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The effect of Health service interventions on re-integration of ex-combatant children in Haute-Kotto Prefecture of the Central African Republic

[1]Rukundika Francois, [1]Mwaniki Roseann, [2]Mulegi Tom and [1]Barongo Kirahora Eleanor

[1]Department of Development, Peace and Conflict Studies, Kampala International University
[2]Department of Public Administration , Kampala International University
Email: rukfrank@gmail.com; roseann.mwaniki@kiu.ac.ug ; tom.mulegi@kiu.ac.ug; eleanor.barongo@kiu.ac.ug

ABSTRACT

In many countries at war, prevailing social conditions – street violence, extreme poverty, the absence of support structures – increase the likelihood of children being recruited into armed forces or armed groups. Children who are without their parents, as a result of death or displacement, are more vulnerable than those living with their families, and at greater risk of recruitment into armed forces or armed groups. Cut off from a familiar environment, they are often full of uncertainty, about their future and the whereabouts of their loved ones. In these circumstances, joining armed forces or armed groups may be one way of acquiring some sort of protection and social status; it may also be the only means of survival. Some children may join an armed group to fight for a cause or to be among their peers. Others are forcibly abducted from their families. Thus the purpose of the study was to assess the effect of Health service interventions on re-integration of ex-combatant children in Haute-Kotto Prefecture of the Central African Republic (CAR). The study employed a descriptive survey design. Data were collected through questionnaires and interviews from 101 respondents. The study indicated that the value of health services affects protection of ex-combatant children in Haute-Kotto prefecture by 1.4%, the effect was low and significant. The study concluded that health services of social organization development can enhance the development and performance of the organizations and capacity for the ex-combatant children. The study further concluded that development of health services is essential in enabling the re-integration of ex-combatant children in Haute-Kotto Prefecture of the CAR.
Keywords: Health, service, interventions, ex-combatant, children and Haute-Kotto

INTRODUCTION

Recruitment of children and their involvement in military activities has taken place in one form or another in at least 86 countries worldwide. Although, the past few years have seen promising international legal efforts, to combat recruitment of ex-combatant children in armed conflicts, the impact of these initiatives still remains insufficient [1]. The plight of former child soldiers has also received significant attention in the academic literature. This is likely due to the assumption that this is a particularly vulnerable population given their traumatic experience during recruitment and conscription, which is substantiated by several studies [2]. In 2017, there were 48 ongoing civil

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wars, that is, armed conflicts taking place within the borders of a state. In that year alone, an estimated 68,851 people lost their lives due to violence resulting from clashes between government forces and non-state armed actorsand tens of thousands more became the victims of other forms of organized violence such as the deliberate targeting of civilians and communal conflicts [3]. How many more were injured, abused, or traumatized remains unknown.
[4], provides that a life-cycle approach to programming provides a helpful framework to identify priority and sustainable interventions during the early childhood stage and to ensure a continuum of quality care, health services, protection and education as a child transition from birth into and through the first grades of primary school [5]. In addition, the life-cycle approach provides the foundation for organizing the roles and responsibilities of each sector in support of children and their families, aimed at guaranteeing a more holistic assistance plan while reducing potential duplication of services. [6], argued that primary health care is a natural starting point for identifying and addressing the needs of children with disabilities, with appropriate referral for more specialized needs where require*d*. Primary health-care workers can assist in the identification of children with disabilities, who are often hidden in their communities and denied access to health care and support their inclusion in health-care activities such as immunizations. [7], just like [6] argued that where possible all centre-based health services should incorporate early identification, intervention and family support components as part of existing services. Food and nutrition programmes should also include children with disabilities and should be designed with consideration given to any specific digestive problems and nutritional requirements that may be associated with their disability.

