

**GOVERNMENT HEALTH ASSISTANCE ON THE GENOCIDE
SURVIVORS' LIVING STANDARDS IN THE SELECTED SECTORS IN GASABO
DISTRICT, RWANDA.**

A Thesis

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In Partial Fulfillment of the Requirements for the Degree of
Master of Business Administration

By:

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March, 2012



DECLARATION A

"This thesis is my original work and has not been presented for a Degree or any other academic award in any University or Institution of Learning".


Name and Signature of Candidate

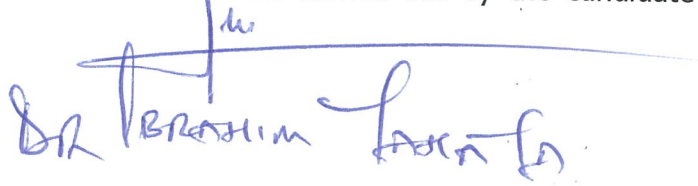
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DECLARATION B

I confirm that the work reported in this thesis was carried out by the candidate under my/our supervision".

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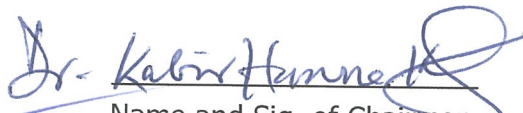
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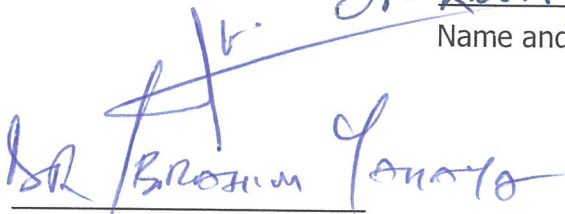
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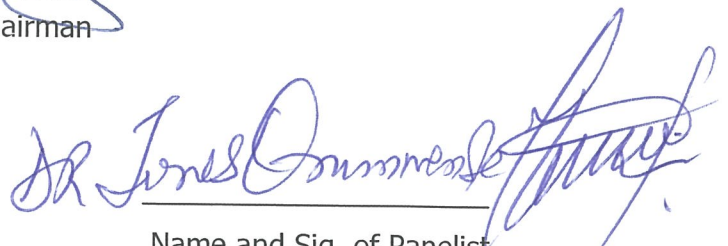
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APPROVAL SHEET

This thesis entitled "**GOVERNMENT HEALTH ASSISTANCE ON THE GENOCIDE SURVIVORS' LIVING STANDARDS IN THE SELECTED SECTORS IN GASABO DISTRICT, RWANDA**" prepared and submitted by **UWERA Solange** in partial fulfilment of the requirements for the degree of Master of Business Administration, has been examined and approved by the panel on oral examination with a grade of


Name and Sig. of Chairman


Name and Sig of Supervisor


Name and Sig. of Panelist


Name and Sig. of Panelist

Name and Sig. of Panelist

DEDICATION

To almighty God

To my husband Bosco RWALINDA

To my children IMANZI R. Jordan and IREBE R. Christa

To all my beloved ones

For your love, your faith in me and your patience, perseverance, endurance and moral support, I was able to perform this work.

ACKNOWLEDGEMENT

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TABLE OF CONTENTS

Preliminaries		Page
	Declaration A	i
	Declaration B	ii
	Approval sheet	iii
	Dedication	iv
	Acknowledgement	v
	Table of contents	vi
	List of table	ix
	Abstract	x
Chapter		Page
One	THE PROBLEM AND ITS SCOPE	1
	Background of the Study	1
	Statement of the Problem	3
	Purpose of the Study	4
	Research Objectives	4
	Research Questions	4
	Hypothesis	5
	Scope of the study	5
	Significance of the Study	6
	Operational Definitions of Key Terms	7
Two	REVIEW OF RELATED LITERATURE	8
	Concepts, Opinions, Ideas from Authors/Experts	8
	Theoretical Perspectives	18
	Related Studies	25

Three	METHODOLOGY	27
	Research Design	27
	Target Population	27
	Sample Size	27
	Sampling Procedure	29
	Research Instrument	29
	Validity and Reliability	29
	Data Gathering Procedures	30
	Data Analysis	31
	Ethical Considerations	31
	Limitations of the Study	32
Four	PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA	34
	Profile of Respondents	34
	Description of the extent of Government health assistance on genocide survivors in the selected sectors of Gasabo District, Rwanda.	37
	Description of the level of living standards of Genocide survivors	39
	Correlation analysis	43
	Regression analysis	44
Five	FINDINGS, CONCLUSIONS, RECOMMENDATIONS	46
	Findings	46
	Conclusions	47
	Recommendations	47

LIST OF REFERENCES	49
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APPENDICES

Appendix IA	Transmittal Letter	52
Appendix IB	Transmittal Letter for the respondents	54
Appendix II	Informed Consent	55
Appendix III	Clearance from ethics committee	56
Appendix IV	Research Instruments	57
Appendix VI	Map of Rwanda	62

RESEARCHER'S CURRICULUM VITAE	63
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LIST OF TABLES

Table	Page
Table 1: Achievement of FARG in Education Program, 1998-2010	11
Table 2: Achievement of FARG in Health Program, 1998-2010	12
Table 3: Achievement of FARG in Direct support program and income generating activities	12
Table 4: Achievement of FARG in Shelter Program	13
Table 5: Sample size in selected sectors of Gasabo District	28
Table 6 : Determination of Reliability and Validity of Instrument	29
Table 7: Profile of the respondent	35
Table 8: The extent of Government health assistance on genocide survivors	38
Table 9 : The level of living standard of genocide survivors	40
Table 10: Questionnaire to the Top Leaders of FARG/IBUKA	42
Table11: Relationship between the extent of Government health assistance and the level of living standards of genocide survivors in the selected sectors of Gasabo District.	43
Table.12: Regression Analysis of the extent of Government health assistance with the level of living standard of genocide survivors in the selected sectors of Gasabo District	44

ABSTRACT

This research study aimed at analyzing the Government assistance in health program in developing genocide survivors' living standards in Rwanda. The research focused to identify the demographic characteristics of the respondents, to determine the extent of Rwandan Government health assistance in developing genocide survivors' living standards, to establish the level of genocide survivors' living standards and their integration in National development, to determine if there is a significant relationship between the extent of Rwandan Government health assistance on genocide survivors and the level of genocide survivors' living standards in selected sectors of Gasabo District. The study was covered the four selected sectors of GASABO District such as KIMIRONKO, REMERA, KINYINYA and RUSORORO.

The research contains findings from 346 beneficiaries of FARG who formed the target population during this research and 5 top leaders of FARG and IBUKA whose daily job description intervene mostly with genocide survivors. For data collection, questionnaires have been administered to the above groups and reports have been consulted for this purpose.

In general the results from the sample survey indicate that the assistance of FARG in health program after twelve years from his establishment in 1998, especially for five years from 2006 up to 2010 showed that most of needy genocide survivors have improved their lives and have been integrated in National development due to Government assistance. The research findings reveal also that a great support have been observed on genocide survivors' living standards but the budget allowed in health program is still insufficient to overcome all genocide survivors health problems in RWANDA.

The health assistance on genocide survivors permits their improvement in many activities, such as education and other income generating activities. Therefore, without health assistance, they couldn't do anything. The research findings reveal also that the health assistance activities go increasing in last five years and further efforts are implemented by FARG' top Leaders for diminishing health problems for genocide survivors and state that the end of health problems for a human being is never reached until he is still alive.

For that reason this study recommends to the Government of Rwanda through FARG to improve the health program policy and well manage the budget allowed on it and to make further efforts in reaching the most needy genocide survivors. After analyzing the data obtained, the research study confirmed that the Rwandan Government assistance in health program has improved the genocide survivors' living standards in Rwanda.

CHAPTER ONE

THE PROBLEM AND ITS SCOPE

Background of the study

The **Rwandan Genocide** was the 1994 mass murder of an estimated 800,000 people in the small East African nation of Rwanda. Over the course of approximately 100 days (from the assassination of Juvénal Habyarimana on April 6 through mid-July), over 800,000 people were killed, according to a Human Rights Watch estimate. Estimates of the death toll have ranged between 500,000 and 1,000,000, or as much as 20% of the country's total population. It was the culmination of longstanding ethnic competition and tensions between the minority Tutsi, who had controlled power for centuries, and the majority Hutu peoples, who had come to power in the rebellion of 1959–62 and overthrown the Tutsi monarchy.

The assassination of Habyarimana in April 1994 set off a violent reaction, resulting in the Hutus' conducting mass killings of Tutsis and pro-peace Hutus, who were portrayed as "traitors" and "collaborationists". This genocide had been planned by members of the Hutu power group known as the Akazu, many of whom occupied positions at top levels of the national government; the genocide was supported and coordinated by the national government as well as by local military and civil officials and mass media.

After a mere one hundred days, an estimated one million people were brutally murdered. As the world watched in horror, the UN estimates that 250,000 - 500,000 women and girls were raped, while countless children witnessed the slaughter of their parents, often times by people they had previously known as friends and neighbors. When the last machete was wielded, the country was left virtually destroyed.

The Genocide caused enormous Consequences visible and invisible to the Survived Victims and also profoundly affected the lives of everyone in Rwanda socially

and economically. The persons who miraculously managed to survive Genocide were in need of moral, psychological and material support. In brief, they needed to restore human dignity and rights that they were deprived of. The victims have in many cases suffered terrible physical and psychological harm, and had lost their families, reducing their access to social networks and increasing their vulnerability.

Though, they recovered their rights to physical life, by being saved from Genocide, they remained dead on the moral, psychological and material point of view. It is the wake of addressing such an acute situation that the Government of Rwanda, established through Law n° 02/98 of 22/01/1998, a National Assistance Fund for Needy Survivors of Genocide (FARG).

FARG was established for solving the problem of which the responsibility is not of only Rwandese. The International Community must get mobilized, and have obligation to human solidarity particularly so because Genocide is a crime against humanity.

With assistance of the Rwandan Government in many areas of support like Education, Health, Shelter, Social assistance and Income generating projects through FARG, the survivors seek to develop their mind and go above their terrible problem which were suffered in order to restore their human dignity and rights that they were deprived of. Such rhetorical acts, however significant, do not house homeless genocide survivors, provide the sick among them with essential healthcare and psycho-social support services, provide orphans with scholarships to enable them to pursue an education, alleviate extreme poverty,. That is the standard by which Rwandan Government ought to measure the sincerity of their statements and purported ethical commitments: real improvement in the lives of genocide survivors and increasing realization of the full range of their human rights.

