

briefing

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Assessment of Batwa and persons with disabilities' access to education and health services in Uganda



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MRG works with over 150 organizations in nearly 50 countries. Our governing Council, which meets twice a year, has members from 10 different countries. MRG has consultative status with the United Nations Economic and Social Council (ECOSOC), and observer status with the African Commission on Human and Peoples' Rights (ACHPR). MRG is registered as a charity and a company limited by guarantee under English law: registered charity no. 282305, limited company no. 1544957.

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Contents

Acronyms and abbreviations	4
Executive summary	5
1 Background information	6
2 Policy frameworks on access to education and health care	7
3 Government expenditure on education and health	9
4 Batwa access to education services	10
5 Batwa access to health care services	13
6 Access to education by PWDs in Uganda	17
7 Access to health services by PWDs	19
Recommendations to improve access to education and health services for Batwa	21
Recommendations to improve access to education and health services for persons with disabilities	22
References	23

Acronyms and abbreviations

ABEG	Action for Batwa Empowerment Group	PWDs	persons with disabilities
AICM	African International Christian Ministry	SNE	special needs education
ARV	anti-retroviral medication	UBOS	Uganda Bureau of Statistics
AYDU	Action for Youth with Disabilities in Uganda	UN	United Nations
BCH	Bwindi Community Hospital	UNESCO	UN Education Scientific and Cultural Organization
BDP	Batwa Development Program	UNHC	Uganda National Housing Census
BMCT	Bwindi Mgahinga Conservation Trust	UOBDU	United Organization for Batwa Development in Uganda
CSO	civil society organization	WHO	World Health Organization
NGO	non-governmental organization		

Executive summary

This briefing summarizes the findings of an assessment carried out to study the level of access to education and health care services among Batwa and persons with disabilities (PWDs) in south-western Uganda, in the districts of Bundibugyo, Kabale, Kanungu, Kisoro and Rubanda, as well as Kampala. It also explores the factors that hinder their access to these services and the measures that have been or could be undertaken to improve their situation.

The study was carried out by Minority Rights Group International (MRG) in partnership with Africa International Christian Ministries (AICM), Action for Batwa Empowerment Group (ABEG) and Action for Youth with Disabilities in Uganda (AYDU) with financial support from Ministry of Foreign Affairs of Finland within the scope of the project, 'From Disparity to Dignity: Realizing Indigenous and Minority Rights in Development'.

Uganda's indigenous Batwa are one of the most vulnerable communities in the world and have limited access to basic services and other means to meet their needs, such as for health care, education, clean water, clothing, employment, food and security. They live in the south-western part of the country in the districts of Bundibugyo, Kabale, Kanungu, Kisoro and Rubanda. They initially lived in the Bwindi Impenetrable National Forest until they were evicted in 1991, causing them to become conservation refugees, with no home and dependent on the Mgahinga and Bwindi Impenetrable Forest Conservation

Trust (MBIFCT). They are now undergoing a drastic transition from forest dwellers to agriculturalists.

According to Article 1 of the UN Convention on the Rights of Persons with Disabilities, 'Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.'

While the government of Uganda has adopted a number of laws and policies pertaining to special interest groups, including PWDs and Batwa, such as their right to productive and decent work and basic services, in practice this has remained on paper with minimal implementation. Generally, Batwa and PWDs face various barriers ranging from discrimination in accessing basic services and negative societal attitudes to inaccessible physical environments and the absence of information and communication technologies (ICTs), among others. These result in unequal access to services in education, employment, health care, transportation, political participation and justice in communities. Most public schools and health centres are not fully accessible for PWDs, thus limiting their participation and benefit from service delivery. This is especially true of PWDs who belong to the Batwa community. Therefore, coordinated efforts by government stakeholders, civil society and communities are needed to improve the health and education status of Batwa and PWDs.

1 Background information

The assessment was conducted between September 2020 and March 2021, as part of the Disparity to Dignity Project. The aim of the Project is to support the economic, social and cultural rights of minorities, indigenous peoples and other marginalised groups in the areas of access to education and health.

