aspects of society, leading to deteriorating basic living conditions, a large number of civilians' casualties, large scale population displacement, but also to infectious disease outbreaks. The 1994 Rwandan genocide against the Tutsi and the large number of refugees in the DRC resulted in the spread of cholera epidemic killing 50,000 refugees during the first month alone (WHO, 2007:21). Since health issues pose a threat to stability and security and health being inextricably linked with environment, trade, economic growth, social development, national security, and human rights and dignity, initiatives have been launched to incorporate health issues into the foreign policy agenda, as highlighted in Oslo Ministerial Declaration (published online April 2, 2007 DOI: 10.1016/S0140-6736(07)60498).

2.5 Conceptual Frameworks

According to Smyth (2009), conceptual frameworks are established basing on different information and views that enable the researcher to clarify the problem he /she wants to study and formulate appropriate research questions basing on appropriate research information from

other studies. Mostly, the conceptual framework is a necessary step in academic research since it enables researchers to make clear his/her research questions and objectives.

Figure 2. 1 Conceptual Framework



Source: Researcher (2018), available on https://www.researchgate.net/figure/Conceptual-framework-Source-Researcher-2018_fig1_327886070

Figure 1 above shows the theoretical framework regarding the link between independent and dependent variables for the present study. Health related Outreach program activities is the independent variable articulated in terms of Provider of Medical services, Health education, and provided health care facilities during the program, While Health security represent the dependent variables expressed in terms of increased access to healthcare services, improved health security and Reduced incidence of diseases.

CHAPTER THREE: METHODOLOGY

3.0 Introduction

The purpose of this research is to assess the role of the RDF Citizen Outreach program on health security in Rwanda. Chapter Three defines the methodology used in this research and defines the methods that were used for data collection and analysis of field data. According to Strauss and Corbin, a quantitative methodology is utilised to collect, review, interpret and analyze the literature that produced results that cannot be arrived at by means of statistical data or other means of research criteria (Strauss and Corbin 1990),

3.1 Study Setting

The case study of this research is Bugesera District and it focused on different outreach health related activities undertaken in Bugesera District. The researcher was motivated to choose Bugesera District as a case study because of its previous past and abandonment before the 1994. Around 1992, thousands of Tutsis were massacred in Bugesera and surrounding areas in what was later seen as an experiment of the Genocide that was later committed in 1994 (Tales from Bugesera where Tutsis were exiled Jean Pierre Bucyensenge, New times, March 31, 2014). Since the research objective is to assess the impact of RDF Citizen Outreach Program on Rwandan Community, Bugesera District fairs better as a case study of this research to experiment if the impact of RDF Citizen Outreach is accessible. The Program is implemented by Rwanda Military Hospital (RMH) located at Kanombe sector, Kigali city, was constructed in 1968 with the purpose of providing health care services to the military and their families. After the 1994 Rwandan genocide perpetrated against the Tutsi, the ordinary civil citizens were also allowed to benefit from health care services provided by the hospital and currently implementing the RDF Citizen Outreach Program adopted in 2009.

3.2 Research Design

According to Manheim and Rich (1995), the research design as a plan of the study that organizes observations in such a way as to form a sound reasonable base for casual influence. The author also notes that it is a plan of action adopted by researcher in carrying out the research. In scientific research there are three main research designs namely qualitative research, quantitative

research and the mixed approach which can be adopted for a study. The decision to use any research design depends on the nature of the work, the study objectives, nature of the research questions and the consideration to the research environment among others, in this study, the researcher has adopted quantitative research design because it enables the researcher to explain the phenomenon by collecting data and analyze them before presentation using mathematically based method such as the package for social scientists (SPSS).To gather data, researcher used a questionnaire that was administrated to respondent's through an assistant.

3.3 Target Population

According to Kothali, in research study, a population denotes a group of persons or materials from which researcher can gather necessary information concerning research study (Kothari, 2004).The targeted population of this study comprises of the main stakeholders of Outreach program namely, the RMH medical doctors, the population beneficiaries as well as local authorities. To get a mixed and unbiased information, militaries medical doctors, population beneficiaries and local authorities' will be involved in this study, where 15 military medical doctors who were deployed in Bugesera district during this program were contacted, 98 beneficiaries and local authorities at district and sector level were contacted.

3.3.1. Sampling Procedures and Techniques

3.3.2. Sample Design

A sample design is a process or technique used by researcher to select appropriate sample size from the whole population for the study (Kothari, 2004), to select the representative population beneficiaries, a sample selection formula will be used because all the population cannot be contacted, for the case of military all the 15 medical doctors deployed in Bugesera district will be contacted and finally, a random 15 local authorities at district and cell level will be contacted.

3.4. Sampling Technique

This research utilised sampling technique where selection of participants was based on their availability, relevance to this research, and convenience. The research found made random sampling of 98 beneficiaries out of 3000 total beneficiaries from Bugesera District and 15

military medical doctors involved in the RDF Outreach Program. The sample size was deemed sufficient to provide relevant answers to the research Questions administered. In short, the sample includes 15 medical staff from Nyamata hospital and 15 local leaders at both district and sector level was contacted to make the sample more representative as noted that, data collection is viewed as procedures followed by researcher to collect all information essential for data analysis (Kombo and Tromp, 2006),

3.4.1 Data Collection Procedures

The researcher utilised the questionnaire to gather primary data where variables on which primary data were collected comprise of outreach program and health security in Rwanda. The researcher found secondary data from annual reports, journals and other relevant documents related to the study whether published or unpublished.

3.4.2 Techniques used in the Research

This study has utilised three data collection techniques namely Questionnaire, interview and review of documents and observation.

Considering the inadequacy of the available literature on the subject, the research adopts a mixed methodological technique of literature review and field interviews in order to fill up the gaps on the subject. Indeed, when the existing literature on a subject does not answer the questions asked, or we are dissatisfied with the answers we do research and evaluate the statements of experts more easily (Bouma, G.D & Atkinson, G.B.J. 1995)

In this research the interviews were administered to officials involved in health policies and assumed to be knowledgeable in the field. Indeed, attempts have been made to achieve high level of success in the interview. Kane notes that the advantage of interview techniques is that it tells you what people say they think and do (Kane, E. 1983), Indeed, the interview technique offers opportunity to probe into what the interviewees plan in order to examine the same statements through different strategies in attempt to verify the validity of the research results.

3.4.3 Validity and Reliability of Data

According to Lovell and Lawson (2010), validity depends always on conclusion drawn by professionals who after assessing the design of data collection instrument make a decision on what they think it measures. He notes that, a reliable instrument is the one that consistently produces the expected results (Mulusa, 2010). After designing questionnaire, researcher performed a pilot phase for data collection and then after a professional researcher was contacted to address inconsistencies in order to increase the reliability of the research tool.

3.4.4. Questionnaire

According to Denscombe (1998), questionnaires are cost-effective to use, since they can enable researcher to gather valuable information at a very low cost in terms of material, money and time. This study will use both open and close-ended questionnaires to gather useful information from population who benefited from RDF Citizen Outreach program in Bugesera District, military deployed in Bugesera district during the conduct of Citizen Outreach program as well as the local authorities in Bugesera district. Accordingly, the research operationalization matrix **APPENDIX 1** of this research paper has been utilized as the feasible approach towards arriving at questionnaire **APPENDIX 2** of this paper that was administered to respective respondents as shown in Chapter 4 of this research.

3.4.5. Limitations of the Research

One of the major limitations of this research is the practicality of the subject studied. Since the subject matter under study looks into national security framework it is assumed to be sensitive and therefore does not claim to have wholly attained the reality of the subject studied. However, attempts were made to get relevant answers to questions administered to the interviewees. Secondly this method does not claim to be the only applicable method in Health research but was considered to be relevant, reliable, and crucial to this particular research.