Statement of the Problem

The 1994 Rwandan genocide was one of the most extraordinary and a cruel event of the 20th century. The genocide is over, but the consequences of it are being felt again and again. The suffering, injustice, and destructiveness left in its wake are ongoing and deeply disabling. Losses occurred at different levels (human, physical, and psychological) and have strong social repercussions.

The Rwanda post genocide recognized the numerous difficulties faced by survivors of the 1994 genocide in Rwanda, particularly the orphans, widows and victims of sexual violence, who are poorer and more vulnerable as a result of the genocide, especially the many victims of sexual violence who have contracted HIV and have since either died or become seriously ill with AIDS.

FARG as Government Institution had described the needs to be done to assist genocide survivors in five areas such as Education, Health, Shelter, Social assistance and Income generating projects. Those programs have been implemented through genocide survivors associations like IBUKA, AVEGA, AERG. In health program, it has to provide medical care within the country and out of country for special diseases contracted during the genocide and fighting against Trauma within genocide survivors.

Rwandan government sets aside 6 percent of its annual budget for aid to genocide survivors and has implemented a number of programs to meet their needs. Health program covers 14% of its budgets and a greater support has been done by Government. All survivors use mutual health for accessing on essential medical care within the country and some of them get healthcare out of country. Government also provides psycho-social support services against Trauma. Given the numerous advances Rwanda has made in its social and government structures over the seventeen years, real improvement is observed but it lacks the financial and other resources necessary to provide adequately for the needs in health of all genocide survivors. In this regard the researcher was encouraged to analyze Government assistance on Health program and determine at which level it tangibly contribute to the rehabilitation of genocide survivors as individuals and as members of communities.

Purpose of the study

To determine the Government assistance on health program in developing Genocide survivors' living standards in selected sectors of Gasabo District, Rwanda.

Research objectives

General objective

To investigate the Government assistance on health program in developing Genocide survivors' living standards in selected sectors of Gasabo District, in Rwanda.

Specific objectives

1. To identify the demographic characteristics of the respondents as to:
 - 1.1. Gender
 - 1.2. Age
 - 1.3. Marital status
 - 1.4. Educational level
 - 1.5. Occupation
 - 1.6. Time of being FARG beneficiary
2. To determine the extent of Rwandan Government health assistance in developing genocide survivors' living standards;
3. To establish the level of genocide survivors' living standards in selected sectors of Gasabo District and their integration in National development;
4. To determine if there is a significant relationship between the extent of Rwandan Government health assistance on genocide survivors and the level of genocide survivors' living standards in selected sectors of Gasabo District.

Research Questions

This research attempted to respond to the following study Questions:

1. What are the profile of the respondents as to:
 - 1.1. Gender
 - 1.2. Age
 - 1.3. Marital status
 - 1.4. Educational level
 - 1.5. Occupation
 - 1.6. Time of being FARG beneficiary
2. What the extent of Rwandan Government health assistance in developing genocide survivors' living standards?
3. At which level are the genocide survivors' living standards in selected sectors of Gasabo District?
4. Is there a relationship between the extent of Rwandan Government health assistance on genocide survivors and the level of genocide survivors' living standards in selected sectors of Gasabo District?

Hypothesis

There is no significant relationship between the Government health assistance on genocide survivors and the living standards of them.

Scope of the study

Content scope

This study explore the Rwandan Government assistance in health program to Genocide survivors, especially our analysis focus on the National Assistance Fund for Needy Survivors of Genocide (FARG) as Rwandan Institution with mission to assist needy Genocide survivors.

Geographical scope

This research was limited geographically at GASABO District in Kigali city, especially at the four selected sectors such as Kimironko, Remera, Kinyinya, Rusororo in Gasabo District, Rwanda.

Theoretical scope

This research referred to the Attitude Theory by Robert S. Feldman (2005) who learned predispositions to respond in favorable manner to a particular person, object, or idea and General Theory of crime by of Gottfredson Michael and Travis Hirschi (1990). These Authors show the Universal versus Cultural Explanatory Theories of the Rwandan Genocide

Time scope

This study was carried over a period of five years from 2006 to 2010.

Significance of the Study

This study will help Rwandan Government to determine the extent of assistance of Genocide survivors in health and which area to focus for improving health of genocide survivors in order to get integration in National development programs.

With this research, the FARG, as Rwandan institution with mission to assist needy Genocide survivors, will improve their activities in order to overcome health problems of Genocide survivors.

The Rwandan Community may also benefit a great deal from this research and can serve the basis of other health assistance of Genocide survivors.

The International Community like NGOs may have a great benefit on this research; it can help them to find the appropriate field to focus in developing genocide survivors' living standards.

Future researchers may also use its findings as a documentation source.

Operational Definitions of Key Terms

Government

The Rwandan administration as a country which has a duty to assist Genocide survivors.

Health

Combination of the absence of illness, the ability to cope with the everyday activities, physical fitness and high quality of life.

Assistance

Helping someone who is vulnerable due to the problem contracted in his life.

Genocide survivors

This term combine two words such as *Genocide* and *survivors*. *Genocide* is a very specific term referring to violent crimes committed against group with the intent to destroy the existence of the group. *Survivor* is a person who escapes a natural catastrophe, calamity or an accident. In case of genocide, a *survivor* is a person who has escaped a planned extermination of a group of people to which he belonged. In all cases, survivors are always a minority in comparison to the initial group that was targeted.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Concepts, Opinions, Ideas from Authors/ Experts

Health

According to WHO (1946:19) health is a state of complete physical, mental and social well-being and not merely the absence of disease. In more recent years, this statement has been modified to include the ability to lead a socially and economically productive life.

Genocide survivors

The Term "Genocide"

In 1944, a Polish-Jewish lawyer named Raphael Lemkin (1900-1959) sought to describe Nazi policies of systematic murder, including the destruction of the European Jews. He formed the word "genocide" by combining *geno-*, from the Greek word for race or tribe, with *-cide*, from the Latin word for killing. In proposing this new term, Lemkin had in mind "a coordinated plan of different actions aiming at the destruction of essential foundations of the life of national groups, with the aim of annihilating the groups themselves." The word "genocide" was included in the indictment, but as a descriptive, not legal, term.

On December 9, 1948, in the shadow of the Holocaust and in no small part due to the tireless efforts of Lemkin himself, the United Nations approved the Convention on the Prevention and Punishment of the Crime of Genocide. This convention establishes "genocide" as an international crime, which signatory nations "undertake to prevent and punish." It defines genocide as:

Genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such:

- (a) Killing members of the group;
- (b) Causing serious bodily or mental harm to members of the group;
- (c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
- (d) Imposing measures intended to prevent births within the group;
- (e) Forcibly transferring children of the group to another group.

Genocide survivors

Who are the Survivors?

Survivor is a person who escapes a natural catastrophe, calamity or an accident. A person or group of people will be called survivors when they are part of a "little that remains" of a bigger group of their initial number. (Survivors Fund Report,1999).

In case of genocide, a survivor is in general a person stripped of everything and everybody. He/she will be most of the time a widow, an orphan or a widower without biological relatives and in rare cases an entire family can survive but has no collateral relatives.

In the context of Rwanda, the government in place before and during the genocide of 1994 had sensitized and mobilized one group of the population to exterminate another one based on ethnicity. The policy was a radical extermination and was called a final solution. The targeted group was that of Tutsi. A Hutu who opposed this policy was also killed, but in most cases his family was spared. So, here we understand that the term of survivors applies to Tutsi and on a small scale a political Hutu opposing genocide. (Survivors Fund Report,1999)

The survivors are usually deeply traumatized. Some came out of dead bodies and are witnesses of horror scenes that cannot quit their minds. The majority of women who survived have been raped and contracted diseases such as HIV/AIDS. A mother becomes childless; a child becomes a sole survivor child - orphan. Children live by their

own and in this way they have no rights to be children at all. They must live as responsible adult persons.

A survivor of genocide in Rwanda is a person who is alone and suffers a feeling of rejection. He is in a continual fear and mistrust although they are usually not afraid to die. He/she has visible and invisible scars. He/she may have permanent infirmity. He/she has deep wounds in her heart and may also have developed some psychosomatic problems. Despair, disgust of life, desire to suicide, lack of interest in material things are common. If no one approaches them with love and understanding many end up by suicide.

National Assistance Fund for Needy survivors of Rwanda (FARG)

FARG was established for solving the problem of which the responsibility is not of only Rwandese. The International Community must get mobilized, and have obligation to human solidarity particularly so because Genocide is a crime against humanity. It is the wake of addressing such an acute situation that the Government of Rwanda, established through Law n° 02/98 of 22/01/1998, a National Assistance Fund for Needy Survivors of Genocide (FARG).

Mission of FARG

Mission of FARG is to assist genocide survivors in Rwanda starting for who are more vulnerable and genocide survivors should be integrated in the National development programs through specific assistance programs such as Education, Health, Shelter and income generating activities.

Areas of support

FARG focus 4 main activities such as Education, Health, Shelter, Direct support program and income generating activities.

Education Program

This is a program which Government put a greater amount of funds than others programs. It focuses on assistance in Secondary school and University level. It covers 80% of budget of FARG. The table below shows whether the assistance of Genocide survivors in Education program was done from 1998 up to 2010:

Table 1
Achievement of FARG in Education Program, 1998-2010.