Primarily this assessment was intended to gather information on the conditions under which Batwa in south-western Uganda and PWDs among the Batwa, and all PWDs around Uganda can access health and education, with a special focus on Kampala for PWDs.

According to the Uganda *Population and Housing Census Report 2014* (UBOS, 2016), the prevalence of PWDs among the population from the age of 2 years old upwards was 12.4 per cent, with higher levels among women (13.7 per cent) than men (11.0 per cent). In addition, the disability prevalence rate is higher among those living in urban areas (13.3 per cent) compared to those in rural areas (9.3 per cent).¹

PWDs continue to fail to access employment, despite holding the relevant qualifications and having relevant skills for those jobs that are available. Persons with severe disabilities are stigmatized and often deprived of productive resources, even within their families. This reflects the national trend where PWDs are marginalized, making them increasingly vulnerable to disease and poverty. PWDs in Uganda often find themselves confined to a narrow range of income-generating activities such as tailoring, carpentry, shoe-shining and retail trade.

Scope and methodology

The study sought to understand the dynamics around Batwa and PWDs' access to education and health services, developing a close analysis into the findings to evaluate their current status in terms of enjoyment of these two rights, which are related to the other universal human rights. Gender disparity in access to health and education

services was also assessed, and also the impact of Covid-19 on access for these groups.

Primary research was done in partnership with organizations working directly with Batwa and PWDs. AICM and ABEG partnered with MRG on the research on the Batwa communities. The research was implemented in areas with Batwa settlements in Kabale, Kisoro, Rubanda and Bundibugyo by AICM and in Kanungu by ABEG. AYDU partnered with MRG on the research on access to education and health services by PWDs in the five divisions of Kampala.

The methods employed in the collection of the data and other information included the use of questionnaires and surveys, focus group discussions and a review of existing documents and records. The tools that were used for data collection included structured questionnaires and focus group discussion guide sheets, designed for use by the data assistants in gathering information relating to access to both education and health care services among the local communities, while notebooks were used to record observations and documents from past research.

Stratified sampling was employed where the research population of Batwa and PWDs was analysed in terms of gender needs, education and health. Policy implementers, such as district education officers, supervisors, head teachers, teachers, chairmen and chairwomen, and health workers such as nursing officers and assistants, doctors and village health team members were contacted for information. Local leaders among Batwa communities and PWDs were also engaged. PWDs were accessed through care homes, special schools and district policy-makers in the five divisions of Kampala. Information on PWDs was also collected in Batwa communities.

Gender representation was considered throughout the research, with more women than men interviewed, since women are affected differently and typically more adversely than men, by issues of access to health and education.

2 Policy frameworks on access to education and health care

The Constitution of Uganda

Right to education

Article 30 in Chapter 4 of the Constitution of the Republic of Uganda guarantees that ‘All persons have a right to education.’

Rights of women

Article 33 of the Constitution also states that ‘Women shall be accorded full and equal dignity of the person with men’, and further guarantees that ‘The State shall provide the facilities and opportunities necessary to enhance the welfare of women to enable them to realize their full potential and advancement.’ Among other provisions, it also stipulates that ‘Women shall have the right to equal treatment with men and that right shall include equal opportunities in political, economic and social activities.’

Rights of children

Article 34 of the Ugandan Constitution stipulates the rights of children and among these are:

- A child is entitled to basic education which shall be the responsibility of the State and the parents of the child.
- No child shall be deprived by any person of medical treatment, education or any other social or economic benefit by reason of religious or other beliefs.
- Children are entitled to be protected from social or economic exploitation and shall not be employed in or required to perform work that is likely to be hazardous or to interfere with their education or to be harmful to their health or physical, mental, spiritual, moral or social development.

Rights of PWDs

In Article 35 of the Ugandan Constitution, PWDs ‘have a right to respect and human dignity and the State and society shall take appropriate measures to ensure that they realize their full mental and physical potential’. Furthermore, ‘Parliament shall enact laws appropriate for the protection of persons with disabilities.’