Claiming ex-combatant children as zones of peace has become an important concept of humanitarian relief programs. Commitment to the principal by all warring parties has taken various forms. In EL Salvador, beginning in 1985, government and rebel forces agreed to three days of tranquility during which 250,000 ex-combatant children were immunized against polio, measles, diphtheria, and other diseases; a process that was repeated annually for six years until the end of the civil war [8]. In most wars, health facilities come under attack in direct violation of international humanitarian law. Those facilities that remain open during conflict are often looted or forced to close, and those remaining are often inaccessible due to curfews. Restrictions on travel also hamper the distribution of drugs and other medical supplies, causing health systems, referral services, and logistic support to break down [9]. Many of the health services of a country are diverted to the needs of military causalities. Hospitals are forced to neglect the regular care of patients or to shift them to health centers. A concentration on military needs also means that ex-combatant children injured in a conflict may not get effective treatment or rehabilitation. Ex-combatant children living with disabilities get little support. For ex-combatant children, a dangerous implication of the breakdown of a country's health facilities during conflicts is the disruption of vaccination programs [10].
The trafficking in ex-combatant children-internally in countries, across national borders, and across continents, is closely interlinked with the demand for cheap malleable and docile labour in sectors and among employers where working conditions and treatment greatly violate the human rights of ex-combatant children. These are characterized by unacceptable and dangerous environments to the health and development of a child (hazardous worst forms). These forms range from bounded, labour, camel jockeying, child domestic labour, commercial sexual exploitation and prostitution, drug couriering, and child soldiering to exploitative or slavery-like practices in the informal sector. As part of larger initiatives to combat the worst forms of child labour, the ILO's International Program on the Elimination of Child labour (IPEC) works with governments, workers, and employers' organizations and NGOs to fight child trafficking. It offers broad protection to ex-combatant children at risk, prevents child trafficking, enforces laws, prosecutes traffickers, and assist victims in need. Where appropriate, services are offered at source, in transit, and at destination. The program takes into account the national, sub-regional, and regional specificities of the root cause of ex-combatant children' vulnerability, mechanisms and routes used by traffickers, and the nature of exploitation that takes place, as well as their legal and cultural contexts. The 2016 Roadmap for Eliminating the Worst Forms of Child Labour by 2016, adopted at the Hague Child Labour Conference in May 2020, calls for international cooperation to combat child trafficking, and achieve the goal of elimination of the worst forms of child labour- including child trafficking [11].
The effects of armed conflicts; fragmenting of family and community, rapid social change, the breakdown of support systems, increased sexual exploitation and rape, malnutrition, and inadequate health services, including poor ante-natal care, make it imperative that reproductive health care be given high priority. Health education, care and counseling are especially important for women and girls who have been raped or forced into prostitution. The potential for the spread of sexually transmitted diseases including HIV/AIDS increases dramatically during armed conflicts. The breakdown of health services and blood transfusion services contribute to increased transmission. In war affected populations, gynecological and pediatric health services are often unavailable. An obstacle to the full

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use of health services in emergencies is that they are often dominated by men, whether expatriate or from host countries. Consequently, many women and girls for cultural or religious reasons, underutilize the services [12]. Health service interventions consist of services in the heath and sanitation sector provided to the people in a given community by medical professionals, organizations, and ancillary health care workers who provide medical care to those in need especially the ex-combatant children[13].Education Service Interventions are services intended to provide education and knowledge to the communities intended to reduce discrimination through enabling ex-combatant children with and without disabilities to grow up together. Education gave ex-combatant children with skills to allow them to become positive role models and join the employment market, thereby helping to prevent poverty [14]. Family support Interventions are mechanisms intended to provide family support in being community-based services that assist and support parents in their role as caregivers to their children (ex-combatant children). Such services can take many different forms depending on the strengths and needs of the family, but their overarching goal was to help parents enhance skills and resolve problems to promote optimal ex-combatant children development [15].In this research study, Health services consisted of medical professionals, organizations, and ancillary health care workers who provided medical care to those in need especially the ex-combatant children. Health services serve patients, families, communities, and populations. They cover emergency, preventative, rehabilitative, long-term, hospital, diagnostic, primary, palliative, and home care.

Aim of the Study

To assess the effect of Health service interventions on re-integration of ex-combatant children in Haute-Kotto Prefecture of the Central African Republic (CAR).