YEAR	NUMBER OF BENEFICIARIES		AMOUNT SPENT(Rws)
	SECONDARY	UNIVERSITY	
98-99	24 147	295	2 523 823 954
99-2000	26 474	978	2 082 207 374
2000-01	33 816	732	3 588 222 213
2001-02	33 929	1 275	4 333 510 776
2002-03	38 943	1 190	5 732 070 752
2003-04	43 952	1 081	3 776 603 240
2005	44 680	1 183	5 107 782 847
2006	47 371	1 317	7 090 147 893
2008	50 011	2 137	8 414 730 973
2009	52 737	3 844	9 558 351 570
2010	41 003	5 350	11 598 015 692
		TOTAL	63 805 467 284

Source: FARG Annual report, 2010

Health Program

FARG assist genocide survivors in improving their health. This assistance has two parties such as Local health facilities and health facilities abroad. There are also special treatment and FARG assist also the Trauma Canceling Project in order to follow the beneficiaries with Trauma. The health assistance policy is based on insurance for getting medical treatments using the FARG health card from 1998 up to 2006 and these cards cover all local health facilities at 100%. From 2007, all FARG beneficiaries were entered into National Program using "Mutuelle de santé" for local health facilities and FARG assist them also at 100%. For health facilities abroad, FARG use a general Rwandan Government policy using for transferring abroad and for this purpose, FARG covers the financial support. Table below shows the achievements of FARG in Health Program from 1998 to 2010:

Table 2

Achievement of FARG in Health Program, 1998-2010

YEAR	NUMBER OF BENEFICIARIES			MEDICAL FEES(Rws)
	LOCAL HEALTH FACILITIES	ABROAD	SPECIAL TREATMENT	
1998	760	24	0	32 679 506
1999	5 076	43	36	261 783 376
2000	63 027	12	144	192 055 523
2001	63 875	5	227	286 489 323
2002	74 100	4	247	273 799 713
2003	88 672	6	80	603 240 720
2004	194 512	12	123	784 115 759
2005	244 512	9	236	823 626 154
2006	284 000	26	803	1 329 935 582
2007	313 000	23	200	656 976 929
2008	271 684	21	528	754 730 451
2009	187 588	29	718	756 576 189
2010	196 960	32	721	758 421 927
TOTAL				7 514 431 152

Source: FARG Annual report, 2010

Direct support program and income generating activities

Table 3

Achievement of FARG in Direct support program and income generating activities

YEAR	NUMBER OF BENEFICIARIES			AMOUNT			TOTAL (Rwf)
	DIRECT SUPORT	INCOME GENERATING ACTIVITIES	TRAUMA PROJECT	DIRECT SUPORT	INCOME GENERATING ACTIVITIES	TRAUMA PROJECT	
1998-2000	2 230	8595	5471	20 000 000	1 129 117 918	53 543 050	1 202 660 968
2001	22 833	0	8432	34 385 987	0	32 495 957	66 881 944
2002	36 641	0	1116	126 083 375	0	80 629 246	206 712 621
2003	56 348	0	4864	213 920 213	0	10 267 736	224 187 949
2004	44 912	0	0	138 965 626		0	138 965 626
2005	47 142	161	0	115 125 863	224 291 791	0	339 417 654
2006	79 181	189		468 364 066	370 103 295	0	838 467 361
2007	80 600	300		380 184 087	920 663 963	0	1 300 848 050
2008	36 281	220		326 196 621	931 058 521		1 257 255 142
2009	23 830	0	0	1 429 800 000	0	0	1 429 800 000
2010	23 360	2000	0	1 401 600 000	863 142 244		2 381 542 244
TOTAL							5 575 397 315

Source: FARG Annual report, 2010

Shelter Program

Table 4
Achievement of FARG in Shelter Program

YEAR	NUMBER OF HOUSES			MONEY SPENT			TOTAL (Rwf)
	CONSTRU	REHABILI	PURCHA	CONSTRUCTION	REHABILI	PURCHA	
	CTION	TATION	SING		TATION	SING	
1998	2555	69	0	1 800 000 000		0	1 800 000 000
1999	4175	364	0	1 578 619 530		0	1 578 619 530
2000		302	0	0	790 910 431	0	790 910 431
2001		177	0	0	502 944 351	0	502 944 351
2002		167	0	0	321 838 938	0	321 838 938
2003	1016	42	19	247 568 247	2 658 020	11 994 000	263 252 767
2004	362	90	20	209 630 333	28 665 155	8 973 000	247 268 488
2005	472	0	0	350 197 072	0	0	350 197 072
2006	1722	185	0	1 020 559 986	100 000 000	0	1 120 559 986
2007	2066	0	0	1 905 658 341	0	0	1 905 658 341
2008	7 253	0	0	911 324 583	0	0	911 324 583
2010	2 489	0	0	1 804 938 581	0	0	1 804 938 581
TOTAL	14 857	1396	39	8 023 558 092	1 747 016 895	20 967 000	9 792 574 487

Source: FARG Annual report, 2010

Sexual violence during the Rwandan genocide

Too much of the general public in the international community, genocide in Rwanda appeared suddenly, with a rapid and horrific surge in violence against the Tutsi minority in 1994. Genocide, however, is not a sudden event; it is the result of complex factors fueled by history, psychology, and sociology, culminating in a quest for power. Rape is a crime worse than others. There's no death worse than that." The figure of five hundred thousand to one million deaths mentioned above does not include the thousands of women whose lives were spared, but who were left to experience a living death. Sexual violence, primarily committed against Tutsi women, was rampant throughout the genocide. In 1996, René Degni-Ségui, Special Rapporteur of the U.N. Commission on Human Rights, reported that women "may even be regarded as the main victims of the massacres, with good reason, since they were raped and massacred and subjected to other brutalities." The total number of women affected remains unclear. The official figure reported for rape cases provided by the Ministry for the

Family and the Promotion of Women, 15,700 was most likely a gross underestimate. An approximation based on the number of resulting pregnancies, however, yields a number ranging from 250,000 to 500,000 rapes.

Trauma and Genocide survivors

What is a Trauma?

Individuals can suffer trauma in a variety of ways and for a variety of reasons. Trauma sufferers may themselves have seen their homes or communities destroyed or be victims of physical abuse such as rape, torture, or other violence. Trauma can also be induced by serious threat or harm to loved ones. Individuals are often unable to cope with these extreme events, consequently inhibiting both their ability to carry on with life and to function in society. (U.N. Commission on Human Rights report, 1996)

Trauma can have a range of different cognitive, emotional, physical, and behavioral effects on individuals.

Cognitive responses include memory difficulties, lack of concentration, poor judgment, inability to discriminate, and inability to make choices.

Emotional responses include depression, withdrawal, excitability, flashbacks, intense fear, feelings of helplessness, loss of control, loss of connection and meaning, generalized anxiety, and specific fears.

Physical responses include stomach pains, tightness of the chest, headaches, perspiration, and psychosomatic complaints.

Behavioral responses include irritability, startling easily, hyper-alertness, insomnia, communication difficulties, and drug, cigarette, or alcohol abuse.

All told, victims of violence often feel humiliated, vulnerable, helpless, and that their lives are out of control.

At psychological level, after Rwandan genocide against Tutsi, a new word appeared in Rwandan vocabulary –IHAHAMUKA- joins two words: HABA (lungs, respiration) and MUKA (without), describing a variety of psychological manifestations thought to originate from the genocide. Programs that continue to address the trauma of genocide and the holistic development and healing of individuals are largely absent. This is an important deficiency considering that social change and development are dependent on a potential for learning and growth that is encapsulated in healthy individuals, and that this potential is greatly impaired by trauma and post traumatic stress disorder.

Among the psychological problems encountered are:

Post traumatic stress disorder (PTSD): IHAHAMUKA is mainly used for children or people who are easily frightened, have trauma-related nightmares and often avoid reminders of traumatic events. This is true for the cases of many children or adults who cannot stand seeing soldiers in uniform because they saw some murdering their relatives in the 1994 genocide.

Chronic traumatic grief: Traumatic grief was found to be highly prevalent of most of survivors had not a chance to bury their relatives or perform mourning ceremonies, this affected the bereavement process, genocide survivors had not yet seen the corpses of their loved ones.

Trauma Treatment in Rwandan genocide survivors

The genocide destroyed infrastructure necessary for effective treatment of trauma and PTSD. "As a result of these dramatic events [the genocide], there was no structure to address the psychosocial needs of these people.

As a result of the destruction of public health infrastructure during the conflict, post-genocide recovery and trauma healing programs began their efforts at a considerable disadvantage. Trauma healing programs were instituted without a solid

foundation. Most programs represented a Western philosophy; they were the efforts of international NGOs or of partnerships between the Rwandan government and international organizations. They were budding efforts in a country whose psychiatric infrastructure had never been good, but was now practically nonexistent. As such, the programs failed to be comprehensive and sensitive to the specific context of the genocide. "In 1994, many such interventions [psychosocial interventions] were insensitive to Rwandan culture, economy and politics.

A second obstacle to effective provision of trauma counseling for victims of the genocide has been the usual Kigali location of NGOs and counseling programs. Rural women generally do not have the resources to make a trip to the capital, and many NGOs cannot afford to send counselors into different rural areas.

Additionally, the nature of traditional medicine in Rwanda has changed since the genocide, impacting the type of health care that is available to trauma victims. Chauvin et al report that before 1994, most medical care offered in the country was either western medicine or traditional care, which took a holistic approach to healing. Most traditional health care practitioners did not survive the genocide, and traditional medicine has changed to one with an emphasis on herbalism.

Instead of promoting unity and reconciliation, a basic philosophy of healing continues to divide the country.

November of 1994 saw the birth of a Mental Health Coordination office (under the Ministry of Health). In June of 1995, the National Trauma Center was opened under the Ministry of Rehabilitation and Social Reintegration. The Mental Health Coordination office supervised Ndera Psychiatric Hospital and the National Trauma Center. Ndera offered traditional psychiatry; the National Trauma Center was responsible for those suffering from trauma.

In the aftermath of the genocide, NGOs' activities in trauma healing helped address a dire need that could not be met by the Rwandan government's capacity. In efforts to provide safe spaces for victims of the genocide, large NGOs gave a minimum of training in trauma counseling to local workers. The purpose of this method was to efficiently create workers able to give counseling at a very basic level.

Since the initial response to the genocide in Rwanda, efforts have been made to reevaluate the importance of psychosocial support after significant exposure to trauma. Unfortunately, in most post-conflict countries like Rwanda, there are fewer economic, physical and environmental resources to help build human capacity, promote social ecology and strengthen the culture and values of a community, upon which psychosocial well-being is dependant (Psychosocial Working Group, 2004). Further, poverty continues to exacerbate the despair and lack of emotional wellbeing endured by survivors of war and conflict. The need still exists for expanding the capacity of existing mental health treatment programs and investing in new programs to address the underlying trauma and its impact on the capacity of individuals and communities to rebuild effectively after genocide.

Trauma Healing Needs

Women are often in particular need of trauma healing. They may themselves be victims of traumatic experiences such as rape or incest. However, they are also more likely to be left behind after husbands and children are killed in conflict. Women are often humiliated, feeling that they could do nothing to stop the violence. What is more, the loss of a husband or children can make it difficult for women to provide for their families, thereby adding further humiliation.

Children also face particularly difficult trauma. They lack the emotional development and life experience to make sense of the trauma, even more so than adults. Children are also susceptible to picking up attitudes from adults in their lives, thereby providing the opportunity for trauma to be transmitted across generations. For this reason, it is particularly important to focus on children in the healing process.