3.4.6 Review of Documents

Documentary review refers to gathering information from recorded documents or written materials (Auerbach and Silverstein, 2003). Documentary review technique will be used due to

the fact this study requires documented information to complete and reinforce the information that will be collected through other techniques. The use of this technique will enable researcher to review different reports published by RDF regarding activities carried out through “Outreach program”

3.4.7 Observation

Observation is a tool that provides researcher with useful information concerning the actual behavior of respondents (Kombo and Tromp, 2006). In this study, the researcher will use observation to get observable characteristics related to health status of population beneficiaries, after they have received medical services support through Outreach program.

3.5 Data Analysis

According to Mutai (2000), the word analysis in research refers to a separation of things into their order to examine and understand them. During this study, Frequencies and percentages were computed for all data set. Tables, frequencies, for given set of responses will be relied upon by the researcher to analyze and interpret findings. The analysis of data was descriptive. The researcher used the Statistical Package for Social Sciences (SPSS) version 20 in coming up with the statistical analysis for the study. Naale et al. (2006) urged that SPSS is one of the most widely used available and powerful statistical software packages that covers a broad range of statistical procedures, which allows a researcher to summarize data (e.g. compute means and standard deviations), determine whether there are significant differences between groups, examine relationships among variables, and graph results. Therefore, categorized units were compared to make links between outreach program and health security.

3.6 Ethical Considerations

According to Frank Vanclay, James T. Baines & C. Nicholas Taylor (2013), for any ground research, ethical reflection is deemed essential when collecting information particularly for sensitive information and here keeping privacy is a requirement for researchers. Similarly, it is remarked that, following a code of conduct may help avoiding issues related to biasness and producing wrong information. It is noted that, ethical issues are principles or beliefs about what is wrong and what is right. Indeed, it is worth noting that, this research study was guided by

values while handling the respondents. Furthermore, they argued that, there should be no burden to any respondents to grant the information. Indeed, there was no violation to any individual's right to privacy. Furthermore, a recommendation letter qualifying the relevance of the research was provided by the university authorities to the researcher in order to get the information needed. During this study the respondents were guaranteed that they are free to refuse any participation in the study and that the information to be provided will only serve for academic purpose.

As seen, the tables following from respondents will be utilised to assess the role of RDF Citizen Outreach Program in health sector support to Rwandan Community. The assessment goes beyond the current role of RDF traditional security; rather it is a holistic approach towards effective human security in Rwanda. It identifies and analyses the critical requirement expected from the RDF Citizen Outreach program that forms a basis for the long term accomplishments of planned purposes of this research identified in chapter 2. Chapter 4 analysis is critical in giving responses to research questions towards the end state of this research so as to deliver a sound deduction and recommendation in chapter 5. The research questions are hereby paraphrased as follows: Primary Question: To what extent did RDF Citizens out Reach Program Contribute to health security in Bugesera District?

Secondary Research Questions:

1. What are the main health related activities undertaken by the Military through RDF Citizens Outreach program and what is their contribution to health security in Bugesera District?
2. What are the main challenges encountered by military when delivering the RDF Citizens Outreach Program's health related services to Citizens?
3. What strategies could be put in place to improve RDF Citizens Outreach Program for the better of more beneficiaries and smooth running of the program?

3.7. Chapter 3 Conclusion

Chapter Three discussed the research methodology and gave a description of the qualitative methodology that was utilised in this research. It underlined the advantages and disadvantages of the methods used and underscored the methods to be used in data collection for this research. Chapter Three carefully chose and presented the data to be used in the chapter 4 analysis and restated the general and specific objectives of analysis that this research tried to achieve. Chapter

Four presented the critical research findings and answered the research objectives presented in this chapter. Chapter Four defined the efficiency of the RDF Citizen Outreach program and will propose strategies to be undertaken to enhance the effective implantation of 'RDF citizen Outreach program. The researcher remained objective on the identified areas for examination in order to make sound conclusion that can be incorporated to achieve the RDF Citizen Outreach's strategic objectives in the most effective means.

CHAPTER FOUR: DATA ANALYSIS AND INTERPRETATION OF RESULTS

4.0 Introduction

The primary motivation of this research was to assess the role of the Military in delivering health services through RDF Citizen’s Outreach program on health security development in Rwanda and particularly Bugesera District that this research undertook. Relevant documents in outreach program were analysed and it was found out that the central role of RDF has broadened towards achieving socioeconomic development of Rwanda. The objective of this research was to show that RDF support to peace and security is a holistic approach which encompasses aspects of human security and health security is central. Indeed, RDF has among its primary role approached human security issues. As such, health sector was considered in the framework of outreach program. Although there has been much effort made in the past to put an end to the increase of diseases in the country, very little has been achieved. The establishment of the “RDF Citizen Outreach program” the former “army week” in 2009, to contribute to national development especially through enhancing health security is the primary motivation of this research.

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Primary Question: To what extent did RDF Citizens out Reach Program Contribute to health security in Bugesera District?

Secondary Research Questions: In order to provide logical answers to the primary research question, it is important also to answer the following questions.

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Chapter Four is organized according to the research secondary questions presented in chapter 1 are: What are the main health related activities undertaken by the Military through RDF Citizens Outreach program and what is their contribution to health security in Bugesera District? What are the main challenges encountered by military when delivering the RDF Citizens Outreach Program's health related services to Citizens? What strategies could be put in place to improve RDF Citizens Outreach Program for the better of more beneficiaries and smooth running of the program? Providing suitable response to the research primary questions presented is intended to arrive at a logical conclusion of this research objective. To restate it, to what extent did RDF Citizens Outreach Program contribute to health security in Bugesera District? In order to attain the main objective of this research, the research has noted the difficulties within health sector that the RDF leadership must know as the possible way to achieving effectiveness in the RDF Citizen Outreach program. There are obvious weaknesses in the health sector such as limited capacity for personnel in to response to health challenges at the district levels. That said, many efforts by many if not all, districts hospitals to solve health problems have not been effective.

As noted, Chapter four presents research investigations, their explanation, and analysis based on the research objectives. The research findings were examined from both primary data by means of Statistical Package of Social Scientists (SPSS) as well as sampling techniques. For the researcher to present research findings and clarification, tables in percentages were used as means of examining and interpreting the data from the sample respondents. Sample size made from 98 out of 3000 recipients of outreach program from Bugesera district, 15 military medical doctors from Rwanda military hospital, 15 staff from Nyamata hospital as well as 15 local authorities in Bugesera district. The sample size was limited to few beneficiaries due to available time and resources and the researcher believe that the respondents selected gave relevant and sufficient answers necessary for this research questions. Indeed, according to individual responses given through interview, the research finding indicates that the outreach program is contributing to health security through access to healthcare and diseases prevention within Bugesera district.

4.1. Respondents – Socio-demographic Characteristics

In this study, the interview was administered to different beneficiaries selected according to age, gender, level of education, individual occupation, and their social strata category (*Ubudehe*) and income.

Table 1: Respondents' Age

Age	Frequency	Percent
18-26 years	6	6.1
27-35 years	16	16.3
36-44 years	51	52.0
45-53 years	9	9.2
54 and above	16	16.3
Total	98	100.0

Source: Primary data (2019)

Table 1 the majority of population respondents are aged between 36-44 years with 52%, followed by age between 27 and 35 and 54 and above with 16.3% respectively while 9.2% were found to be aged between 45-53 and 6.1% are ages between 18-26. Considering the age factor, the greater percentage of respondents was in the range of 36-44 years.

Table 2: Respondents' Gender

Gender	Frequency	Percent
Male	43	43.9
Female	55	56.1
Total	98	100.0

Source: Primary data (2019)

Table 2, shows the sample size according to gender. As observed, the number of female is higher than male which represents 56.1% of respondents while the male represents 43.9% respondents. This suggests that this research got views of male and female at a substantial level. Majority of

beneficiaries interviewed are female due to the fact that females are more subject to diseases than their peer's male due to their physiological body such as giving birth. According to an interview held with a woman respondent who also benefited from the program, she noted the following: *“RDF Outreach Program has been very responsive to major challenges that women in Bugesera District face like limited means that would enable them meet medical consultations and charges”* This was also confirmed by Military doctors who testified that women form the majority of beneficiaries.