Protection of minorities

Under Article 36 of the Constitution, people belonging to minority groups ‘have a right to participate in decision-making processes and their views and interests shall be taken into account in the making of national plans and programmes.’

Right to a clean and healthy environment

Under Article 39 of the Constitution, ‘Every Ugandan has a right to a clean and healthy environment.’

Education

The Ministry of Education and Sports plays a central role in the implementation of universal primary education, as specified in the guidelines of 1998, including: training and re-training of teachers, providing instructional materials in the form of textbooks and teachers’ guides, contributing to the construction of basic school facilities (such as classrooms and libraries), supervising, monitoring and evaluating the implementation of universal primary education, and providing a curriculum and assessment standards.

Vision 2040

The Vision Statement of Vision 2040 is: ‘to change the country from a predominantly low income to a competitive upper middle-income country within 30 years with a per capita income of USD 9,500’. In the Vision 2040 blueprint, there is a plan to make the education system more skills-based, where learners are equipped with practical skills that can enable them to create jobs for themselves and others. It also illustrates the implementation of free education at primary and secondary education levels: so far in 2021, this has been implemented and, before the Covid-19 outbreak that put a halt to studies in Uganda, there was free tuition in Uganda at primary and secondary levels, including for Batwa settlements and PWDs in Uganda.

Universal primary education

This programme was introduced in 1996 by the president of Uganda. The policy abolished all tuition fees and Parent and Teacher Association fees for primary education. Primary education was not made compulsory, nor entirely free, since parents were still expected to contribute pens, exercise books, clothing and building materials and labour for classroom construction.

Universal secondary education

In 2007, Uganda became the first country in sub-Saharan Africa to introduce universal secondary education. Under this secondary education scheme, students who get specific grades in each of the four primary school leaving exams study free in public schools and participating private schools. As this programme is countrywide, Batwa and PWDs benefit from them.

Gender policy frameworks

The National Gender Policy and National Action Plan on Women were also formulated to support the implementation of the constitutional and policy provisions. In addition, gender mainstreaming has been high on the government's agenda in a bid to integrate gender issues in development plans and programmes. Gender gaps in education have also been reduced through universal primary and secondary education programmes.

Health care

In Uganda, health care is delivered through a decentralized framework. The district health structure is responsible for all structures in the districts, except the regional referral hospitals, where these exist.

Village health teams, health centres II and III, and district hospitals

Village health teams are the first contact points for community members to access health support. There are volunteers in each village. They do not distribute medicine but provide advice to patients and refer them to health centres.

Every parish is meant to have a health centre II (typically designed to serve around 1,000 people) according to Ugandan health policy, and these treat common diseases such as malaria and also provide ante-natal care. The health centre II has a nurse working with a midwife who run outpatient services.

A health centre III is a health facility designed for every sub-county in Uganda, led by a senior clinical officer, with 18 staff and a laboratory.

In addition, there is the health centre IV, also known as a district hospital, with a senior medical officer (senior doctor), another doctor, and a theatre for carrying out emergency operations.

Regional and national referral hospitals and specialized hospitals

Regional referral hospitals are meant to have all the services offered at the health centre IV and specialized clinics and consultant services, for example for mental health issues or ear, nose and throat services.

The national referral hospitals are designed to be the top level, with the best medical services, doctors and medical specialists, often with their own private clinics that enable them to supplement the income they receive from the government.

Based on the information provided by the Ministry of Education, Uganda has 5 national referral hospitals, 5 specialized hospitals, 14 regional referral hospitals and 139 general hospitals.

Batwa in Uganda are served mainly by the village health teams and the health centres II and III that are found in the villages, parishes and sub-counties where they have settlements. The regional referral hospitals that serve Batwa include Kabale, Mbarara and Fort Portal regional referral hospitals and the private general hospitals found there, whereas PWDs are served by specialized hospitals such as Mbarara Eye Centre at the Mbarara regional referral hospital, Mulago national specialized hospital, Butabika national mental referral hospital, Mulago women and neonatal specialized hospital and the regional paediatric surgical hospital. Some of the regional referral hospitals also offer specialized services. Of the 139 general hospitals in Uganda, there are a few that also offer specialized services that serve women and people with special needs.