It should be noted that trauma healing can have adverse effects on listeners, those helping victims recover. This is because the terrible stories can have a psychological effect, particularly as story after story piles up in the listener's memory.. What is more, in trauma healing programs in Yugoslavia, those who worked to aid

trauma victims developed feelings of trauma not only through exposure to stories, but also by being present in the environment that gave rise to the original victims' trauma.

Theoretical Perspectives

Many theorists have thought under the genocide in global and particularly Rwandan Genocide. The research based its theoretical part on various theories talking on genocide and other issues about Rwandan genocide have been consulted as mentioned in the following paragraphs.

The study referred to the Attitude Theory that according to Robert S. Feldman (2005) is learned predispositions to respond in favorable manner to a particular person, object, or idea.

The researcher used also A General Theory of Crime based on Gottfredson, Michael and Travis Hirschi (1990) where these Authors show the Universal versus Cultural Explanatory Theories of the Rwandan Genocide.

Before exploring the actual explanations offered for the Rwandan genocide, they begin by describing the two basic ones in the abstract as well as the limitations of each of them. One set of theories locate the explanation in universal factors. The problem then is to develop systems of *cultural* conditioning that can counteract these universal failings. The other set of theories locate the explanation for genocide in the development of a set of specific traits in a culture, but, other than advocating the alteration of the predominance of those cultural traits, the theory offers no mechanism by which that can be accomplished.

Universal theoretical explanations of the Rwandan genocide generally presume that the irresponsibility of both perpetrators and bystander is fostered by the pursuit of self-interests. The way of ensuring that these self-serving projects do not become violent entails putting in place *institutional mechanisms* for allowing our constructed intellectual versions of the world and quest for personal power and wealth to be challenged by a reality and/or morality independent of those constructions. But no program let alone

any foundation in human nature is put forth to demonstrate how such 'moral sensitivity' can be cultivated.

At another pole are cultural theorists who presume that there will always be cultural clashes. Cultural theorists tend to be anti-utopian, both with respect to any ideal of a perfect detached rational calculation or with respect to any political or economic system that can overcome and prevent violence. The best we can do is to manage and mitigate conflict to prevent and limit violence as much as possible. If universal theories have implicit in them an objective idealism, a utopian vision of what constitutes an ideal rational order, implicit in cultural theorists one finds a subjective idealism, a presumption that within the varied cultures can be found norms which allow those cultures to transcend their own limitations.

Mamdani (2001) offers a *diachronic political explanation* for the growth and development of racism and genocide that culminated in the genocide. In Mamdani's account, clashes of power arise out of a particular set of historical circumstances that replay the search for identity and recognition (Waller's third and fourth dimensions), though the replay does not imitate the original process of colonial enslavement. Bruce Jones (1991a; 1991b; 2001) offers a *synchronic political analysis* of the weakness of the strategic decisions and actions taken to foster peace that allowed the extremist spoilers an opportunity to muster their strength, depose Habyarimana, resume the civil war, and begin the systematic slaughter of Tutsi.

In Jones' account, the failure is located in a series of interventions from outside that initially appear to be adequate each time but prove, in the end, to be inadequately thought out. The emphasis is on the interveners rather than on the perpetrators.

Peter Uvin (1998) offers an *economic structural analysis* of the impact of foreign aid in exacerbating the crisis in Rwanda by creating a ruling class totally dependent on this aid for their status and power, without any alternative option to preserve the prestige and income when they lose power. When the commodity price of coffee, the main export crop, crashed in 1989, the IMF insisted on restructuring, weakening the state apparatus, creating a motive for corruption, and throwing Rwanda into a crisis that encouraged the RPF invasion. Uvin critiques the role of the World Bank, the

International Monetary Fund (IMF) and the development agencies of various Western countries for their role first in developing an economic system in which the leaders became dependent for their wealth and status on the inflow of external aid. In the case of Rwanda, this reinforced the political and cultural tendency already present in Rwandan society. The way of ensuring such situations do not become violent entails putting in place improved and more rational institutional mechanisms for allowing our constructed intellectual versions of the world to be challenged by a reality and/or a morality independent of those constructions, that is, a conceptual and moral framework that can abstract itself from historical conditions and circumstances. However, no philosophical foundation is provided to facilitate this happening.

All three explanations presume a universal dichotomy of rational and non-rational and an idealization of rationality. That which fails to meet the ideal standards of rationality is non-rational.

Further, Mamdani overlooks the fact that ethnic identification within a state need not be a source of inter-ethnic conflict, but can be a source of inter-ethnic recognition and respect. Finally, in the utopian vision of a system of states on which every state identifies its members only by the fact that they are resident in that state, the demand for a melting pot, a harmonization of identity, both ignores the roots of states in an historically based nationality or even in a constructed nationality that, once constructed, limits access to new members by that very construction, and, on the other hand, is intolerant of minorities preserving their identities and uniqueness.

For Jones, rational decisions of leaders outside the fray must be both coherent and comprehensive in taking into consideration all the factors that might threaten the peace, and creating all the necessary and sufficient conditions to foster that peace. The explanation for the failure to act was not one of norms at all, but a failure in strategic thinking, in ensuring the proper fit between intended outcomes and the means put in place to achieve those ends - taking into consideration both opportunities and obstacles to that implementation, either because of a series of cascading misperceptions resulting in poorly coordinated and contradictory policies that undermined the peace effort (Jones), or "ill conceived and counterproductive" ones in the first place that led to an

understandable failure given the strategic priorities of the powers, the speed of the genocide, the misleading media coverage, and the size, strength and speed of military intervention required to make a significant impact (Kuperman 2000a; 2000b; 2001). Like Jones, Kuperman views the problem strategically. The problem was not the lack of action but the wrong actions taken. The problem was not moral or cultural, but a rational failure rooted in ill-conceived actions in the political solution developed and the military peacekeeping plan designed to implement it.

In their rational choice models, Jones and Kuperman both presume that the problem can be resolved by finding and constituting a group that is wise and all-knowing who can devise strategies for preventing and mitigating violence. However, perceptual and analytic capacities are insufficient. Tough choices have to be made based on limited knowledge and an inability to forecast changing geo-political circumstances. Do you put in sufficient force to neutralize the spoilers? Or do you try to co-opt the spoilers through inclusion risking giving them more power and leverage? Or do you try to muddle through, exclude the spoilers, and hope the political solution will be in place in time to offset the need for a military solution? And when circumstances tend to dictate one choice rather than the other and that choice proves to be calamitous, then hindsight will fault the "rational" decision-maker for miscalculation.

In a third type of rational universal model (Uvin), it is irrational to impose cookie cut economic solutions and conditionality for aid after first making the status and security of the leadership class dependent on that aid, and then failing to take into account the historical circumstances of the state in question at that time. This, and all these rational approaches, deliberately avoid taking into consideration the customs and norms of the local community in question. Mamdani focuses on maintaining rationality within the state where genocide has a possibility of breaking out. In contrast, Jones, Kuperman and Uvin focus on maintaining rationality through the rational behavior of outsiders, Uvin focusing on rational behavior that will not exacerbate internal propensities, and Jones and Kuperman on rational behavior that will counteract such propensities once they break into open violence.

Cultural explanations, in contrast, do not presume a universal dichotomy of rational and irrational.

Violent conflict is primarily a product of *cultural* conflict and not of a quest for power in this world, conflict which only ends with the super cession of both cultures in a new way of life. Construction of the objectified world is a result of tradition shaping our norms, beliefs and even character, norms that lead either to clashes with others who construct the objectified world differently, or to passivity in the face of such clashes. It is clear that in two types of rational accounts – Uvin and Jones/Kuperman – and in the cultural accounts; only the superior culture and rationality of outsiders can prevent tragedy.

The Application of General Theory to Genocide

Both criminality and circumstance act conjointly to create the potential for crime and analogous behaviors. Gottfredson and Hirschi describe their focus as the use of force and fraud in the pursuit of self-interest. When it comes to genocide and mass murder, there is little doubt that the activities of genocide and mass murder involve the use of force, deadly force. However, the activities of genocide do not necessarily point to an individual-level trait of impulsivity or low self-control. Nonetheless, the use of deadly violence to achieve political ends is consistent with certain elements of low self-control.

The Serbs in Srebrenica liquidated their foes in 1995 violence, taking the lives of 6000-7000 Bosnian men in an orgy of killing that lasted several days. The Hutu political leadership provoked citizens against neighbors in 1994. From one-half to as many as a million men, women, and children were murdered with machetes, clubs and guns within three months of public incitement of ordinary Hutus by their political leaders. In both cases, inter-ethnic tensions and civil war preceded the genocides. However, rather than pursuing complicated and time-consuming political negotiations, the political leadership in both cases sought remedies that paralleled the impulsive characteristics found in studies of garden variety crimes: the immediate gratification of

desires (hatred) through righteous slaughter of enemies; easy or simple steps to achieve political ends (i.e. physical displacement and annihilation); risky, thrilling and/or exciting solutions (sadistic orgies of killing); dubious long term benefits (since the activities attract prosecutions for genocide, and result in cycles of revenge); little skill or planning in the conduct of genocide; indifference to the suffering of the victims; versatility of criminal acts (cruelty, humiliation and degradation of victims, theft of their property and desecration of their cultural symbols); and an inability to tolerate frustration in the achievement of ends (through UN negotiations, political compromise and long term investments in peace agreements).

Collective versus Individual Action

One of the key issues in comparing acts of genocide and acts of garden-variety perpetrators of the kind portrayed in general theory is the role of collective action. It is an open question whether classical theory even admits of a theory of collective action, given its hedonistic foundations. Gottfredson and Hirschi discuss the difficulty of classifying as a crime the action of a soldier killing in war. "Our conception of crime, which focuses on the self-interested nature of criminal acts, has no difficulty excluding behavior performed in pursuit of collective purposes" (1990: 175p). It might be argued that soldiers shooting other combatants are not acting in a criminal fashion.

Indeed, the laws of war deem this normative. However, those same laws are quite clear on the limits to collateral damage involving the destruction of civilian lives and property in actions against legitimate military targets. While recognizing the difficulty of applying general criminological theory to killing in actions against legitimate targets of war, to say that the mass slaughter of unarmed civilians done "collectively" is not a "crime" is semantic gerrymandering. So even if we accept that a soldier's killing in war as part of a collective campaign falls beyond the scope of crime and criminology, the same does *not* follow for genocide against unarmed, non-combatants done by soldiers, other government agents or civilians. Such actions are frequently labeled and prosecuted as "war crimes." War crimes escape any general theory because the

beneficiary of the crime is not the individual, but the collectivity to which the individual belongs? But surely the individual shares in the collective benefits as part of the collectivity.