Table 3: Respondents' Level of Education

Respondents	Frequency	Percent
Illiterate	11	11.2
Primary level	37	37.8
O'level	18	18.4
A' level	13	13.3
Bachelor level	7	7.1
Master and above	12	12.2
Total	98	100

Source: Primary data (2019)

Table 3 shows different levels of qualifications of respondents. The highest number of respondents were found to have completed the primary level with 37.8% of all respondents, 18.4% completed the ordinary level, 13.3 completed Advanced level, 7% completed bachelor degree, 12.2% finished the master's degree while above 11% of population did not attend the school. Since the majority of respondents at least completed the primary level, researcher therefore concludes that this allows them to offer valuable information for the purpose of this research. As such, two interviewee's respondents in a range of primary level noted that *“RDF Outreach Program cannot be compared to existing medical services at the district because it addresses the problems of the most vulnerable group and those with limited means to afford the medical treatment.”* It can be deduced that this response ties in correctly with the RDF Outreach Program primary objective.

Table 4: Respondents' Occupation

respondents	Frequency	Percent
None	10	10.2
self employed	28	28.6
Farmer	37	37.8
Civil servant	17	17.3
other specify	6	6.1
Total	98	100.0

Source: Primary data (2019)

From table 4, the occupation of respondent is presented. It was found that the majority of respondents are engaged in farming activities where they represent 37.8% of respondents. Majority of the interviewees had almost similar responses showing that “Thanks to RDF Outreach Program because without it, we could not afford to take our children for treatment given our status and compared to how medical treatment is expensive.” This is not surprising since the national institute of statistics of Rwanda through EICV5 (2016/2017) showed that more than 70% of rural population are engaged in agriculture sector. Indeed, if viewed from security perspective 70% is of the population in Bugesera District alone has a greater influence on the desired stability and development as such an answer to questions that this research envisaged.

Table 5: Respondents distribution by social status (Ubudehe category)

Category	Frequency	Percent
First category	16	16.3
Second category	40	40.8
Third category	36	36.7
Fourth category	6	6.1
Total	98	100.0

Source: Primary data (2019)

During this study, the researcher identified respondents basing on their social status (ubudehe) categories. As shown in the table 5 more than a half of respondents accounting for 57.6% were classified in both first and second categories. This implies that most of the people that benefit from RDF Citizen Outreach program are those with limited means to afford health care services. As such, though it is not easy to assess the conceptual influence of the outreach program of

health security on economic development, through interview held with beneficiaries of the program one of them commented that, “*even though some of us are supported by government to pay for health insurance, through Mutuelle de Santé, we still have a problem to get drugs from Pharmacies because they don’t work with this type of insurance and majority of health centers in the district does not work with Mutuelle de Santé.*” It can be said that, the primary objective of the outreach program has been achieved. Although some are still unable to afford those services that are not covered by *Mutuelle de Santé* the program has above average done impressive work.

Table 6: Income of respondents

Respondents’ income	Frequency	Percent
Between Frw 0- 15,000	30	30.6
16,000-25,000	10	10.2
26,000-50,000	12	12.2
50,000-100,000	14	14.3
101,000-200,000	14	14.3
200,000 -300,000	12	12.2
300,000 and above	6	6.1
Total	98	100.0

Source: Primary data (2019)

The purpose of sampling the respondents according to their incomes was to assess the affordability in order to avoid possible biases. Table 6 shows that the estimates of respondent’s monthly income considerably vary. It was found out that 30.6% of respondents earn between Frw 0 and 15,000. This shows that people in this range are vulnerable to afford the cost of medical services for the chronic diseases that are difficult to treat; even though RDF Outreach Program has been able to provide medical services here in Bugesera without consideration to income of individual’s researcher noted that the most benefiting people are those in small income category. Indeed, the primary objective for RDF Citizen Outreach program was to respond to the immediate needs of vulnerable people of all categories including the low income earners as a holistic approach to health security development.

Table 7: Respondents' Distribution by household expenditure

Respondents' household expenditure	Frequency	Percent
Clothing	30	30.6
Health services	17	17.3
Food	36	36.7
Social act	5	5.1
Education	6	6.1
other	4	4.1
Total	98	100.0

Source: Primary data (2019)

Table 7 has shown that many if not all families, food is the first item that consumes too much of the respondent's expenses totaling to 36.7%. Researcher herself noted that Majority of the families in Bugesera district spends much on food and little is spared for medical services yet majority of the families are prone to various diseases that would not be manageable as compared to high rate expenditure on food. For example, one of the beneficiaries through an interview said that : *'I 'm a father of seven children at young ages and I have no fixed monthly income because I survive by fragile agriculture activities. My biggest struggle is to find food for my family and it remains a big challenge for me to afford medical services yet my children are many times subject to diseases'*. One of the research specific objectives was measure the influence of outreach program on health security in Rwanda. As seen from table 4.7, the role of RDF Citizen Outreach program is indispensable in response to household health expenditure needs.

4.2. Contribution of RDF Citizen Outreach Program on Health Security in Bugesera District

Section 4.2 was intended to re-examine the primary objective of this study which is to assess and present the main health related activities carried out through RDF Citizen's Outreach program and their contribution to health security within Bugesera district. The primary research question of this study was examined in the light of what RDF Citizen Outreach program has achieved thus far. Indeed, the research underscored that the RDF Citizen Outreach program has made significant contributions in the key health security areas. However, the research has further demonstrated that there is yet other critical problem that must be addressed to make RDF Citizen Outreach program more effective. The response to the primary research question sums up the

importance of health security and its influence on human resource factor, lack of modern equipment and limited time allotted to the outreach program/year within the districts. The responses to the research questions can be summarized as follows; make improvement in medical equipment and infrastructure, revitalize district hospitals, build and empower the RDF Citizen Outreach program, and integrate the ministry of health in order to make the RDF Citizen Outreach Program’s strategy more effective.

4.2.1. Healthcare Services Delivered through RDF Citizen Outreach Program

The research has established the main healthcare services that were offered through RDF Citizen’s Outreach program here below Summarized:

Table 8: Healthcare services offered by outreach program

Services offered	Frequency	Percent
Male circumcision	9	9.2
Caesarean surgery	9	9.2
Dental treatment	9	9.2
Eyes treatment	10	10.2
Diabetes treatment	10	10.2
General surgery	25	25.5
Hepatitis treatment	6	6.1
Orthopedics	12	12.2
Ophthalmology services	8	8.2
Total	98	100.0

Source: Primary data (2019)

Table 8 represents a mix of many healthcare services provided to Bugesera citizens through military outreach program and they include among others male circumcision, general surgery, dental treatment, orthopedics services, and ophthalmology services. Through an interview held with one military medical doctor from Rwanda military hospital he noted that “the *RDF Outreach Program is targeting specific health activities that District hospitals are not able to provide and hence becoming responsive to health security needs as Bugesera beneficiaries has demonstrated*”

4.2.2. Paramedical Services Offered Through Outreach Program

In addition to health care services provided by military in terms of diseases' treatment, it was found out that during Outreach program military perform other paramedical services that also contribute to health security of Bugesera district as presented in table below:

Table 9: Paramedical services related to health sector

Paramedical Services related to health	Frequency	Percent
Construction of health posts	12	12.2
Campaign on prevention of against HIV/AIDS	12	12.2
Campaign on prevention against malaria	26	26.5
Campaigns on prevention of non-communicable diseases	8	8.2
Campaign on male circumcision	40	40.8
Total	98	100.0

Source: Primary data (2019)

Table 9 presents different paramedical services offered to people in Bugesera district through outreach program and are said to promote health services within the district. As confirmed by respondents these services include activity such as construction of health posts with 12.2% of respondent's agreements, also military were found to be involved in activities like campaign against HIV/AIDS prevention with 12.2% level of appreciation. Furthermore, 26.5% of respondents agreed that military also carried out campaigns on prevention against malaria through distribution of mosquito nets and awareness on the use of the mosquito nets. Majority of respondents 40.8% confirmed that military also carried out campaign on male circumcision. A local leader at district level through interview acknowledged the role of RDF outreach program and expressed him as follows: " *It is obvious that all these paramedical services also contribute to health security within the district as they are connected to issues concerning health of citizens within the area.* He also added that *'the outreach program activities are considered as more supportive to other government program related to health that are being implemented within the district'*" As seen, major activities that RDF Outreach program undertaken are directly or indirectly addressing the underlying structural challenges that this research has identified. For instance, the construction of health posts at district levels is a point of departure towards

sustainable solution to infrastructural challenges that affects not only the beneficiaries but also RDF’s Outreach program since limited space has been and remains a big challenge.