With all this in mind, the health care destinations where Batwa and PWDs access medical services still need considerable investment, with both general and specialized medical staffing to meet the varied needs of these two groups of people.

3 Government expenditure on education and health

Education

In 2018, government expenditure as a percentage of gross domestic product (GDP) was 2.13 per cent, according to data from the UNESCO Institute of Statistics.²

Expenditure on primary education as a proportion of overall government expenditure on education in Uganda was 59.2 per cent as of 2014. Its highest value over the past 43 years was 61.2 per cent in 2004, while its lowest value was 14.5 per cent in 1982.³

Expenditure on secondary education as a proportion of overall government expenditure on education in Uganda was 24.6 per cent as of 2014. Its highest value over the past 43 years was 60.4 per cent in 1988, while its lowest value was 17.3 per cent in 2004.⁴

Expenditure on tertiary education as a proportion of overall government expenditure on education in Uganda was 16.3 per cent as of 2014. Its highest value over the past 43 years was 28.3 per cent in 1974, while its lowest value was 10.6 per cent in 2011.⁵

Health

According to the National Budget Framework Paper for the 2019/20 financial year, the health sector accounted for 8.9 per cent of the national budget, down from 9.2 per cent in the 2018/19 financial year.⁶ Government expenditure on the health sector in Uganda remains low.

4 Batwa access to education services

Challenges

Low school enrolment

The enrolment of Batwa children in school is still low, despite the introduction of universal primary and secondary education in 1997 and 2007 respectively. According to the Bwindi Mgahinga Conservation Trust *Batwa Census Report*, 57.1 per cent of school-age Batwa learners attend school.⁷

The research findings in Figure 1 show that most of the children between the age bracket of 6–10 years (199) and

11–15 years (139) of age are in primary (P1–P6) and only two are in P7, while five children aged 16–20 years and three children aged 11–15 years are in secondary school. Thirteen children aged 21–25 years are in tertiary institutions. There is therefore a low number of children who complete primary seven, and hence low enrolment in secondary and tertiary education.

As a result, literacy levels among Batwa remain low. Just under half – 49.2 per cent – of Batwa surveyed do not attend any formal education.⁸