Implication for General Theory

The use of A General Theory shifted to a reference of “general theory” and not *a* general theory nor *the* general theory. The shift was deliberate since we wanted to avoid on the one hand the idea that the theoretical perspective, general theory, is singular (“a theory”) or, on the other hand, that it is already fully articulated (“the theory”).

However, we are committed to a perspective that is broad or general in scope. At the same time, our perspective is one that is not quite settled since we believe that general theory construction is on-going in the control tradition, and that application to areas like genocide likely questions the adequacy of the perspective as articulated to date, without dismissing the explanatory power of the ambitious vision laid out by Gottfredson and Hirschi. By use of the term “general theory” we convey our indebtedness to the work of Gottfredson and Hirschi without limiting our analysis exclusively to the issues articulated by them, while asserting our commitment to a theoretical framework that is truly inclusive.

While we discovered that it is unreasonable to assume that all those directly (or indirectly) responsible for genocide suffer from individual-level low self-control as a stable predisposing trait that can account for their criminal actions, it did not follow that the low self-control profile could not be applied. Furthermore, it is quite credible to characterize genocide as providing, if not an “easy” gratification, at least a simple gratification of desires. The desire to exterminate is often manifested by simply picking up the “weapon” closest to hand whether that be a gun, axe, pitchfork, or whatever. In fact, we suggest that those actively involved in the attempt to eradicate large numbers of relatively defenseless humans *can* (and perhaps should) be characterized as impulsive, risk-taking, physical and indifferent or insensitive to the needs and suffering

of those they are attempting to annihilate. Such acts require little skill and the long term benefits of genocide remain unclear.

However, we have discovered that it is more likely that many if not most of the perpetrators are historically, situationally, and "momentarily" incited to low self-control, or righteous anger. Thus, it becomes necessary to propose an alternative distal mechanism or mechanisms to the phenomenon of genocide.

However, we cannot separate these processes from the historical context that is vitally important to understand genocide. All of this creates a populous or at least a significant proportion of the population, that is predisposed or "ready" to partake in genocide. Proximately, then, all that is then required is the creation of opportunity.

Related Studies

A number of researches have been carried out on genocide and its effects on survivors.

Maggie Zraly,(2008) has done a research on "*Resilience among Genocide-Rape survivors in Rwanda*". The aim of this study was to understand the complex phenomenon of resilience among genocide-rape survivors with relation to the experience of surviving genocide-rape, as well as living in post genocide Rwanda. This study approached resilience as a cultural process. In other words, using a classic anthropological move, the psychological concept of resilience was dislodged from the strictly behavioral realm and recast as a socially constructed, culturally produced, collective phenomenon with subjective and inter subjective dimensions. This research aimed at analyzing the problems of post Genocide such as genocide – rape survivors and is related to the study objectives in terms of analyzing the health problems of genocide survivors.

Linda Melvern has worked on the story of the great crime of Genocide. In his book "*A People Betrayed: The Role of the West in Rwanda's Genocide*"(2000), Melvern reveals how the great powers failed to heed the warnings of the coming catastrophe,

and refused to recognize the genocide when it began, ignoring obligations under international law, specifically the genocide convention. A set of secret documents leaked to the author from within the Security Council proves that the circumstances of the genocide were suppressed or ignored. Melvern carefully reveals how the Security Council, the United Nations, the Belgians, the French and the Americans, in particular, failed to act in the face of a carefully executed plan to murder one million Tutsis and moderate Hutus in Rwanda in 1994.

Gérard Prunier, in his book " *The Rwanda crisis: history of a genocide*" (1995) provides a historical perspective that Western readers need to understand how and why the brutal massacres of 800,000 Rwandese came to pass. Prunier shows how the events in Rwanda were part of a deadly logic, a plan that served central political and economic interests, rather than a result of ancient tribal hatreds a notion often invoked by the media to dramatize the fighting. *The Rwanda Crisis* makes great strides in dispelling the racist cultural myths surrounding the people of Rwanda, views propagated by European colonialists in the nineteenth century and carved into "history" by Western influence. Prunier demonstrates how the struggle for cultural dominance and subjugation among the Hutu and Tutsi, the central players in the recent massacres -- was exploited by racially obsessed Europeans. He shows how Western colonialists helped to construct a Tutsi identity as a superior racial type because of their distinctly "non-Negro" features in order to facilitate greater control over the Rwandese.

These studies try to analyze the Rwandan genocide against Tutsi, their causes and consequences. They are related to our research objectives in order to explain Rwandan genocide and to state why it is necessary to assist genocide survivors. Our research aimed at analyzing the Government health assistance on genocide survivors. Knowing what's happen in Rwandan genocide help to understand the duty of Government to assist genocide survivors.

CHAPTER THREE

METHODOLOGY

Research design

The researcher used Expost facto research design in order to collect the available data about Rwandan Government health assistance on the genocide survivors. The methodology used in this study puts emphasis on:

- To decide on the population to be studied
- Procedures and techniques used for gathering information required
- Methods to be used in collecting and analyzing the data collected.

This study has employed the descriptive correlation between two variables.

Target Population

The population of this research came from top leaders, and beneficiaries of FARG as Government Institutions which assist genocide survivors, the researcher used also top leaders of IBUKA Association which manage day to day the Government assistance of genocide survivors. The researcher has chosen the beneficiaries of FARG who are most vulnerable in four selected sectors of GASABO District; Kigali city. The Target population is equivalent to **467** persons.

Sample size

Since the population size of this research was known, the researcher used the Sloven"s sampling formula below to determine the sample size.

Sloven Formula:

$$n = \frac{N}{1+N(e^2)}$$

Where: n = sample size

N = population size

e = level of significance at 0.05

Hence, the sample size of this research was calculated as follow:

$$\begin{aligned} \text{Kimironko sector} \quad n &= \frac{209}{1+209(0.05)^2} = 137 \\ \text{Remera sector} \quad n &= \frac{115}{1+115(0.05)^2} = 89 \\ \text{Kinyinya Sector} \quad n &= \frac{92}{1+92(0.05)^2} = 75 \\ \text{Rusororo Sector} \quad n &= \frac{51}{1+51(0.05)^2} = 45 \end{aligned}$$

In order for the findings of this research to be viable and valid, at least **346** respondents have been reached and responded to the questionnaires administered.

The sample size will be categorized per respondents and these will include:

Table 5
Sample size in selected sectors of Gasabo District

Selected sectors	Target population	Sample size
KIMIRONKO	209	175
REMERERA	115	189
KINYINYA	92	172
RUSORORO	51	159
TOTAL	467	346

Source: Primary data, 2012

Sampling Procedure

The researcher used the simple random sampling and the population elements have the equal chance of being selected in the sample. The Target population is equivalent to **467** persons and at least **346** respondents have been reached and responded to the questionnaires administered.

Research Instrument

This research used both primary and secondary data. The primary data have been collected through researcher devised questionnaires to gather information on the target population. Secondary data have been collected through documentation. This technique has led us to a systematic research of all written material (books, brochures, reports, papers and websites) with a connection with our research area. It allowed us to establish the theoretical framework.

Validity and reliability

In order to ensure the validity of the research instrument; the researcher gave questionnaires to judgment by the content experts (who shall estimate the validity on the basis of their experience). This was done by computing Content Validity Index (CVI). If CVI is greater than 0.7, the instruments would be considered as valid (Martin, 2005).

CVI= Number of items declared valid/Total number of items

$$CVI = \frac{\text{Number of declared valid}}{\text{Total number of items}}$$

Table 6

Determination of Reliability and Validity of Instrument

	Relevant items	Not relevant items	Total
Rater 1	14	3	17
Rater 2	12	1	13
Total	26	4	30

Source: Primary data 2012

$$CVI = 26:30 = 0.86$$

Thus, our instrument may be considered as valid because CVI is greater than 0.7. Regarding to the reliability of the instrument, the researcher carried out a pretest of the instrument to people who qualify to be respondent. Therefore through the pilot study conducted, the tool proved its validity and reliability in the study because the researcher's focus was to detect the problem in questions and this allows exploration of the range of possible themes arising from an issue.

Data Gathering Procedures

Before the administration of the questionnaires

An introduction letter has been obtained from the College of Higher Degrees and Research (CHDR) for the researcher to solicit approval to conduct the study from respective heads of FARG. The researcher also sought authorization from FARG to conduct the research, and review the questionnaires in order to identify and correct some errors so as to ensure consistence, accuracy and completeness of the responses. Selection of research assistants who would assist in the data collection; brief and orient them in order to be consistent in administering the questionnaires.

During the administration of the questionnaires

The researcher first introduced himself and told the respondents why he was carrying out the research and then explain to them how to fill in the questionnaires, then dispatch the questionnaires to all respondents. The respondents have been requested to answer completely and not to leave any part of the questionnaires unanswered.

After the administration of the questionnaires

The researcher checked whether all questionnaires had been properly filled in and rejected those filled in improperly. The data collected was organized, collated, summarized, statistically treated and drafted in tables using the Statistical Package for Social Sciences (SPSS). Thus, the interpretations of data will base on the findings from the field as collected through these research instruments.

Data analysis

The following statistical tools were used:

To determine the profile of the respondents, the frequency and percentage distribution were used.

The mean was used to compute the level of Government health assistance on genocide survivors and the level of living standards of genocide survivors in selected sectors of Gasabo District. An item analysis based on the mean scores and ranks reflected the strengths and weaknesses of the respondents in terms of each variable. To interpret the obtained data, the following numerical values and descriptions were used:

Mean Range	Description	Interpretation
1.00-1.75	Strongly agree	Very High
1.76-2.50	Agree	High
2.51-3.25	Disagree	Moderate
3.26-4.00	Strongly disagree	Low

To test relationships between variables

A multiple correlation coefficient to test the hypothesis on correlation at significance level of 0.05 and the Fisher-test was used.

To test the variation between variables

Regression analysis and R-square were used to test relationship and variations between dependent variable and independent variable under study.

Ethical Considerations

The researcher got the clearance from the study institution because as this research will benefit the institution as well and therefore collaboration in this endeavor is inevitable. The respondents have been largely and clearly explained about the rationale and the benefits of the study to the researcher and the institution as well.