Research Question

The following research question was tested:

i. What is the effect of Health service interventions on re-integration of ex-combatant children in Haute-Kotto Prefecture of the Central African Republic? 1.6 Scope of the Study

Geographical Scope

The study was carried out in Haute-Kotto Prefecture because most of the main armed groups' headquarters are located in this region or Prefecture. Additionally, it is in this same Prefecture that several children have joined and thereafter separated with armed groups, for reintegration [13]. Haute-Kotto Prefecture is also the largest of the 16 Prefectures within CAR which is located in the east of the country [13]. The choice of Haute Kotto is due to the presence many ex-combatantchildren in the area hence the need for establishing the social support.

Time Scope

The conceptual focus took into account data from 2017 to 2020; this is because it is in period whereby the United Nations High Commission for Refugees documented the highest impact of conflict in CAR. Over 6,000 internally displaced persons and 480,000 refugees, most of whom were ex-combatant children and women [16]. Since it is academic research and given the time limits to submit the thesis Report; data collection, analysis and report writing was expected to be completed mid-October 2021 after the proposal presentation was approved. However, due to the governments' lockdown policy to avoid the spread of Covid-19 Virus in the community, the research delayed and did not meet the time framework.

Conceptual Scope

The study primarily focused on the influence of social interventions on re-integration of ex-combatant children in Haute Kotto Prefecture of the CAR. In this regard, the social interventions were viewed in terms of Family support interventions, Health service interventions and Education Service interventions. These social interventions were investigated against re-integration of ex-combatant children, which was the Dependent Variable in this study. Re-integration of ex-combatant children was addressed specifically, in terms of the provision of food, family acceptance, community re-integration and right to economic integration. [15], contends that social interventionism is an action which involves the deliberate intervention of a public or private organization into social affairs for the purpose of changing them. In other words, it is a deliberate attempt to change society in some way, "an alteration of the social structure". [17], contend that social interventions are programs designed to deliver social benefits and develop human capital of specific target groups (referred to as beneficiaries). Social interventions can be any of the following: social welfare, safety net, and social protection. While each of these has its own definition and unique characteristics, they are sometimes interchanged unknowingly.

METHODOLOGY

Research Design

The researcher used descriptive cross sectional survey research design that focused on investigations which was majorly quantitative to collect and analyze data in order to describe the specific phenomenon in its current trends,

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current events and linkages between different factors at the current time. The study was connected to social interventions and reintegration of ex-combatant children. Descriptive research design was used because it enables the researcher to generalize the findings to a larger population. The researcher was based on both quantitative and qualitative approaches. The combination of Qualitative and quantitative research approaches helped the researcher to develop a mix of relevant tools to give a dynamic and contextual understanding of the problem under investigation. The main goal of the qualitative research approach was obtained from in-depth descriptions and an understanding of actions, events and expressions of words as indicated in [18].

Research Population

The targeting population in this research work comprised the individuals that were selected randomly from Haute-Kotto Prefecture especially (25) Government officials, (25) humanitarian representatives (such UNICEF, UNHCR, etc), (25) United Nations multidimensional integrated Stabilization Mission in Central African Republic (MINUSCA) agents, (35) ex-combatantchildren and (25)Focus groups or community members from the area of investigation. These individuals were selected randomly among a targeting population estimated to 135 individuals as described in the following table:

Table 1 Showing the description of the population distribution

N/s	Categories of the population	Target population
	MONUSCA agents	25
	Humanitarian representatives	25
	Ex-combatant children	35
	Government officials	25
	Focus groups or community members	25
Total		**135**

Source: Survey research, 2020

Sample Size

The sample size is determined using Slovenes formula, i.e.,n = N/1+N (e)$^{2;}$ Where; n is the sample size, N is the Target population, e is at the level of significance (0.05). The formula arrives at a sample size of 100 respondents as follows: n = 135/1+135 (0.05)^2 =**101** respondents.

Table 2. Showing the description of the sample size distribution

N/s	Categories of the population	Target population	Sample Size	Sampling techniques
	MONUSCA agents	25	19	Random sampling
	Humanitarian representatives	15	11	Purposive sampling
	Ex-combatant children	35	25	Random sampling
	Government officials	15	11	Purposive sampling
	Focus groups or community members	45	34	Random sampling
Total		**135**	**101**	

Source: Survey research, 2020

Sampling Techniques and Procedure

The researcher used two sampling techniques namely purposive sampling and Random sampling of which were used to select the targeting population and purposive sampling which was used to select the sample size in this research study that is to say (11) Government officials, (11) Humanitarian representatives (such UNICEF, UNHCR, etc.), whereas random sampling was used on (19) United Nations multidimensional integrated Stabilization Mission in Central African Republic (MINUSCA) agents, (25) ex-combatant childrenand (34) Focus groups or community membersto participate in the study to whom an interview instrument were applied to collect data of which a questionnaire was used to collect data.