Figure 1: Education levels among Batwa children by age group

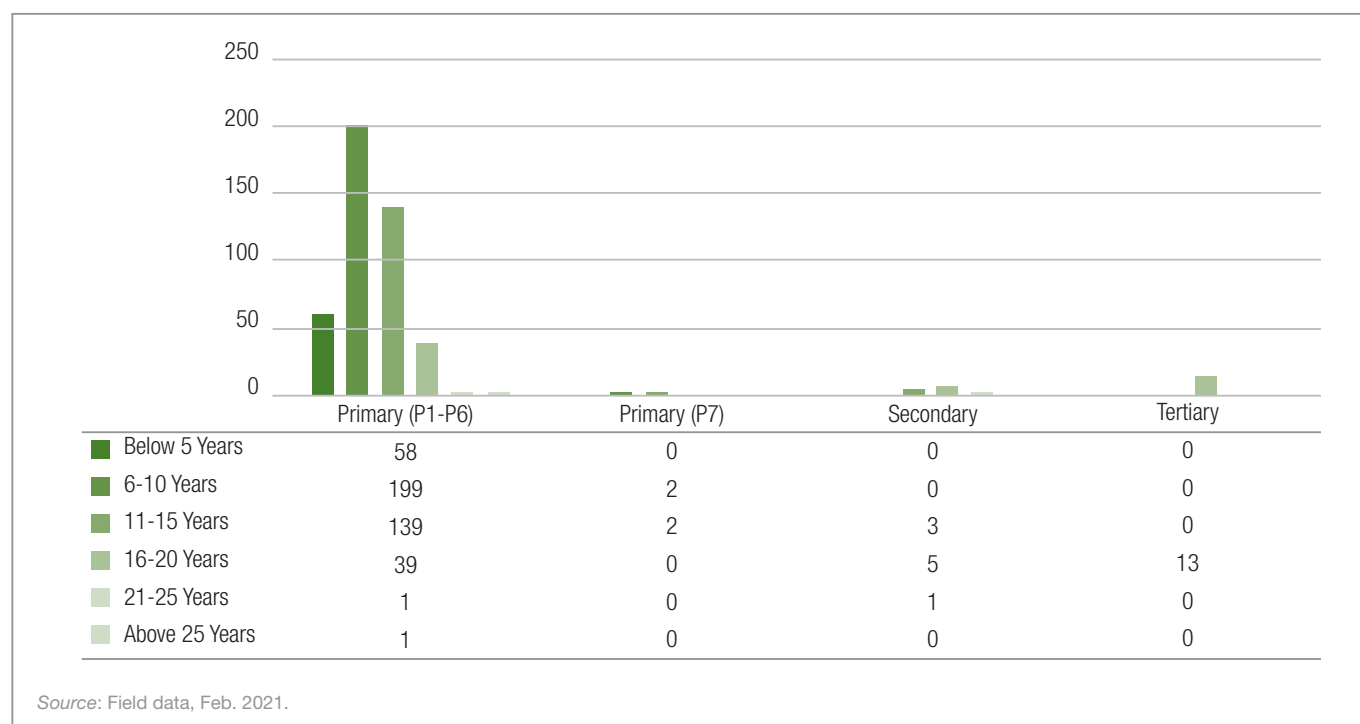


Table 1: Survey results of education of Batwa household heads by district

District	No education	Primary	Completed primary	Secondary	Tertiary	Total
Kabale	12	8	1	0	0	21
Rubanda	122	34	0	1	1	158
Kisoro	98	69	3	5	0	175
Bundibugyo	8	12	0	1	0	21
Total	240	123	4	7	1	375

Source: Field data, Feb. 2021.

Table 1 shows that 240 respondents across four study districts did not attain any education, 123 respondents studied up to primary level, four respondents completed primary level, seven respondents studied up to secondary level and only one respondent studied up to tertiary level. Low levels of primary school completion and secondary and tertiary level school attendance is an indication of limited access to education and low literacy levels among Batwa populations in the study districts.

The quality of education, especially in rural areas, remains poor. Most schools in Batwa communities lack trained teachers and teaching materials that would help impart more knowledge and skills to Batwa learners.

High dropout rates

The vast majority of Batwa adults who have had little chance to go to school themselves send their children to school to get the opportunity they did not have, but many children leave school early. These high dropout rates were linked to the difficult conditions under which Batwa children study. The enrolment of Batwa girls in schools is still low.

Table 2 indicates that Kisoro District has the largest dropout rate at 60.1 per cent, followed by Rubanda District (46.3 per cent), Kabale District (33.3 per cent) and Bundibugyo District (27.8 per cent), with an overall

Table 2: Survey results of dropout rates by district of Batwa settlement

District	Dropout rate (%)
Kabale	33.3
Rubanda	46.3
Kisoro	60.1
Bundibugyo	27.8

Source: Field data, Feb. 2021.

school dropout rate of 51.4 per cent among the four study districts.

From the responses from key informant interviews, the causes of these high dropout rates are absenteeism in school, early child marriages, victimization of Batwa children at school and the long distances they have to travel from their homes to school. The variance is also related to the populations in the different districts.

Gender disparities

According to 2007 figures from the UNESCO Institute of Statistics, female enrolment in secondary school in Uganda is just 22 per cent.⁹ This situation is even worse for Batwa girls as hardly any reach primary seven.

Table 3: Survey results of education levels of Batwa households by gender

Gender	No education	Primary	Completed primary	Secondary	Tertiary	Total
Male	147	84	4	7	1	243
Female	93	39	0	0	0	132
Total	240	123	4	7	1	375

Source: Field data, Feb. 2021.

Factors affecting Batwa access to education

According to the Ministry of Gender, Labour and Social Development Report (2017), only 0.5 per cent of the Batwa population has had access to full secondary education.¹⁰

Discrimination and historical marginalization

Discrimination is a key factor affecting Batwa children's access to education. Batwa children whose communities have suffered historical marginalization continue to face extreme exclusion in accessing and staying in school. This is because Batwa children experience direct and indirect discrimination and many suffer verbal abuse.