4.2.3. Contribution of Outreach Program Activities in Promoting Health Security in Bugesera

This section was designed to discuss different roles played by the military outreach health related activities within Bugesera district at different levels. The research has found out that the main activities performed within the district concerning health related activities, citizens within Bugesera district rated the services provided by military as impressive. The table below represents the perception index from respondents’ interviewed:

Table 10: Perception index of outreach program

Respondents’ Perception	Frequency	Percent
Excellent	60	61.2
Very good	25	25.5
Good	13	13.3
Total	98	100.0

Source: Primary data (2019)

Presented in the table 10, majority of beneficiary’s respondents accounting at 61.2% have rated the outreach program health related services as excellent, 25.5% rated them as very good while 13.3% of respondents rated them as good and no respondent judged them to be poor. During this research field visit at Nyamata Hospital, out of 20 interviews administered the response got from 15 Interviews said that RDF outreach is very excellent because military doctors are very caring and take much time examining the patients and administering the medicine. For example, one of the beneficiary of this program through interview she said that: *“I strongly appreciate the military doctor’s services because they are very caring and give much consideration for every beneficiary”* Researcher found that the perception index is rated impressive and the population in Bugesera district gives more value and appreciates the services offered to them through the program. This sends a clear message that the major contribution of RDF Citizen Outreach program on health security in Bugesera district cannot be overstressed. It is important to note that the central objective of this research was to assess the role of RDF Citizen Outreach program, the

rating from interviews administered shows that the program is over and above average impressive. Furthermore, researcher aimed at ascertaining whether according respondent's views, the health related activities done by military in their district contributed to improved access to healthcare and their response is graphically presented below:

Table 11: Contribution of outreach program

Respondents' Position	Frequency	Percent
Yes	96	98.0
No	2	2.0
Total	98	100.0

Source: Primary data (2019)

Table 11 shows that 98% of respondents strongly agreed that RDF Citizen Outreach program health related activities contribute to health security promotion within Bugesera district. In his words, the administrator of Nyamata Hospital explained that *“the nature of the services delivered by military is quick, effective, and most of the military doctors work efficiently, and the services facilitate, poor people in rural areas to easily access to health care service.”* He further emphasized that *“military doctors were found to be very motivated in providing their services. In so doing, they provide a valuable support to local medical staff by supplying their expertise in treating some diseases that require skills lacking among local medical personnel due to limited capacity.”* Researcher also was curious in knowing the cost of access to healthcare services that beneficiaries could have incurred in the absence of military outreach activities in Bugesera. As seen in the table 12 respondents provided the estimate of health cost that they could have incurred probably with a tendency that is not within manageable cost to most of the beneficiaries.

Table 12: Estimates of health cost in absence of outreach program

Health Costs in FRW	Frequency	Percent
0-5000	18	18.4
6,000-15,000	10	10.2
16,000-30,000	8	8.2
31,000-50,000	22	22.4
51,000- and above	40	40.8
Total	98	100.0

Source: Primary data (2019)

Table 12 represents the views of interviewees and researcher noted that if the RDF Citizen Outreach program did not exist in Bugesera district, majority of respondents who account for 40.8% could have spent about Frw 51,000, an amount of money which is higher than majorities monthly income. As observed, even though some respondents grouped in first category of *ubudehe* benefit from government free basic health insurance known as *Mituelle de santé*, they still need these outreach services because some diseases are not covered by this kind of insurance. This was confirmed by the district hospital administrator who noted that “*there is an additional amount of money that hospitals or health center require the patients to pay in order to buy some medicines that are either not available in the health center or very expensive to be covered by the normal insurance and patients are required to buy them in private pharmacies*”. For example, one woman who did an accident and undergone the leg surgery testified the following: “*at the absence of RDF outreach health program I could have spent more than Frw 300,000 on estimates and this is a big amount given that I do not even gain Frw50,000 per month*”. Researcher herself understood the role RDF Outreach program especially for small income earners because majority of them could have spent multiples of their monthly income on their complicated cases at the absence of the outreach program intervention. The following subsection focused on assessing the role of RDF Citizen’s outreach health related activities on the level of employments at district level where it was observed through respondent’s responses that the health conditions in the district have dramatically improved as presented in the table below:

Table 13: Access to healthcare and employment promotion

Respondents	Frequency	Percent
Yes	12	80.0
No	3	20.0
Total	15	100.0

Source: Primary data (2019)

Among the 15 local leaders contacted 80% of them agreed that the activities of military outreach program increased the level of employments through reduced ill health among citizens in Bugesera district. Asked to explain their opinions, majority of leaders confirmed that it is difficult or even impossible for someone to effectively work once he/she is suffering from any disease. For example, a local leader in charge of health and sanitation at district level during interview confirmed the following: *“the implementation of military outreach strategies in domain of health within Bugesera district facilitated many people especially those with limited means to benefits from free and highly qualified healthcare services which enabled them to regain energy and forces to go back to their daily activities, hence increasing the level of employment within the district.”*

Furthermore, researcher also was curious concerning whether there exists any link between improved health conditions of Bugesera people with poverty reduction in the area. To this effect, local leaders also expressed their views as presented in table below:

Table 14: Improved health condition to poverty reduction

Respondents' Position	Frequency	Percent
Yes	10	66.7
No	5	33.3
Total	15	100.0

Source: Primary data (2019)

The table 14 represents the responses of local leaders accounting for 67.7% agreed that improved health conditions of people contribute to poverty reduction through increased productivity in agriculture and other income generating activities. One local leader at district level in charge of social affairs remarked the following: *“Given that majority of respondents are engaged in agriculture activities, their improved health conditions resulted in increased food security and they played a significant role in development of the whole district”* Moreover, researcher also sought to understand whether RDF Citizen Outreach program health related activities promote the culture of self-reliance among citizens within Bugesera district. The table below gives a clear illustration:

Table 15: Promotion of culture of self-reliance through outreach program

Respondents' Position	Frequency	Percent
Yes	9	60.0
No	6	40.0
Total	15	100.0

Source: Primary data (2019)

Table 15, represents the responses of respondents where 60% of respondents agreed that the activities performed during RDF outreach program in Bugesera district promote the culture of self –reliance among people. During an interview held by local leaders, in charge of good governance at district level stressed the following: *“The RDF Outreach health activities are among many ways that Rwanda seeks to find as solutions to the challenges and problems facing Rwandans without over reliance on foreign donations and this obviously enhance the culture of self-reliance and national resilience.”*

Researcher also wanted to know the contribution of outreach program as understood by Nyamata hospital staff as many activities were carried out at Nyamata hospital. Researcher firstly wanted

to know how Nyamata hospital staff rates the outreach program activities in relation to health care access by rural people. The table below summarized their response:

Table 16: Outreach health related activities

Importance	Frequency	Percent
Very helpful	9	60.0
Helpful	4	26.7
Somehow helpful	2	13.3
Total	15	100.0