Data collection Methods

In mixed methods approach, the researcher used different tools to collect data on the same topic as was clearly highlighted in [19]. In this study, the researcher developed two separatetools: one for each level of the data collection process (Quantitative and qualitative). Broadly, the researcher also made use of both primary and secondary data collection methods. Survey research collections methods for this study included: questionnaires, interviews; and Focused Group Discussions (FGDs) while the secondary data collection methods involvedthe review of Literature, reports from the UN, and Civil Society Organizations.

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Questionnaires

A Self-administered questionnaire was developed to guide the quantitative data collection process. Questionnaires were developed based on the review of literature, research objectives, and theoretical framework. The researcher developed a structured questionnaire with items based on a five-point likert' point style (strongly agrees, agree, undecided, disagree, and strongly disagree. The researcher also took for other tools which have been used by other investigators in related studies and selectively adapted some of the questions that deemed to be appropriate for this study.Most of the questionnaire items were close ended and worded in such a way that the participants were limited to specified mutually exclusive response options. Close options were facilitated coding and statistical analysis of data. As pointed out by [19]. Once the questionnaires were designed, pretested, and amended, they were delivered to the participants for data collection. The researcher delivered the self-administered questionnaire to the participants and collected them in the period ranging between one to two weeks. This period was given participants enough time to answer the questions.

Interviews

The structured interview involved the use of formal and written questions, which questions was asked face to face with interactions between the researcher and the participants. Questions was asked orally; in the form they appeared on the interview schedule and the responses were recorded both in audio and writing. Before the interviews, the researcher explained the purpose and procedure for the interview; and requested for permission to use an audio tape recorder. The interviews were conducted at the respective offices or residences of the participant depending on the nature of participants. The interview guide was developed based on the theoretical framework, literature review, and the objectives of the study. The structured interview guide was meant to solicit in depth information about social Interventions and reintegration of ex-combatant children. By probing and repeating, the researcher elicited more useful information regarding the subject of investigation.

Data Analysis

This section introduces the setup of the data process. It presented steps to be taken to structure and analyze the collected material. Because of the mixed quantitative and qualitative approach were used in this study, it was needing a combination of different methods in data analysis. Data from questionnaires were analyzed quantitatively using the Scientific Package for Social Scientists (SPSS). In contrast, data from interviews were analyzed using the thematic analysis in order to gain insights in reintegration process and mechanisms in Haute-Kotto Prefecture of CAR. As suggested by [20], jot notes were taken in the field and then turned into categorized notes, which were partially narrative. Data were categorized in accordance with the objectives of the study in order to create a systematic approach to analyzing it. Further, Thematic Content Analysis (TCA) was used to gain insight and to establish the relationship between social Intervention and reintegration of ex-combatant children in the Haute-Kotto Prefecture of CAR. The researcher established a set of categories and then compiled the information logically. The data were codified and organized according to the relevant themes. Respondents' views were then be analyzed, compared; and contrasted in line with the literature and objectives of the study.

Validity and Reliability of the Instrument

Validity of Research Instrument

To ascertain the validity of the questionnaire and interview guides, a pilot study was carried out. This was done by administering the two instruments onto a pilot group. This group was selected from the above categories of respondents (table 3.1) in Haute-Kotto Prefecture of CAR. The questionnaire was filled by both civil servants and businessmen. Here the questionnaire was given to experts to judge the validity of questions according to the objectives. After the assessment of the questionnaire, the necessary adjustments were made bearing in mind the objectives of the study. A minimum of 0.75 of Content Validity Index (CVI) was used to test validity of the research instrument. Then a CVI was computed using the following formula:

$$CVI = \frac{No.\ of questions\ declared\ valid}{total\ No. of questions\ in\ the\ questionnaire} = \frac{39}{50} = 0.78 \text{ or } 78\%.$$

This result is an outcome of a pretest made by the researcher on the consistency of data that provides answers to the research questions based on the objectives. According to [21], if tested results on the validity are equal or felt above the level of acceptance (0.75) was maintained. Since the CVI responds to this rule, the answers on the research questionnaire werereliable and consistent.