After this, they have been guaranteed in terms of confidentiality of the provided information by coding the questionnaires and signing the informed consent. Due to the nature of the study, the respondents preferred to remain unknown by names.

Authors mentioned in this study have been acknowledged within the text; and findings have been presented in a generalized manner.

Limitations of the Study

The anticipated threats to validity in this study were as follows:

1. Intervening or confounding variables which were beyond the researchers-control such as honesty of the respondents and personal biases.

2. To minimize such conditions, the researcher requested the respondents to be as honest as possible and to be impartial / unbiased when answering the questionnaires.

The research environments are classified as uncontrolled settings where extraneous variables may influence on the data gathered such as comments from other respondents, anxiety, stress, motivation on the part of the respondents while on the process of answering the questionnaires. Although these are beyond the researcher's control, efforts were made to request the respondents to be as objective as possible in answering the questionnaires. However, the respondents were requested to sign the informed consent; but due to the nature of the study the respondents preferred to keep their names unknown

3. Testing: The use of research assistants may have rendered inconsistencies such as differences in conditions and time when the data were obtained from respondents. These have been minimized by orienting and briefing the research assistants on the data gathering procedures.

4. Instrumentation: The research tools are non-standardized hence a validity and reliability test was done to arrive at a reasonable measuring tool.

5. Attrition: A representative sample might not have been reached as computed due to circumstances within the respondents and beyond the control of the researcher. Exceeding beyond the minimum sample size was therefore done by the researcher to avoid this situation.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter presents the analyzed data and interpretations made by following the study objectives. It specifically shows data on profile of respondents, level of the contribution of government health assistance on the genocide survivors and the level of the living standards of genocide survivors, significant mean difference in the level of these variables in Gasabo district, significant relationships between these variables, and effects between the contributions of Government health assistance on the genocide survivors and the living standards of them.

Profile of Respondents

Respondents in this study were described according to age, gender, marital status, education level, occupation and the time of being FARG beneficiary. In each case, respondents were asked through a closed ended questionnaire, to provide their respective profile information, to enable the researcher to classify and compare them accordingly. Their responses were analyzed using frequencies and percentage distributions as summarized in table 7below:

Table 7
Profile of the respondent
n=346

Category	Frequency	Percent
Gender		
Male	112	32.4
Female	234	67.6
Total	346	100
Age		
Under 20 years	36	10.4
21-30 years	155	44.8
31-40 years	125	36.1
41-50 years	30	8.7
Total	346	100
Marital status		
Single	124	35.8
Married	102	29.5
Divorced/Separated	5	1.4
Widowed	115	33.3
Total	346	100
Educational level or Qualifications		
Primary level	109	31.5
Diploma (A2)	191	55.2
Degree (AO)	46	13.3
Total	346	100
Occupation		
Famer/Agriculture labor	87	25.1
Student	100	28.9
Small business owners	61	17.7
Unemployed man(no job)	98	28.3
Total	346	100
Time of being FARG beneficiary		
Between 1 to 5years	73	21.1
Between 5 to 10 years	144	41.6
Between 10 to 15 years	129	37.3
Total	346	100

Source: Primary data, 2012

Table 7 shows that most respondents in the study sample were Female (67.6%), indicating that the population under study is dominated by female as compared to male (32.4%) this is normal because in Rwanda many genocide survivors are women than men.

Regarding education level, results indicate that respondents of Gasabo district under study are relatively educated. Primary level represents (31.5%), diploma holders were (55.2%) and Degree holders were (13.3%). The analysis of this results is based on the fact that the most genocide survivors under study were finish the secondary school only and other great part (31.5%) are never reached the high school which is normal regarding Rwandan genocide reality. About respondents' age group, majority of them were between 21 - 30 years represent (44.8%), the interval age of below 20 years represents (10.4%), respondents of 31-40 years represent(36.1%), and (41-50 years) represent (8.7%). This is an indication that many people under study are adult people who are the survivors of Tutsi genocide of 1994. According to the marital status most respondents were single represent (35.8%), and widower who represent (33.2%) married represent (29.5%), divorced/separated represent (1.4%). This reveals that the great part of genocide survivors under study is composed by many widowers and the young orphans.

About respondent's occupation group, the majority of the respondents were students present (28.9%), Famers/agriculture labors that represent (25.1%), small business owner represent (17.6%), and Unemployed people who represented (28.3%).This indicated that the majority of FARG beneficiary are vulnerable people including widowers, students, and unemployed people. Regarding to time in which respondent is FARG beneficiary, result of research show that many respondent are beneficiary of FARG assistance acts at 5 to 10 years at level of 41.6%, between 10 to 15 years represent 37.3% and between 1 to 5 years represent 21.1%. This is normal regarding FARG establishment, 14 years ago, a great part of FARG beneficiaries are in the range of 5 to 15 years.

Table 8**The extent of Government health assistance on genocide survivors****n=346**

QUESTIONS RELATED TO THE GOVERNMENT HEALTH ASSISTANCE ON GENOCIDE SURVIVORS				
Items	Mean	Std. Deviation	Interpretation	Rank
1. FARG helps to get local health facilities using health insurance cards for all needy genocide survivors	1.8006	.98281	High	1
2. I am satisfied with the way FARG assist me in health program for local facilities and abroad	1.8035	1.05862	High	2
3.The government assistance through FARG is well managed in order to overcome all health problems	1.8208	1.03964	High	3
4. FARG has eliminated all health problems for me	1.8468	1.02276	High	4
5.The health program, criteria used in FARG are highly conducive for me to overcome health problems	2.0087	.61615	High	5
6.The budget given to FARG for health assistance is insignificant regarding health problems	2.3064	1.14148	High	6
7.FARG provide the assistance for special treatment abroad like AIDS, Cancer, psychological problems	2.5405	1.37254	Moderate	7
8. The benefits of FARG in health program are never reached to me	2.7399	.89861	Moderate	8
9. I am satisfied with the way I get medical treatment for special diseases	2.9075	.60682	Moderate	9
10. The government has done a great support against trauma	3.2746	.54084	Low	10
11.The budget given to FARG for health assistance is sufficient regarding health problems	3.5202	.66889	Low	11
Average Mean	2.4154		High	

Source: primary data, 2012

Results in table 8 indicate that there are different levels of Government health assistance on the genocide survivors in Gasabo District in different items. For example, respondents rated that the Government assistance through FARG is well managed in order to overcome all health problems to be highly on the level of (mean=1.8208), equivalent to agree. Other item which state that FARG helps to get local health facilities using health insurance cards for all needy genocide survivors, the respondents rated on high level at the mean of (Mean=1.8006). Regarding to the budget given to FARG for health assistance is sufficient regarding health problems, respondents rated on low level at the mean of (Mean=3.5202) equivalent to strongly disagree. To get a summary picture on how respondents rated Government health assistance on the genocide survivors, results on table above show that Government of Rwanda has a good impact on health condition of Genocide survivors, but regarding to the budget support results indicates that the budget for health assistance is not sufficient.

This implies that the budget allowed at FARG in health program doesn't cover all health problems, but a great support has been observed regarding the views of FARG beneficiaries on all items above. The low level of respondents about budget allocated on health program is normal because the beneficiaries of FARG suffer again and again with the health problems which will never finish regarding the nature of them due to Genocide history. But the Government assistance reduces at a high level the health problems of genocide survivors.

An average index was computed for all the 11 questions derived in variable of Government health assistance on genocide survivors, which happened to be **2.4154**, confirming that respondents rated Government health assistance on the genocide survivors as being at **a high level** in the population under study.

Description of the level of living standards of Genocide survivors

The dependent variable in this study was the level of the living standards of genocide survivors. The level of this variable was measured using thirteen questions asked to beneficiaries of FARG under study who are most vulnerable. All items were computed using four points ranging between 1= strongly agree, 2= Agree, 3=Disagree, 4= strongly disagree. In order to test the third objective of this study which was set to determine the level of living standards of genocide survivors in the selected sectors of Gasabo District, Rwanda, their responses were analyzed and described using means as summarized in tables 9 below:

Table 9**The level of living standard of genocide survivors n = 346**

II. QUESTIONS RELATED TO THE LIVING STANDARDS OF GENOCIDE SURVIVORS				
Items	Mean	Std. Deviation	Interpretation	Rank
1. FARG assistance is sufficient in term of getting medical support	1.3497	.47757	Very high	1
2. There are many genocide survival who have special diseases other than AIDS	1.3671	.48270	Very high	2
3. All genocide survivors can get medical treatment anywhere(within and out of the country) without complications	1.3728	.49021	Very high	3
4. Trauma is still a tangible problem for genocide survival	1.6936	.46165	Very high	4
5. Victims of sexual violence get medical treatment adequately and try to be integrated and do development activities in their lives	1.7168	.58046	Very high	5
6. The benefits that FARG provides in health program has improved my life	1.7457	.59373	Very high	6
7. FARG can assist to me on health treatment for special diseases only and I can get myself other simple treatment	1.8642	.93656	High	7
8. Trauma is frequent in adult persons more than children	1.8844	1.19343	High	8
9. Trauma is frequent in children more than adult persons	2.3410	.87767	High	9
10. Government health assistance permits integration of genocide survivors in national development	2.4364	.78223	High	10
11. 60% of victims of sexual violence have contracted of AIDS virus	3.1763	.58047	Moderate	11
12. If FARG stops his health assistance for me, I can get myself health care	3.3092	.53273	Low	12
13. There are many national and international organizations other than Rwandan government which help genocide survivors in health program	3.4422	.74861	Low	13
Average Mean	2.1307		High	

Source: primary data, 2012

Results in table 9 indicate that there are different levels of living standard of genocide survivors in the selected sectors of Gasabo district, at different items found in the tables above. For example, respondents rated that Trauma is still a tangible problem for genocide survivors at very high level of (Mean=1.6936), equivalent to strongly agree. This implies that the trauma is a very big problem on genocide survivors, it is frequent in children, adult persons, man and women and it is increasing year after year even if many strategies were taken about it. The results reveal also that the genocide survivors, victims of sexual violence get medical treatment adequately and try to be integrated and do development activities in their lives at very high level of (Mean=1.7168). This implies that the genocide survivor's living standards have been improved due to Government health assistance. Although they have been contracted the hard problems during genocide, they try to be integrated in the nation activities. Comparing where they came from, their state of living standards is very interesting. Other results reveal that they get medical treatment anywhere (within and out of the country) without complications rated at very high level of (Mean = 1.3728). These results explain the great part of Government health assistance on genocide survivors and confirm that the health problems go decreasing year after year. To get a summary picture on how respondents rated the level of living standard of genocide survivors, results on table above show that Genocide survivors live with different problems of trauma, sexual violence contracted of AIDS virus, special diseases like cancer, Diabetic, other psychological problems due to genocide against tutsi consequences. But Government of Rwanda is continuing to do assistance on these Genocide survivors in different ways stated in tables above. Other important discovered in these research results is that, Genocide survivors are integrated in national development.