Source: Primary data (2019)

As it is presented above, at least 86.7% of respondents from Nyamata hospital staff rated the outreach health related activities to be very good. Concerning this issue one of the medical doctors operating at Nyamata hospital testified the following: *Not only the program enables rural people to have access to improved health care services especially for those with chronic diseases and disabilities being treated in short period but also Nyamata hospital doctors once working together with military doctors, they improve their knowledge and learn from each other.* Furthermore, researcher also wanted to know how lack of access to healthcare affected people's income and increased in poverty levels. The table below illustrates their views:

Table 17: Access to health care

Respondents	Frequency	Percent
Yes	12	80.0
No	3	20.0
Total	15	100.0

Source: Primary data (2019)

As to whether poor access to health care services leads to increased poverty levels, 80% of respondents interviewed said that limited access to healthcare can lead to poverty. Through interview a local leader in charge of social affairs at district level deducted the following: *“once people live with chronic diseases, they cannot contribute to the household production and become generally dependent. With reduced production and spending for health care services the family become more poorer”* Furthermore, researcher asked respondents how poor healthcare access affects the implementation of government policies and the one in charge of good governance stated the following: *“once people are affected by chronic diseases and disabilities they do not participate in government development programs such as public works and this always leads to increased poverty and underdevelopment”*

4.3. Main Challenges Faced by Medical Doctors in Delivering the RDF Citizen Outreach Program”

The second research question of this study was to assess the main challenges facing military in the process of delivering their healthcare services through Citizen Outreach program. This research has confirmed that the military plays a significant role in national development outside their traditional role which is to preserve national boundaries and defense as table 4.18 has underscored.

Table 18: Military Role in National Development

Respondents	Frequency	Percent
Yes	12	80.0
No	3	20.0
Total	15	100.0

Source: Primary data (2019)

As noted, Table 18 shows that military can play a significant role in national development, following significantly positive response that military can intervene in different activities that promote economic development, health sector, agriculture sector, infrastructure development as well as any other related activities designed to promote national development and these role can be combined to the core role of military which is to protect and preserve National Defense. As such, there is no further need to restate the major contribution on RDF Citizen Outreach program in the health security development in Rwanda. Furthermore, the research has found out that the military hospital make planning before deploying military to field to perform outreach activities. This is represented in the table follow:

Table 19: Do you take time to plan?

Respondents	Frequency	Percent
Yes	14	93.3
No	1	6.7
Total	15	100.0

Source: Primary data (2019)

Table 19 was intended to confirm the planning cycle for RDF Citizen Outreach program deliveries. During interview a respondent member of the functional committee in charge of RDF Citizen Outreach program planning noted the following: The “*RMH perform planning of activities before going to the field*”. He added that functional committee in charge of this outreach program plan for all activities three months before the commencement of the outreach activities”. Assessed in the light of objectives of this research, as to which are the possible main challenges faced in execution of the plan, the research has confirmed that limited infrastructure is the main challenge faced by military because infrastructure do not accommodate medical personnel. Indeed, limited number of military medical staff has been underscored in relation to

big number of patients in need of the service leaving majority not attended to in good time. While logistics is critical in sustainability of every military undertaking in achieving the desired end state, table 4.20 presents the military logistical requirement needed to effectively perform the outreach activities all in order to respond to the set objectives of this research.

Table 20: Main logistics needed

Logistics	Frequency	Percent
mobile x-rays	8	53.3
Mobile laboratory	7	46.7
Total	15	100.0

Source: Primary data (2019)

Table 20, the main logistics that the military need to perform their medical services is mobile X-ray and mobile laboratory. As seen from table 20, majorities of the respondents confirmed that “logistical needs for the outreach program are not sufficient and must be increased to at least cover in each province referral hospitals.” Indeed, the secondary research question on challenges faced by RDF Citizen Outreach program is what this research is set out to assess for strategic recommendation to improve RDF Outreach. As seen, although the research covered Bugesera, the RDF Outreach program is spread to all provinces in the country and has certainly broadened its mission. Giving an example, as this research is nearing completion, it has been noted that RDF Citizen Outreach program in relation to health activities has embarked on routine outreach covering the diagnosis of cancer in Butaro cancer hospital. However, nothing much can be done other than referrals to RMH in Kigali since the newly acquired cancer machine is only in Kigali. This clearly supports the outlined main challenges that military are facing and findings are summarized in table 2.

Table 21: Main challenges faced

Challenges	Frequency	Percent
Limited infrastructures	15	100
Big number of patients	14	93.3
Days of outreach are limited	13	86.6
It is difficult to make follow up of patients	13	86.6
The space was not enough which led congestion of beneficiaries	12	80.0
There was limited medical equipment and space	11	73.3
Total	78	519.8

Source: Primary data (2019)

As shown in table 21, among the main challenges that military is facing during outreach program activities include limited infrastructure where 100% of respondents pointed out that there is a major challenges of infrastructure affecting the RDF Citizen’s outreach program. Through interview one military doctor said that, *existing infrastructure cannot accommodate all beneficiaries and this limits the services delivery when a big number of patients show up for treatment*”. He added that *another significant challenge pointed out is the big number of patients who seek medical services while time assigned to outreach activities is limited*. Also about 86.6% of respondents confirmed that the time assigned to outreach activities is very limited and this prevents them to treat as many patients as possible. Asked what should be done to solve the above problem, one military medical doctor proposed the following: *“According to me in order reduce the effect of limited time, instead of being conducted once a year, there could be a possibility to rearrange the visits twice a year to ensure that many people benefit from the program”*. Other challenges encountered is the time to make follow up for treated patients, big number of patients and limited medical equipment and infrastructure.

Furthermore, the researcher wanted to know whether there is a challenge of insufficient number of qualified military who are deployed to the field and the answer of respondents are presented in table below:

Table 22: Number of qualified of medical doctor

Qualified Doctors	Frequency	Percent
Insufficient	4	26.7
Sufficient	11	73.3
Total	15	100.0

Source: Primary data (2019)

The other specific objective that this research was set to investigate is the main challenges that RDF Outreach program is facing. Indeed, the strategic objective for RDF outreach program was to address the major challenges of limited number of qualified medical personnel particularly in the districts. As seen, Table 22 represents the number of qualified military medical doctors required to better perform the outreach activities, 73.3% of respondents confirmed that *“the number of qualified medical doctor is sufficient though outstanding problem faced is a limited time assigned to the outreach activities in relation to a big number of beneficiaries and insufficient infrastructures.”*

4.4 What are the Achievements of the RDF Citizen Outreach Program so far in Addressing Health Security Issues?

In order to concisely provide answers to this question it is better to assess the health security trends in Rwanda post the 1994 genocide against the Tutsi and before the establishment of RDF Outreach Program with a view to ascertaining what has changed and what has not changed. This research has found out that events following the 1994 genocide against the Tutsi left the social fabric in Rwanda shattered particularly human resources and more so the professional medical personnel. Indeed, as a holistic approach to security, the government endorsed the establishment

of RDF Outreach program in the form of *operations other than war* otherwise known as army week to support the health sector as a measure towards health security development. Since its establishment, RDF Outreach program has enormously made great achievement in health security in providing health service in the country particularly in Bugesera district that this research envisioned. Indeed, the development made so far is promising and changes steadily.

4.4.1 What has changed?

The main objective of the RDF Citizen Outreach program was to bring about conditions suitable for sustainable health security development in Rwanda. What the research has found is that important areas identified in the health security sector service delivery are central in setting these conditions suitable for health security development. Although there are indications of slowness in health service delivery due to challenges that this research has analyzed at length, the RDF Citizen Outreach program has made important strides in resurrecting the health security development in Rwanda particularly Bugesera District. As observed, the RDF Citizen Outreach program has considerably approached health sector issues from the prism of synergy with the ministry of health towards sustainable and holistic security. It is worth noting that, a lot has changed and RDF is striving to broaden its horizon in health security such as opening up RMH to non-military citizens. This is a paradigm shift that this research has underscored.