Sexual harassment of Batwa girls

Batwa girls are sexually harassed and ambushed on their way from school. This results in unwanted pregnancies,

poor performance at schools and dropping out because of the relationships formed.

Hunger/lack of food at school

The vast majority of Batwa adults who themselves have had little chance to go to school, send their children to school to get the opportunity they did not have, but many Batwa children leave school early because of hunger.¹¹

Poverty

Even when the Uganda government claims to be providing free primary education, and progress is being reported on the success of the universal primary education programmes and enrolments, this is not fully achieved in relation to the situation of Batwa in Uganda. Due to poverty, poor Batwa students may need to have their school costs paid, and if not, they could be forced to leave in order to support themselves and their families.

Long distances to schools

For some Batwa communities, government schools are too difficult to access physically or economically. Having a short distance between home and school is an important factor that enhances school attendance in day schools and leads to better performance. Long distances between home and schools may lead to lateness, absenteeism from school and poor concentration in class.

Lack of menstrual care and materials for girls and stigma

When Batwa girls do not have menstrual sanitary materials, such as sanitary pads, they are stigmatized for going to schools to study during their menstrual periods. Often this results in them dropping out of school or opting for other possibilities like early marriages.

Lack of scholastic materials

Lastly, lack of scholastic materials is a key obstacle for all school-going children from poor marginalized households, including Batwa.

Other challenges faced by the Batwa in their pursuit for education include illness, lack of uniforms to use to go to school, teenage pregnancies and alcohol abuse among the Batwa youth.

Measures addressing challenges to Batwa access to education

Literacy improvement efforts

To improve literacy levels, in Kisoro District, the NGO ADRA Uganda with the help of the Swedish International Development Agency started a two-year functional adult literacy programme in 2014 and enrolled 350 learners.

Funding of school construction

ADRA also funded the construction of Mabayemeru primary school for Batwa children. In Rubanda District, AICM started a one-year functional adult literacy programme in 2012 with the support from Pilot Lights Foundation, and also constructed two primary schools –

Rwamahano and Murubindi primary schools – in 2008 to improve Batwa access to education in these Batwa communities.

However, there is a persistently high dropout rate due to the conditions under which the children study.

Scholarships and transport facilitation for Batwa children

There is provision of scholarships for Batwa children. In Kisoro, United Organization for Batwa Development in Uganda (UOBDU) provides school fees as well as scholastic materials, sanitary pads for girls and social support to the Batwa parents to ensure that they get involved in their children's education, and provides transport facilitation for Batwa children to and from school.

Provision of scholastic material, sanitary hygiene materials and free boarding school

In Rubanda and Kabale, AICM provides scholastic materials, meals for pupils and teachers, pays staff salaries, provides a boarding section for those who come from far away, and sanitary and hygienic materials for girls and boys.

School fees payment for secondary and tertiary education

In addition, AICM pays school fees and scholastic materials for Batwa students in secondary schools and tertiary institutions. In Kisoro District, BMCT provides scholarships to Batwa children and gives them scholastic materials. This has slightly improved access to education for the Batwa; however, many children are not enrolled in the school.

Community sensitization and outreach programmes

AICM has been conducting Batwa community sensitization and outreach programmes in Rubanda and Kabale districts since 2006. Also, UOBDU in Kisoro District has been carrying out Batwa community sensitization and outreach programmes. However, the uptake of information remains low among the Batwa.

5 Batwa access to health care services

Challenges

High mortality rates

Batwa health indicators on maternal and child health are alarming. Under-five mortality rates are significantly higher than that of the Ugandan population as a whole. For example, a study published in 2006 in the British medical journal *The Lancet* which found that up to one in four Batwa infants die at birth in Uganda, nearly four times as many as the rate for the Ugandan population as a whole.¹²

Low life expectancy

Life expectancy rates are generally low for Batwa. There are particular health issues and circumstances which are worse for Batwa. In particular, among Batwa women in Kisoro, there are especially high mortality rates and only a few Batwa infants reach their first birthday.