The top leaders of FARG and IBUKA, who manage daily activities of assistance of genocide survivors, were also asked for measuring the two variables using 5 questions. The purpose of this questionnaire was to analyze the views of top leaders about Government health assistance and his impact on living standards of genocide survivors comparing on views of FARG beneficiaries.

Their responses were analyzed and described using means as summarized in tables 10 below:

Table 10
Questionnaire to the Top Leaders of FARG/IBUKA
n= 5

QUESTIONS ASKED TO THE TOP LEADERS OF FARG/IBUKA				
Items	Mean	Standard deviation	Interpretation	Rank
1. FARG health assistance is highly contributing to needy genocide survivors' living standards in Rwanda	1.7225	1.13618	Very high	1
2.Special treatment program for special diseases is highly favorable to genocide survivors	2.5289	.87842	High	2
3. All health problems of genocide survivors are Over because of FARG health assistance	2.7081	.87728	Moderate	3
4.The genocide survivors have been integrated in National Development	3.0202	.67857	Moderate	4
5.The budget allowed to health program in FARG is sufficient regarding the health problems of genocide survivors	3.1590	1.12451	Moderate	5
Average Mean	2.6277		Moderate	

Source: primary data, 2012

Regarding to the questions asked to the top leaders, results indicated that FARG health assistance is highly contributing to needy genocide survivors 'living standards in Rwanda at very high level of (Mean=1.7225). Regarding to the budget allocated to finance FARG activities, the top leaders rated that the budget continue to be insufficient at moderate level of (Mean=3.1590) by compare to provided activities in health program. The top leaders qualify the activities of FARG and his budget in health

problems at moderate level; this implies that the budget is not sufficient but it covers a great part in helping genocide survivors and many problems are still appearing especially the diseases which will never heal. These results reveal that FARG try to support genocide survivors in their lives but the health problems are never finish, especially for Rwandan genocide survivors which are continual until the end of their lives.

Correlation analysis

Correlation refers to any of a broad class of statistical relationship involving dependence. In this part, we wanted to test relationships between the Level of the contribution of Government health assistance and the living standard of genocide survivors in the selected sectors of Gasabo District through FARG activities.

Table11

Relationship between the extent of Government health assistance and the level of living standards of genocide survivors in the selected sectors of Gasabo district.

n=13

Variables Correlated	r-value	Sig.	Interpretation	Decision on Ho
The extent of Government health assistance on genocide survivors Vs The level of living standards of genocide survivors	0.487	0.000	Significant correlation	accepted

Source: primary data, 2012

Table 11 indicates that the extent of contribution of government health assistance on genocide survivors and the level of living standard of genocide survivors, their correlation was positive correlation of ($r=0.487$, sign. value= 0.000).The test statistics indicate that the null hypothesis is accepted because the contribution of government

health assistance on genocide survivors is significantly correlated with living standard of genocide survivors and their sign. Value is less than 0.05.

Regression analysis

Regression analysis is a statistical tool for the investigation of relationship between variables. Usually, the investigator seeks to ascertain the **causal effect** of one variable upon another. In our study we wanted to test the effect applied by Government health assistant on the living standards of genocide survivors in the selected sectors of Gasabo District, Rwanda.

Table.12

**Regression Analysis of the extent of Government health assistance with the level of living standard of genocide survivors in the selected sectors of Gasabo district
n= 13**

Variables Correlated	Adjusted r^2	F-value	Sig.	Interpretation	Decision on Ho
Level of Living standards of Genocide survivors and Government health assistance through FARG.	0.235	106.697	0.000	Significant effect	Accepted
Coefficients	Beta	t-value	Sig.	Interpretation	Decision on Ho
(Constant)	--	4.898	0.000	Significant effect	Accepted
Government health assistance on living standard of Genocide survivors	0.487	10.329	0.000	Significant effect	Accepted

Source: Primary data, 2012

According to the regression analysis results in table 12, the variables included in the model account for 23.5% variations in dependent variable of Living standards of Genocide survivors in Gasabo district, indicated adjusted r-square of 0.235. Results revealed that the independent variable (Government Health assistance on Genocide

survivors) included in the model, significantly affect the dependent variable (Level of living standards of genocide survivors) ($F=106.697$, $\text{sig.value}=0.000$). These results lead to the conclusion that Government health assistance has significant effects on the level of Living standards of Genocide survivors in Gasabo district. The coefficients table indicates that the variable of the extent of Government health assistance has significant effect on living standard of genocide survivors due to its contribution in the model: ($\beta_1=0.487$, $\text{sig.} = 0.000$). After getting these results researcher concludes that H_0 is accepted because sign. Value (0.000) in the model is less than 0.05.

CHAPTER FIVE

FINDINGS, CONCLUSIONS AND RECOMMENDATION

Findings

The purpose of this study was to determine the Government assistance on health program in developing Genocide survivors' living standards in selected sectors of Gasabo District, Rwanda. The study had four specific objectives, which include:

- i) To identify the profiles, demographic characteristics of the respondents;
- ii) To determine the extent of Rwandan Government health assistance in developing genocide survivors' living standards;
- iii) To establish the level of genocide survivors' living standards in selected sectors of Gasabo District and their integration in National development;
- iv) To determine if there is a significant relationship between the extent of Rwandan Government health assistance on genocide survivors and the level of genocide survivors' living standards in selected sectors of Gasabo District.

The null hypothesis of this research states that "There is significant relationship between dependent variable which is the level of living standards of genocide survivors and independent variable which is the extent of Government health assistance on genocide survivors through FARG activities ." This hypothesis was tested.

Based on tables 8, 9, 10, we found that appropriate and convenient, there is no significant mean difference between the extent of Government health assistance through FARG activities and the level of living standards of genocide survivors; these results indicate that Government of Rwanda put effort to improve life condition of genocide survivors through FARG activities in health program. That assistance permit the beneficiary to participate and to integrate in Nation development activities, but results reveal that the budget allocated to finance FARG activities remains to be insufficient.

Based on the tables 11 and 12, the results also indicated that there was a significant relationship between the extent of Government health assistance on

genocide survivors with the level of living standards of genocide survivors. It means that any change made on Government health assistance, has a great effect on conditions of living of genocide survivors.

Conclusion

The purpose of this study was to determine the extent to which the Government health assistance through FARG activities contributes on living standards of genocide survivors and we were interested to test the relationship come into sight on these variables. The research findings revealed that there was relationship between these variables mentioned, but the budget allocated to finance FARG activities continue to be face up to living standard of genocide survivors in the selected sectors of Gasabo District. Moreover findings reveal that genocide survivors contribute and integrate to the National development activities.

Recommendations

With regard to this study, the following are the recommendations:

- The Rwandan Government should continue to make advocacy and incite all International Organizations to support Rwandan genocide survivors, regarding the Rwandan budget allocated is still insufficient to overcome the problems of genocide survivors.
- FARG should especially focus on getting all data about special diseases contracted during Genocide which will never heal and putting a special policy for their treatment.
- FARG should make the strong control measures in order to get a good management of Budget allocated by Rwandan Government.

To future researchers

This research was only carried out on assistance of Government in health program therefore further research is recommended on other programs such as assistance in Education program, shelter program,...

The researcher recommends the following titles:

- The role of International Community to assist the Rwandan genocide survivors in Education program;
- The impact of income generating activities on life conditions of Rwandan genocide survivors;
- Etc

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**OFFICE OF THE COORDINATOR, BUSINESS AND MANAGEMENT
COLLEGE OF HIGHER DEGREES AND RESEARCH (CHDR)**

December 20, 2011

Dear Sir/Madam,

**RE: REQUEST FOR UWERA SOLANGE MBA/29351/82/DF
TO CONDUCT RESEARCH IN YOUR ORGANIZATION**

The above mentioned is a bonafide student of Kampala International University pursuing a Masters of Business Administration.

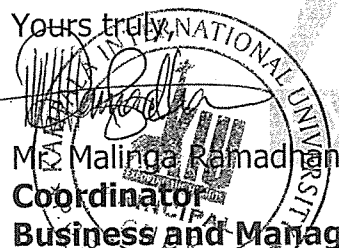
She is currently conducting a field research of which the title is "**Contribution of Government Health Assistance on the Genocide Survivors' Living Standards in the Selected Sectors of Gasabo District, Rwanda.**"

Your organization has been identified as a valuable source of information pertaining to her research project. The purpose of this letter is to request you to avail her with the pertinent information she may need.

Any information shared with her in your organization shall be treated with utmost confidentiality.

Any assistance rendered to her will be highly appreciated.

Yours truly,



Mr. Malinga Ramadhan
Coordinator
Business and Management (CHDR)

REPUBLIC OF RWANDA



National Assistance Fund for the
Needy Survivors of Genocide in
Rwanda "FARG"
E-mail : info@farg.gov.rw

05 JAN 2012
Kigali
Ref.: *CSE/019/0129*

To: Madam Solange UWERA

Re: Permission to conduct a research

Dear Madam,

Based on your letter of 26th /12/2011 requesting to conduct a research from FARG with the Topic " **Contribution of Government Health assistance on Genocide survivors living standards in the selected sectors of Gasabo District, Rwanda**".

We have pleasure to inform you that your request has been accepted to conduct your research Project from FARG.

For more details please contact the Program Departement .

Best regards.

Theophile RUBERANGEYO
Theophile RUBERANGEYO
Director of FARG



APPENDIX IB
TRANSMITTAL LETTER FOR THE RESPONDENTS

Dear respondent,

I am a candidate for Masters of Business Administration (MBA); Option of Management at Kampala International University (KIU). I am carrying out a research titled **"Government health assistance on the genocide survivors' living standards in the selected sectors of Gasabo District, Rwanda"**.

As I pursue to complete this academic requirement, may I request your assistance by being part of this study?

Kindly provide the most appropriate information as indicated in the questionnaires and please do not leave any item unanswered. Any data from you shall be for academic purposes only and will be kept with utmost confidentiality.