4.4.2 What has not Changed?

The specific objective of this research was to assess the main challenges encountered by the military while delivering the RDF Citizen Outreach Program health related services to the citizens in Rwanda. Some of the problems identified, discussed and analyzed in length throughout are presented in the table 4.21 have slightly changed and the most prominent among them is lack of medical personnel at the district hospitals to support the program, limited infrastructure to accommodate the outreach program personnel in the field, big and increasing number that has recently taken a dimension for cancer treatment and lack of sufficient mobile medical equipment. As the situation stands, the research will recommend improvement of the identified challenges to make the outreach program more effective.

4.5 What are the Strategies that can be Employed so as to Improve the RDF Citizen Outreach Health Security Activities?

In order to provide a good response to this question, it is better to restate the general objective of this research is restated as follows; To assessment of the role of the military on health security in Rwanda, a case study of Rwanda Military Hospital in Bugesera District. The third specific objective of this study was to assess the main strategies that can be put introduced to improve the RDF Citizen Outreach health related activities with the aim of improving it and serve as many beneficiaries as possible. As seen, table 4.23 presented the feasible strategies that can be put in place as the surer way to improve the RDF Citizen Outreach health related activities.

Table 23: Strategies to improve outreach activities

Outreach Activities	Frequency	Percent
Decentralization of the services to the provincial referral hospital	3	20.0
Providing enough equipment and medical doctors	6	40.0
Establishing mobile surgical equipment, X ray and mobile laboratory to move from one region to another	6	40.0
Total	15	100.0

Source: Primary data (2019)

This research has assessed the existing gaps in medical personnel and have confirmed that on the side of medical doctors from military hospital, the most important things to have in place in order to improve the outreach activities include the establishment of mobile surgical equipment, x-ray and mobile laboratory to enable them to move from one place to another in order to meet more beneficiaries. Another strategy that needs to be done is to provide medical doctors with enough equipment and space to operate in efficiently. Finally, this research has underscored that that outreach services need be decentralized to reach at least all provincial referral hospitals. Indeed, as this research is nearing completion RDF Citizen Outreach program has broadened its horizons to include specific areas for example cancer surgery a recent development after acquisition of new equipment for cancer treatment at Rwanda Military Hospital.

Furthermore, the research has confirmed particular areas that can be improved at Nyamata hospital as the major beneficiary of the RDF Citizen Outreach health services in order to make the outreach more effective. Table 24 has summarized possible strategies to this effect.

Table 24: Factors to improve RDF Outreach activities

Factors	Frequency	Percent
Enough time for screening before procedures	13	86.6
Enough time for procedures and follow up of patients	14	93.3
Equip local health facilities to have a conducive environment for the activities	10	66.6
Ensure that staff and technical teams have enough time on ground to organize the activities	9	60.0
Increase manpower and equipment because they are not sufficient	8	53.3

Source: Primary data (2019)

Table 24 represents Nyamata hospital staff respondents who said that the strategies to be put in place in order to enhance the RDF Citizen Outreach health related activities to include the extended time of screening concerning when and where activities will be held in order to well allocate available resources efficiently with purpose of reaching many beneficiaries; extended or increased time assigned to outreach activities in order to serve many people and make their follow up in case of complications for certain diseases; acquisition of new mobile medical facilities to ensure a conducive environments for the outreach activities and finally, ensuring that staff and technical teams have enough time on ground to organize the activities as well as increase manpower and equipment because they are not sufficient”. Indeed, the research ascertained that once these strategies are ably put in place there is a degree of confidence that the RDF outreach program will achieve another big milestone in health security development and improve the lives of Rwandans at all levels.

4.6 Summary and Conclusions

Chapter 4 has examined the research findings. It has stressed that the RDF Citizen Outreach program has above average achieved its set objective of operationalization. Chapter has highlighted that health accounts for the seven dimensions of threats to national security and therefore must be approached thoroughly. Indeed, an analysis ascertained that there is considerable improvement in the health sector since 2009 when the RDF Citizen Outreach program was established. Indeed, it confirmed that the service delivery at this point is at impressive level. It is observed that the challenges that RDF Citizen Outreach program faces are within a manageable range and there are plausible strategies that can be employed in order to improve the outreach program in the health sector as a way to achieve better health security and development. This chapter has highlighted the achievements of the RDF Citizen Outreach program particularly in promoting health sector towards sustainable health security and development. Chapter 4 has presented some of the problems identified, discussed and analyzed in length throughout as presented in the table 4.21 and underscored that a number of challenges identified have slightly changed. In sum, the research has recommended probable strategies of making the RDF outreach program more effective in marshalling better health security and development in Rwanda. It examined and responded to questions conceptually in specific objective all in order to prepare the readers to better appreciate the outcomes for the attention making the recommendations in chapter Five. The conclusion from Chapter Four forms the base of Chapter Five of this thesis. Chapter Five discussed final conclusions and recommendations.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The primary motivation of this research was to assess the role of the Military in delivering health services through “RDF Citizen Outreach Program towards health security development in Rwanda. The bad experience of the 1994 Rwandan genocide became critical in determining how Rwanda Defense Forces approaches the security in a holistic perspective to include human security. Chapter Five is organized as follows; Summary of the findings discussed in chapter 4, interpretation of the findings, summary and conclusions, and recommendations.

5.2. Summary of the Findings Discussed

Earlier the research developed assumptions/Hypothesis to validate the findings and the assumptions are restated as follows; The RDF Citizens Outreach Program will continue to enormously contribute to health sector and contribute in the domain of health security, stability, and health sector development in Rwanda; Due to the experience drawn from 1994 genocide against the Tutsi, RDF will continue to take the lead in persuading the best constructive transformation in health sector; Since the establishment of RDF Citizens Outreach Program in 2009, significant improvement in health sector will be achieved. This thesis identified a number of essential issues in the RDF Citizen Outreach Program. The findings in this research underscored that the 1994 genocide against the Tutsi has been crucial in defining how issues are approached especially security related issues and development. Indeed, a mention was made that though genocide was stopped, its effects spread across all sectors, and health sector has been at the epicenter with far reaching devastation.

The findings revealed that since the establishment of RDF Citizen Outreach program in 2009, significant changes in the health sector has taken place. Indeed, the assumption that the RDF Citizens Outreach Program will continue to enormously contribute to health sector and contribute in the field of health security in Rwanda remains valid. The research has examined the RDF Citizen Outreach program and confirmed that due to bad experience of the 1994 genocide against the Tutsi, RDF will continue to take the leading role in influencing positive changes in Rwanda. Indeed, the establishment of RDF Citizen Outreach program as a measure to deal with long term post 1994 effects particularly in health sector is a prominent example. In view of the

above, it is worth to note that the assumption that due to the experience drawn from 1994 genocide against the Tutsi, RDF will continue to take the lead in persuading the best constructive transformation health sector is valid.

The research identified that the RDF Citizen Outreach program can be pursued to improve the health sector related problems towards health security and development in Rwanda. Indeed, the synergistic approach between the Ministry of Health and the Ministry of Defence demonstrate that the RDF Citizen Outreach program can be pursued for better improvement of health security and development in Rwanda.

5.3 Interpretation of the Findings

The health sector is one of the most critical sectors that underpin national security and economic development in all countries. In Rwanda, health sector is very unique having gone through the most devastating genocide against the Tutsi in 1994 where most if not all survivors suffered not only from trauma but also violence and infectious diseases that depleted the workforce needed in post genocide reconstruction. The effects of genocide against the Tutsi spread to all sectors including the academia and professional practitioners like medical doctors as this research has found out. The interlocking drivers of these effects could undermine the government strategy of sustainable security and economic development which cannot be achieved without restoring human security. Indeed, this research found out that RDF remained the only available tool at that point to support the government development policies and strategies particularly through this program aimed at restoring human security. Although RDF did not achieve it on the outset of stopping genocide but the experience have given rise to current RDF Citizen Outreach program as a quick fix towards a shift to focus on human security and development.