Reliability of Research Instrument

Reliability of the data collection instrument is the consistency of measurement and frequently assessed using a test–retest reliability method [22]. Reliability

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enabled the researcher to identify the ambiguities and inadequate items in the research instrument; where the instrument reliability is the dependability, consistency, or trustworthiness of a test. The test-retest technique was the measure, where questionnaires were administered to a group of individuals (according to the tested number) with similar characteristics as the actual sample. Tests were repeated at intervals of one week. The scores obtained from each test correlated to get the coefficient of reliability. If the Spearman's Rank Correlation Coefficient falls at an average of +1 to -1.Ars of +1 indicated a perfect association of variables, a rs of zero indicates no association between variables and a rs of -1 indicates a perfect negative association of ranks. The closer rswas to zero, the weaker the association between the ranks as reflected from the following formula:

P= $\sum_{d}^{n} d^2$

Whereby P: Spearman's Rank Correlation Coefficient, n: Selected sampling size and d: Number of cases tested.

Table 3. Showing the Correlation Coefficient

Variables	D	d²
Health Service interventions	23	529
Education Service Interventions	20	400
Family support Interventions	17	289
Total	**60**	**1,218**

Source: survey data, 2022

Where d = difference between ranks and d^2 = difference squared.

We then calculate the following: $\sum_{d}^{n} d^2$=1,218

P=$1-\frac{6\sum_{d}^{n} d^2}{n(n^2-1)}$=$1-\frac{6\times1{,}218}{60(60^2-1)}=\frac{208{,}632}{215{,}940}$=0.97~ to +1

Yet, the Spearman correlation coefficient, r_s, takes values from +1 to -1. Ar_s of +1 indicates a perfect association of variables, a r_s of zero indicates no association between variables and a r_s of -1 indicates a perfect negative association of ranks. The closer r_s is to zero, the weaker the association between the ranks. Therefore, it predicted that there was a relationship between social interventions and ex-combatant childrenreintegration that is to say social interventions impacted positively ex-combatant childrenreintegration in haute-Koto Prefecture of the Central African Republic (CAR).

Ethical Considerations

The researcher made effort to adhere to ethical standards. Permission to undertake the study was obtained from the university. Further permission was obtained from the authorities of Haute-Kotto Prefecture of CAR before data collection. [23], indicated that every researcher was ethically sound in order to protect the participants from any physical or psychological harm and treat participants with respect and dignity. Further, before data collection, the researcher attempted to clarify the nature of the study. Participation in the study was, therefore, voluntary and based on informed consent. [24] and [20] posit that a critical issue in every study; is that participants should be granted informed consent.

Limitations of the study

In view of the following threats to validity, the researcher claimed an allowable 5% margin of error at the 0.05 level of significance. Measures also werein order to minimize the threats to the validity of the finding of this study. Extraneous Variables that might be beyond the researcher's control was managed by the researcher trying to explicitly explain the real purpose of the study. The researcher emphasized the purpose of the study as only academic; hence requesting the participants to be unbiased in giving responses. The use of research assistants might bring about inconsistencies especially regarding some instrumentations in terms of time and administration, understanding of the items; as well as explanations given to the participants. To minimize this threat, research assistants were prepared through thorough orientations on prior to the actual data collection process.

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DATA PRESENTATION, INTERPRETATION AND ANALYSIS

Response Rate

The data from the study was from 75% from the respondents Even [25] as well as [26] suggests that a response rate of 50% is adequate when quantitative data is manually collected.

Table 4: Response rate

Questionnaires distributed	Questionnaires returned	Response rate
101	100	$\frac{100}{101} * 100\% = 99\%$

Source: Primary Data (2021)

The table above indicates that out of 101 questionnaires distributed, only 100 of them were retuned and this implies that the response rate was 99% which is relatively good. This implies that the response rate was high.