May I retrieve the questionnaires one week after you receive them? Thank you very much in advance.

Yours faithfully,

Solange UWERA

Masters' Candidate

Tel: +250788440606

APPENDIX II
INFORMED CONSENT

I am giving my consent to be part of the research study of Madam Solange Uwera that will focus on " Government Health Assistance on the Genocide survivors' living standards in the selected sectors in Gasabo District, Rwanda".

I shall be assured of privacy, anonymity and confidentiality and that I will be given the option to refuse participation and right to withdraw my participation anytime.

I have been informed that the research is voluntary and that the results will be given to me if I ask for it.

Initials: _____

Signature: _____

Date _____

APPENDIX III

CLEARANCE FROM ETHICS COMMITTEE

Date _____

Candidate's Data

Name _____

Reg. # _____

Course _____

Title of Study _____

Ethical Review Checklist

The study reviewed considered the following:

- ☐ Physical Safety of Human Subjects
- ☐ Psychological Safety
- ☐ Emotional Security
- ☐ Privacy
- ☐ Written Request for Author of Standardized Instrument
- ☐ Coding of Questionnaires/Anonymity/Confidentiality
- ☐ Permission to Conduct the Study
- ☐ Informed Consent
- ☐ Citations/Authors Recognized

Results of Ethical Review

- ☐ Approved
- ☐ Conditional (to provide the Ethics Committee with corrections)
- ☐ Disapproved/ Resubmit Proposal

Ethics Committee (Name and Signature)

Chairperson _____

Members' _____

APPENDIX IV
RESEARCH INSTRUMENTS
QUESTIONNAIRE TO BENEFICIARIES OF FARG IN THE SELECTED SECTORS
OF GASABO DISTRICT, RWANDA

FACE SHEET

Code No _____

Date received by Respondent _____

PART A: DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Please tick in the space provided

Gender:

_____ (1)Male

_____ (2)Female

Age:

(1) Under 21 _____

(2) 21 – 30 _____

(3) 31 – 40 _____

(4) 41 – 50 _____

(5) 51 – 60 _____

Marital status:

(1) Single _____

(2) Married _____

(3) Widow(er) _____

(4) Divorced _____

Level of education:

(1) Primary _____

(2) Diploma (A2) _____

(3) Degree (A0) _____

(4) Post graduate _____

Occupation:

(1) Farmer/Agriculture labor _____

(2) Student _____

(3) Small business owners _____

(4) Unemployed people (no job) _____

Time of being FARG beneficiary:

(1) Less than 1 year _____

(2) Between 1-5years _____

(3) Between 5-10years _____

(4) Between 10-15years _____

PART B: QUESTIONNAIRE TO DETERMINE THE LEVEL OF GOVERNMENT HEALTH ASSISTANCE ON GENOCIDE SURVIVORS

Instructions:

Direction: Please respond to the options and kindly be guided with the scoring system below. Please write your rating in the space provided:

Score	Response Mode	Description	Legend
1	Strongly Agree	You agree with no doubt at all	SA
2	Agree	You agree with some doubt	A
3	Disagree	You disagree with some doubt	D
4	Strongly disagree	You disagree with no doubt at all	SD

_____ (1) The health program, criteria used in FARG are highly conducive for me to overcome health problems

- _____ (2) FARG helps to get local health facilities using mutual health cards for all needy genocide survivors
- _____ (3) FARG provide the assistance for special treatment abroad like AIDS, Cancer, psychological problems
- _____ (4) The government has done a great support against trauma
- _____ (5) I am satisfied with the way I get medical treatment for special diseases
- _____ (6) I am satisfied with the way FARG assist me in health program for local facilities and abroad
- _____ (7) The benefits of FARG in health program are never reached to me
- _____ (8) FARG has eliminated all health problems for me
- _____ (9) The government assistance through FARG is well managed in order to overcome all health problems
- _____ (10) The budget given to FARG for health assistance is insignificant regarding health problems
- _____ (11) The budget given to FARG for health assistance is sufficient regarding health problems

PART C: QUESTIONNAIRE TO DETERMINE THE LEVEL OF LIVING STANDARDS OF GENOCIDE SURVIVORS

- _____ (1) The benefits that FARG provides in health program has improved my life
- _____ (2) FARG can assist to me on health treatment for special diseases only and I can get myself other simple treatment
- _____ (3) All genocide survivors can get medical treatment anywhere(within and out of the country) without complications

- _____ (4) If FARG stops his health assistance for me, I can get myself health care
- _____ (5) 60% of victims of sexual violence have contracted of AIDS virus
- _____ (6) There are many genocide survival who have special diseases other than AIDS
- _____ (7) Victims of sexual violence get medical treatment adequately and try to be integrated and do development activities in their lives
- _____ (8) Trauma is still a tangible problem for genocide survival
- _____ (9) Trauma is frequent in children more than adult persons
- _____ (10) Trauma is frequent in adult persons more than children
- _____ (11) There are many national and international organizations other than Rwandan Government which help genocide survivors in health program
- _____ (12) Government health assistance permits integration of genocide survivors in national development
- _____ (13) FARG assistance is sufficient in term of getting medical support

Thank you for your cooperation.

PART D: QUESTIONS ASKED TO THE TOP LEADERS OF FARG/IBUKA

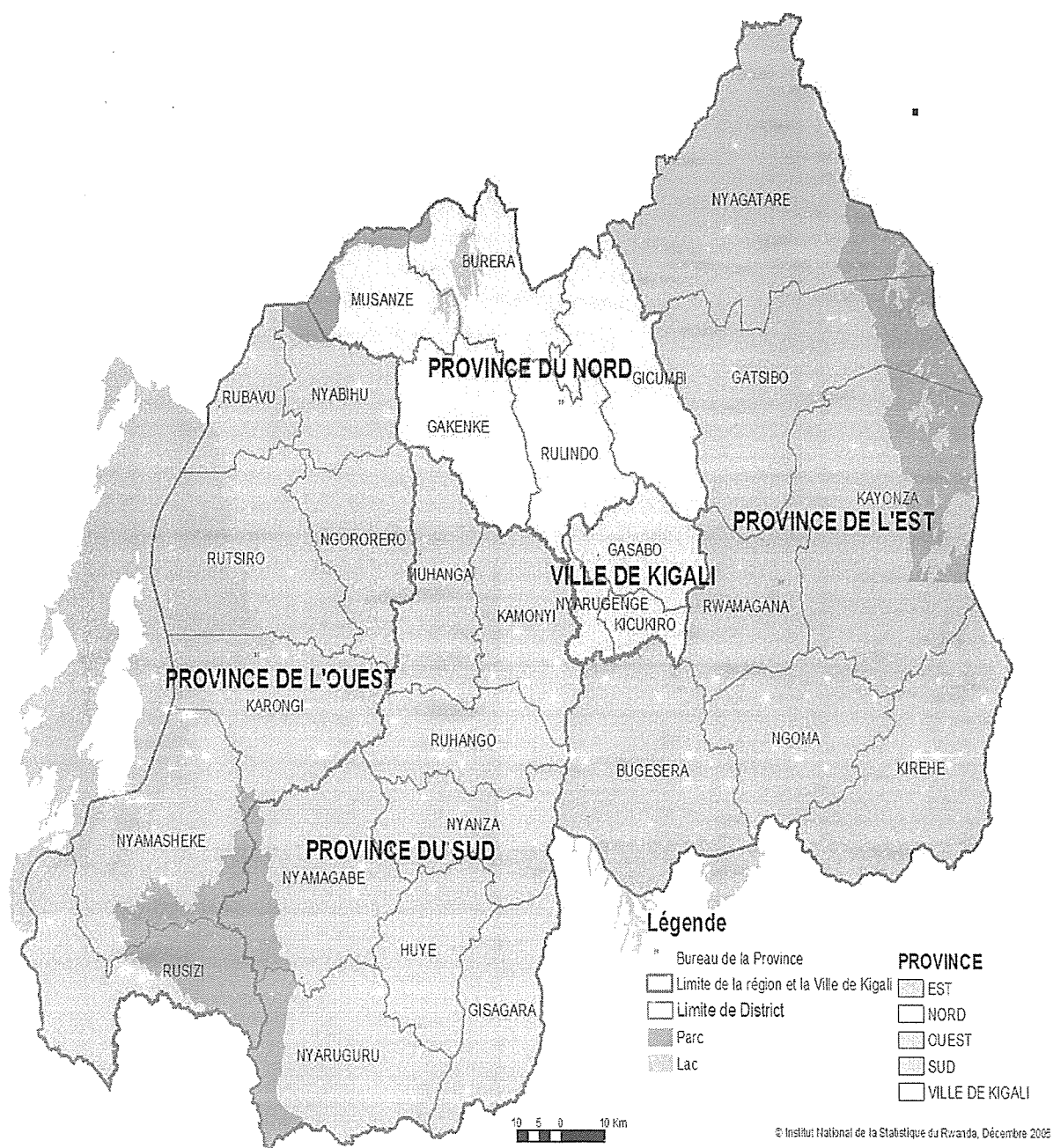
- _____ (1) All health problems of genocide survivors are Over because of FARG health assistance
- _____ (2) Special treatment program for special diseases is highly favorable to genocide survivors
- _____ (3) FARG health assistance is highly contributing to needy genocide survivors' living standards in Rwanda

_____ (4) The budget allowed to health program in FARG is sufficient regarding the health problems of genocide survivors

_____ (5) The genocide survivors have been integrated in National Development

APPENDIX V

MAP OF RWANDA



RESEARCHER'S CURRICULUM VITAE

Personal Profile

Name: UWERA Solange

Gender: Female

Date of birth: 07/07/1977

Marital Status: Married

Nationality: Rwandese

Educational background

2009- onwards: Master's Candidate in Business Administration (Management)
at Kampala International University.

1999-2003: University studies at Kigali Independent University (U.L.K.)

Award: Bachelor's Degree in Administrative Sciences

1992-1997: A' Level at G.S. ST Aloys Secondary school.

Award: A2 Certificate in Commerce and Accounting

1984-1991: Primary studies at ZAZA Primary School/Rwanda.

Professional experience

2010-onwards: Pension Officer at Rwanda Social Security Board.

2000-2009: Education Officer at FARG.

Spoken languages: English, French, Kinyarwanda,

Computer skills: MS DOS, MS WORD, MS EXCEL, ACCESS, POWER POINT,
SPSS DATA E MS OUTLOOK AND INTERNET.