It is worth noting as the situation stands health sector has been leveraged and RDF Citizen Outreach program has and is playing a central role. An analysis made on the challenges encountered in marshalling critical support to improve the RDF has slowly lessened and remains in a manageable range. This is what this research has recommended for particular government attention if sustainable preventive security is to be realized as the only surer way to national development. Although there are some limitations in health security issues, the assumption made by this research that due to the experience of 1994 genocide against the Tutsi RDF will continue

to influence the best outcome in safeguarding the national territorial Integrity and human security is still valid.

5.4 Conclusion

The main inspiration of this research was to analyse the role of the military in health security sector through the RDF Citizen Outreach Program's Strategy. The effective integration of the outreach program in the wider health sector has enormously contributed to the well-being of Rwandan citizen especially Bugesera District which this research envisaged. Throughout the this research the author took note that approach to Rwanda's quest for improving the quality of life through health, post the 1994 Tutsi genocide had not fully achieved the desired end state. Although the threat posed by the persistent diseases among the population remained, little had been done to alleviate the problem. Even though RMH opened up to receive and treat the civilians than ever before, the number of beneficiaries remained limited due to individual's financial capacity as an enabler to allow people from remote areas to access the health service at RMH base in Kanombe. As seen in Chapter 4 analysis, the number of patients who benefited from medical treatment following the establishment of mobile RDF Citizen Outreach program is considerably impressive.

While the research underscored that the RDF Citizen Outreach program has made significant strides boosting health security in almost all the provinces there are associated challenges remains a limiting factor to this effect. Indeed, the research found out the lack of qualified medical staff to support the program, limited infrastructure at the district hospitals, and yet limited medical equipment at provincial levels to effectively aid the effective implementation of the program is still a formidable problem. In sum the research has recommended that there is no better way of attaining sustainable health security and human development in Rwanda other than implementation of the synergistic approach of improving RDF Citizen Outreach program by the concerned ministries of National Defence, not a mere traditional 'Army week' but as essential part of the national strategy.

5.5 Recommendations

The first recommendation concerns the leadership of RHM and District hospitals. Both government entities should actively pursue cooperation strategy through mutual coordination of health related activities especially in planning for the activities in allocating both human and material resources to enhance full potential access to outreach program benefits.

The second recommendation is focused on the duration of the outreach program activities/year. There is a need to extend the period assigned to the outreach activities twice a year. This is directly linked to initial outreach program annual plan. Both the Ministry of Defence and the Ministry of Health should coordinate and uplift the time of 3 months allocated to the program throughout the country to at least last for six months/year to allow more beneficiaries.

Third recommendations concerns patients treated at local hospitals and left without follow up due to limited capacity of nurses. There is a need for proper coordination between district authorities and Rwanda Military hospital to ease the follow up of patients with complicated cases at the local hospitals.

The fourth recommendation addresses the existence of challenges highlighted in this research namely, lack of mobile medical facilities, limited infrastructure, and lack of trained medical staff at district hospitals. Pursuing the strategy of acquisition of the mobile facilities, staffing and infrastructure development should be central within the RDF Citizen Outreach's strategy.

Lastly, the current relatively stable health condition in Rwanda is a creation of the RDF outreach program alongside coordination with the ministry of health. The Ministry of Defence and the Ministry of Health must pursue a stronger dedication to the RDF Citizen Outreach Program's strategy and leverage its strengths.

5.6. Recommendation for Further Research

In the process of this research there are several issues identified that was not answered. This research attempted to answer the impact of RDF Citizen Outreach Program in marshalling health security. Additional research is recommended to RDF Senior Command and Staff College to venture into detailed impact of the health related issues as a threat to global and national security. The research would further show how health related problems can degrade the human factor in national development.

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RESEARCH OPERATIONALISATION MATRIX

Research Question	Dependent Variable	Independent Variable	Dimension of the DV	Indicator of Dimens	Research Question to be put on the Questionnaire																														
<p>What are main health related activities undertaken by the military through “RDF Citizen outreach program “and what is their contribution to health security development in Rwanda?</p>	<p>Health Security</p>	<p>Health related Outreach program activities</p>	<p>Social: Partnership with local residents in improving health status</p>	<ol style="list-style-type: none"> 1. Construction of health posts 2. HIV/AIDS awareness campaign 3. General surgery 4. Dermatology services 5. Dental and ophthalmology 6. Orthopaedic surgery services 7. Donation of mosquito nets to the needy 8. Male circumcision 9. Gynaecology and obstetrics 10. Blood donation 11. ENT(Ear,Nose&Throat) 12. Voluntary HIV/AIDS Testing 	<p>The following are the main health related activities carried out by RDF through citizen outreach program in Bugesera district. Please record your level of agreement using the scale of 1-5 where 1 – Strongly Disagree, 2 – Disagree, 3 – Neutral, 4 –Agree, and 5 – Strongly Agree</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%;">1</th> <th style="width: 5%;">2</th> <th style="width: 5%;">3</th> <th style="width: 5%;">4</th> <th style="width: 5%;">5</th> </tr> </thead> <tbody> <tr> <td>Construction of health posts</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HIV/AIDS awareness campaign</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>General surgery</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dermatology services</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		1	2	3	4	5	Construction of health posts						HIV/AIDS awareness campaign						General surgery						Dermatology services					
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					Dental and ophthalmology					
					Orthopaedic surgery services					
					Donation of mosquito nets to the needy					
			Economic: Improving people health status for suitable growth and poverty reduction	<ol style="list-style-type: none"> 1. Creation of Employment 2. Poverty reduction 3. Infrastructure development 4. Economic growth in different sectors 5. Increased agriculture production 	Male circumcision					
					Gynaecology and obstetrics					
					Blood donation					
					ENT(Ear, Nose&Throat)					
					Voluntary HIV/AIDS Testing					
					1. The following					

					<p>indicators are related to the role of RFDR in the economic contribution of Bugesera District. Please record your level of agreement to the statement using the scale of 1-5 where 1 – Strongly Disagree, 2 – Disagree, 3 – Neutral, 4 – Agree, and 5 – Strongly Agree</p>																		
					<table border="1"> <thead> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td>RDF health care activities have increased the rate of employment in Bugesera District thanks to improved health conditions</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A significant</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		1	2	3	4	5	RDF health care activities have increased the rate of employment in Bugesera District thanks to improved health conditions						A significant					
	1	2	3	4	5																		
RDF health care activities have increased the rate of employment in Bugesera District thanks to improved health conditions																							
A significant																							
			<p>Political: Cooperation</p>	<p>1. Implementation of health policies 2. Promoting of</p>																			

			with local and state organs in social-health activities	<p>culture of self-reliance</p> <p>3. Civil society involvement</p> <p>4. Political will</p>	<p>population is involved in agricultural and food production thanks to improved health conditions</p>					
					<p>RDF outreach program have improved the quality of lifestyle of households by increasing their income generation levels thanks to improved health conditions</p>					

					<p>Poverty rates in Bugesera District have reduced due to numerous income generation avenues thanks to improved health conditions</p>				
					<p>RDF outreach health related program has improved the health status of people in Bugesera district</p>				
					<p>To what extent does RDF outreach program contribute to the local</p>				

					<p>governance of Bugesera District through the implementation of health related policies?</p> <p>In your own opinion, do you think that RDF outreach health related programs promote the culture of self-reliance among Rwandans? If YES, how has this outreach affected the health status of People in Bugesera district?</p> <p>To what extent has RDFR encouraged the involvement of civil societies and NGOs in promoting health care access? Have these partnerships yielded any positive effects to the people of Bugesera District?</p>
What are the main challenges encountered by			Social: Health care inaccessibility challenges	<ol style="list-style-type: none"> 1. Insufficient medical equipments 2. Insufficient number of qualified military medical doctors 	To what Extent do the following challenges hinder the provision of health care services through RDF outreach