Demographic characteristics of the respondents

The demographic information was deemed necessary because the researcher wanted to show that respondents with different profile characteristics were represented in the study implying that the findings were not only for a particular group or category of respondents.

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Table 5: Demographic characteristics of respondents

Main category	Sub-category	Frequency	Percentage
Gender	Male	70	70
	Female	30	30
	Total	**100**	**100.00**
Marital status	Married	35	35
	Single	65	65
	Total	**100**	**100.00**
Education level	Primary	42	42
	Secondary	30	30
	Tertiary	28	28
	Total	**100**	**100.00**
Age of respondents	Below 20 years	55	55
	20-39 years	24	24
	40-59 years	12	12
	Above 60 years	9	9
	Total	**100**	**100.00**

Table 5 illustrates that in respect to gender, the males were 70 (70%) and female 30 (30%), this implies that the number of men was higher than that of women since men are usually the majority in military. This is because when fleeing, it is usually men who go with their ex-combatant children to the military. This is in line with [27] who noted that ex-combatant children continue to face risks to their lives, safety, security and dignity. They are disproportionately at risk of gross abuses of human rights, especially women and unaccompanied ex-combatant children. Furthermore, sexual and gender-based violence is widespread within the reintegration and recovery camp. Many ex-combatant children from minority clans suffer pervasive discrimination since they often lack vital clan protection and connections despite the existence of NGOs [28-31]. On the marital status of the respondents, the majority respondents were single who constituted 65(65%) of the respondents of the study while the married respondents were 35% respondents. The study findings from the study indicate that data was attained from both married and unmarried respondents, information on responsibility grounds is not doubted for the purpose of the study. With regard to education level, 42 (42%) were at primary school level, 30 (30%) were at secondary school level, 28 (28%) were at tertiary level. This implies that most of the respondents were relatively educated and thus they might be very well informed about protection of rights of ex-combatant children. The results indicate that the information was attained respondents across a wider education grid, it nevertheless implies that the data is attained from moderately informed respondents of the study. In the aspect of age of respondents, 55(55%) were aged between 20-39, 12(12%) were between 40-59 years and lastly, only 9 (9%) were above 60 years. This implies that the majority of the respondents were middle aged adults i.e., between 20-39 years. The results indicate that the information was attained from mature and understanding respondents, therefore information attained from the study is deemed fit for the study since the providers of the information are mature and understanding in nature.

Effect of Health service interventions on re-integration of ex-combatant children in Haute-Kotto Prefecture of the CAR.

The first research objective was to assess the effect of health service interventions on re-integration of ex-combatant children in Haute-Kotto Prefecture of the CAR. In order to fulfill the objective, the researcher first conducted a descriptive statistic of the study based on mean and standard deviations for health service interventions and further on the dependent variable (re-integration) of ex-combatant children and thereafter conducted simple linear regression analysis to assess the effect of health service interventions on re-integration of ex-combatant children in Haute-Kotto Prefecture of the CAR.

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Descriptive statistics of health service interventions in Haute-Kotto Prefecture of the CAR.

Table 6: Descriptive statistics of health service interventions in Haute-Kotto Prefecture of the CAR.

Statements	Mean	Std. Dev.	Interpretations
Humanitarian health providers support the establishment of health facilities to ex-combatantchildren	3.011	1.246	Fairly good
There is support with health equipment to ex-combatantchildren	3.077	1.350	Fairly good
Humanitarian health provides the improvement of health services to ex-combatantchildren	2.942	1.212	Fairly good
Humanitarian health services provide funding for health services to the families of ex- combatantchildren	3.458	1.360	Fairly good
Humanitarian health services are well provided to ex-combatantchildren	3.388	1.281	Good
There is support for technical health staff development to ex-combatantchildren	3.303	1.313	Fairly good
There are means for the provision of sanitation services to ex-combatantchildren	3.258	1.444	Good
Overall means	**3.205**	**.466**	**Fairly Good**

Source: Field data survey, 2021

Table 6 shows descriptive statistics of health service interventions in Haute-Kotto Prefecture of the CAR. Based on the findings, the mean responses are Mean =3.205, the standard deviation was .456 indicating that health service interventions are fairly provided with though some aspects of limited existence and presence in the health services interventions, this are based on the seven aspects of the study. The first item of the study sought to determine whether humanitarian health providers support the establishment of health facilities to ex-combatant children, the mean was 3.011, standard deviation was 1.246 interpreted as fairly good. The results indicate that there is fair humanitarian aid provided to the health facilities. Secondly the study sought to determine whether there is support with health equipment to ex-combatant children, the mean responses for the study was 3.077, the standard deviation was 1.350 interpreted as fairly good. The findings from the study moderate support in the heath equipment in the health facilities. The third item of the study was to determine whether humanitarian health provides the improvement of health services to ex-combatant children, the response was 2.942, the standard deviation was 1.212 interpreted as fairlygood meaning that there is a moderate health improvement in the health service sectors in Haute-Kotto Prefecture of the CAR. On whether humanitarian health services provide funding for health services to the families of Child combatants, the mean responses are 3.458, the standard deviation was 1.360, interpreted as fairly good meaning that the health services provided are in moderate terms in the society of the study. Another item on whether humanitarian health services are well provided to Ex-combatant children, the mean response was 3.388, the standard deviation was 1.281 interpreted as good meaning that the humanitarian health services to some extend are provided to the ex-combatant children in Haute-Kotto Prefecture of the CAR.
Furthermore, on whether there is support for technical health staff development to ex-combatant children, the mean response for the study is with 3.8388, the standard deviation was 1.281 interpreted as good meaning that there is support in the technical and health development to the health sector in Haute-Kotto Prefecture. Finally, the researcher set to determine whether there are means for the provision of sanitation services to ex-combatant children, the mean responses for the study was 3.258, the standard deviation was 1.444 interpreted as good meaning that there are provided for sanitation services to the ex-combatant children in Haute-Kotto Prefecture of central Africa republic. On whether the government of CAR supports ex-combatant children demobilization, the mean response was 3.474, the standard deviation was 1.357 interpreted as fairy good meaning that there is support of the communities in demobilizations. The data collected based on the field findings on the third objective is presented in the regression analysis below.

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DISCUSSION

Effect of Health Service on re-integration provided to the ex-combatant children in Haute-Kotto Prefecture of the CAR

The study established that health service had an effect on re-integration provided to the ex-combatant children in Haute-Kotto Prefecture of the CAR. These findings indicated that there was a significant effect of health service on protection of ex-combatant children of which was weak, and its significance was definite. These findings are backed by previous research studies that undertook to establish a similar purpose as elaborated below. The findings are in agreement with those of [29] contends that based on health service and rights of ex-combatant children in many countries, the programmes always target the young children who are not able to meet the health developmental needs and when available they are often costly, not inclusive and located in urban areas. Even [30] argued that a comprehensive approach is required for appropriate care and support including early identification; assessment and early intervention planning; provision of services; and monitoring and evaluation,, then [31] also contend that some health conditions associated with ex-combatant children may be detected during pregnancy where there is access to prenatal screening, while other impairments may be identified during or after birth finally [7],, just like [6]suggested that all centre-based health services should incorporate early identification, intervention and family support components as part of existing services. Food and nutrition programmes should also include ex-combatant childrenwith disabilities and should be designed with consideration given to any specific digestive problems and nutritional requirements that may be associated with their disability.

CONCLUSION

In conclusion, the study concluded that Health Service improvements were much needed to be developed if the ex-combatant children protection was to be enhanced. The study also showed that health services of social organization development can enhance the development and performance of the organizations and capacity for the ex-combatant children. Finally the study further revealed that development of health services is essential in enabling the ex-combatant children integration in Haute-Kotto Prefecture of the CAR.

RECOMMENDATIONS

i) The study recommends for the improvement of the access to care. Having access to care is the single most important factor for improving quality healthcare of ex-combatant children and enhancing the functioning of the child protections.
ii) Focus on ex-combattant children's engagement. Patients can be the best advocates for their own health, but first they have to be engaged and taught to be proactive healthcare consumers.
iii) To facilitate the development by bringing together all those who share the responsibility to provide the services including legislators/policymakers, district health officers, hospital administrators, water engineers, community members and humanitarian agents.

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