<p>military when delivering the “RDF outreach program” health related services to citizens in Rwanda?</p>				<p>3. Short period of intervention 4. Lack of follow up 5. Lack of awareness among population beneficiaries 6. Poor collaboration between military and local leaders</p>	<p>program? Please record your level of agreement to the statement using the scale of 1-5 where 1 – Very Little Extent, 2 – Little Extent, 3 – Neutral, 4 – Great Extent, and 5 – Very Great Extent</p> <table border="1" data-bbox="1219 632 1547 795"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		1	2	3	4	5						
	1	2	3	4	5												
			<p>Economic: Lack of health care services contribute to increased poverty and reduce the wellbeing of people in Bugesera district</p>	<p>1. Decrease in number of contributing labor force 2. Decrease in economic growth through reduced agriculture producers 3. Increased malnutrition 4. Increased incidence</p>	<p>1. Do you think the insufficient medical equipment is a challenge for RDF outreach health related program? Please explain 2. To what extent has Insufficient number of</p>												

			<p>Political:</p> <p>Cultural:</p>	<p>of poverty</p> <p>5. Decreased level of household income and savings</p> <p>1. Low involvement in government policies</p> <p>2. Government ineffectiveness</p> <p>3. Low implementation of government policies</p>	<p>qualified military medical doctors hindered the implementation of RDF outreach program related to provision of health care services within Bugesera district</p> <p>Do you agree that the lack of follow up of activities carried out through Outreach program is a challenge for a good implementation of those programs? Please explain</p> <p>How does lack of access to health care's services contribute to reduction in household income?</p> <p>How do you link poor health care services to increased poverty incidence?</p> <p>How does poor health leads to low involvement in implementation of government policies?</p>
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<p>What could be improved for “RDF outreach program” health related services to reach more beneficiaries and smoothly run?</p>	<p>Planning and intervention strategies</p>	<p>RDFR</p>	<p>Social: Partnership with the local communities in enhancing access to health care services</p> <p>Economic:</p> <p>Political:</p> <p>Cultural:</p>	<ol style="list-style-type: none"> 1. Enhance cooperation between local leaders and military 2. Avail sufficient medical equipments 3. Enhance Monitoring and Evaluation of programs to guarantee their sustainability 4. Extend the period of intervention 5. Enhance awareness of the outreach health related activities among local people 6. Make a follow up of all activities carried out 7. Increase the number of specialized medical doctors to reach many beneficiaries 	<p>In your own opinion, what are the additional planning and intervention strategies do you think RDFR should establish to enhance health care services activities within Bugesera District?</p>
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APPENDIX 2

QUESTIONNAIRE FOR THE RESPONDENTS

Dear respondent,

I am Mary KAZARWA., a student of University of Rwanda pursuing a master of art in security studies carrying out an academic research on “Role of military outreach program to health security in Rwanda, A Case of Bugesera District”. You have been chosen as one of the respondents and I humbly request you to spare a few minutes of your time and assist me in responding to the questions below. The information given will be kept confidential and shall be used for academic purposes only.

SECTION A: BIO-DATA

Questions reserved to beneficiaries

Age of respondents (optional)

18-26 years 27-35 years 36- 44 years 45-53years 54 and above

Gender of respondent.

Male Female

Educational background

Not educated

Primary Level

O level

A Level

Diploma

Bachelors

1. What is your occupation?

None self-employed Agriculture Civil servant Other specify

2. What is your ubudehe category?

First category Second category Third category Fourth
category

3. What is your monthly income?

.....

4. How much money do you spend on the following items?

Clothing Food social act (such as wedding) Education
other.....

5. In past three years, have you ever benefited from RDF outreach health related services (former army week)?

a) Yes No Don't know

b) If yes, which treatments have you benefited from?(e.g: General surgery services, Dermatology services, Dental and ophthalmology, Orthopaedic surgery service, Dental and ophthalmology, ,etc).....

Others,please

specify.....

6. In the past three years, what do you think are paramedical services provided through RDF military outreach program in your area? (e.g: Construction of health posts, Campaign on HIV/AIDS prevention, etc).....

.....

7. How do you appreciate the service delivered to you by military through RDF military outreach programs in domain of health?

Excellent Very good Good Poor No response

8. Do you agree that military outreach program contributes to improvement in healthcare access in your area?

a) Yes No

b) If yes, Please explain in terms of nature and quality service provided,.....

9. If Kanombe Military hospital did not come in your area, How much money could you have spent on your illness treatment?.....

Questions reserved to district leaders

10. The following indicators are related to the role of RDF Outreach program in the economic contribution of Bugesera District.

a. Do you agree that RDF health care activities have increased your rate of employment in your area thanks to improved health conditions?

Yes No don't know

If yes, explain your opinion

b. Do you agree that improved health conditions of people in your area reduced poverty through increased productivity in agriculture and other income generating activities?

Yes No Don't know

If yes, explain your opinion

.....

c. Do you agree that RDF outreach program have improved the levels of living conditions of households in your area thanks to improved health conditions?

Yes No don't know

If yes, explain your opinion

.....

11. In your own opinion, do you think that RDF outreach health related programs promote the culture of self-reliance among Rwandans? Yes No

If YES, how has this outreach affected the health status of People in Bugesera district?.....

.....

Questions reserved to Nyamata Hospital leaders

12. What are the special health services that RMH provided which you do not have in your hospital?

13. How do you qualify the outreach program activities in relation to your daily health care services?

Very helpful helpful somehow helpful Not helpful

Please explain your opinion
.....

14. Do you think that lack of access to health care's services contribute to reduction in household income?

Yes NO

If yes, explain.....

15. How do you link poor health care services to increased poverty incidence in your area?

.....

16. How does lack of health care affects the implementation of government policies?

17. Do you think that RDF outreach program contributes to the reduction of incidence diseases in Bugesera District through the implementation of health related policies?

Yes NO

If yes, explain.....

18. As hospital leaders, what suggestions could you put forward to enhance health care services activities within Bugesera District through Military outreach program?

.....

Questions reserved to Rwanda military hospital

19. What are the services that you delivered in bugesera district that community does not have?

.....
.....
.....

20. Do you think the military has a role to play in national development outside its traditional responsibility of defence? Yes No

Please explain.....

.....

21. Do you take your time in the planning before conduct the outreach program activities?

a) YES No

If yes, describe how it is done

b) What challenges do you face in planning process of outreach program activities?

.....
.....

22. What logistics do you need to smoothly perform your outreach program activities?

.....

23. According to you are they sufficient?

Yes NO

If No, what do you suggest?

24. Do you have a challenge of insufficient medical equipments for RDF outreach health related program?

a) Yes No Don't know

b) If yes, Please explain.....

c) According to you, how can it be overcome.....

25. Do you agree that the number of qualified military medical doctors is sufficient enough for a better implementation of RDF Outreach program within Bugesera district?

Sufficient Not sufficient

If not sufficient, can you propose what could be done.....?

26. Do you make follow up of activities carried out through Outreach program for a good implementation of those programs? Yes No

If yes How is it done?.....
.....

27. Do you think that the time period assigned to your intervention during outreach program is sufficient?

Yes NO

If No, What are the negative impacts on good implementation of your activities?

According to you, what could be improved?

28. According to your experience, what are other main challenges do you face when delivering health related services through the Military outreach program? Please explain
.....
.....

29. In your own opinion, what suggestions could you put forward to enhance health care services activities within Bugesera District through Military outreach program?

.....

APPENDIX 3

Research timeline

Work package	Time in months		
	August,2018	March ,2019	May,2019
Review the literature to identify the research gap			
Topic formulation			
Topic approval			
Writing proposal			
Proposal presentation			
First Draft			