Poor quality health care services offered to Batwa

There is a lack of essential medicines and under-staffing of government-aided health facilities, resulting in Batwa experiencing a high burden of diseases as they are exposed to many infectious diseases such as HIV, malaria, typhoid fever and receive less health care services compared to the general population of Uganda.¹³

Lack of specialized health care services and personnel

Most of the government-aided health facilities in Batwa resident areas do not have specialized health care services, such as dental and eye care services. Or if they exist, they do not have specialized health personnel and medicines, so patients are often referred to private health facilities outside Batwa communities, which are far away and expensive for them to access.

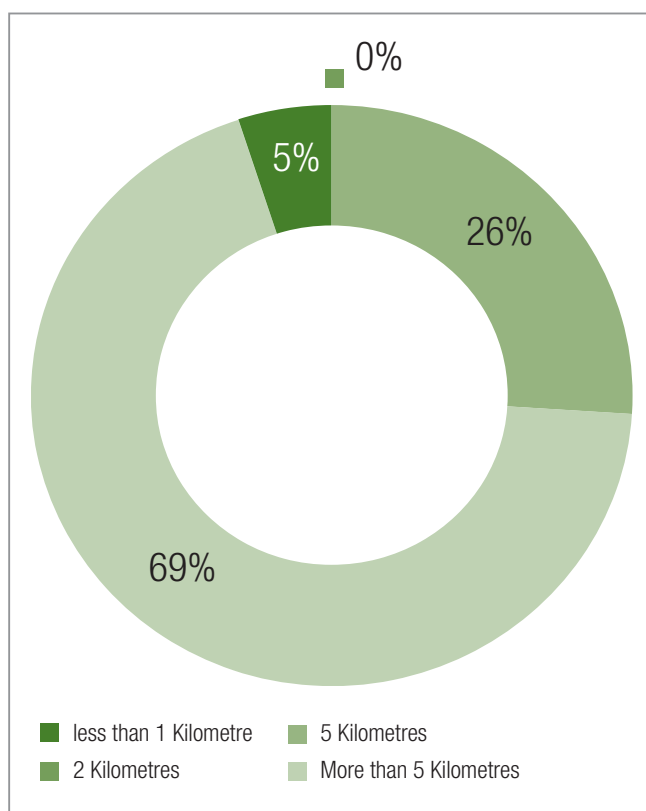
Limited access to health care

Furthermore, general access to health care among Batwa is limited: 'even when healthcare facilities exist, many Batwa do not use them'.¹⁴

As shown in Figure 2, research findings indicate that 69 per cent of the respondents said the distance to the nearest standard health care facility is more than 5 km, 26 per cent of the respondents said the distance to the nearest standard health care facility is 5 km, 5 per cent of the respondents said the distance to the nearest standard health care facility is less than 1 km, and none of the respondents said the distance to the nearest standard health care facility is 2 km.

The findings therefore clearly indicate that distance is a challenge for most of the Batwa communities (69 per

Figure 2: Distance to the nearest standard health care facility



Source: Field data, Feb. 2021.

cent), and this constitutes a particularly serious barrier to health care access.

Distance barriers for rural women

The observation in the preceding section is in line with findings from 2011 that up to 48.3 per cent of rural women between the ages of 15 and 49 experience barriers to health care access due to the distance to the health facility.¹⁵ This is further proved from the research, for this report, where around three-quarters (75.4 per cent) of respondents reported that it takes more than 30 minutes to reach the nearest health facility.

Difficulty in finding health workers/doctors at health care facilities

Seventy-eight per cent of respondents from the survey said they have difficulty in finding health care workers/doctors to see them at local health care facilities. Seventy-six per cent indicated that it takes more than 30 minutes for a health care officer/doctor to attend to a patient at the health care centre or hospital.

Affordability of health care for Batwa

Ninety-four per cent of Batwa respondents from the research expressed that they cannot afford the extra costs of medical care not provided by the government at the local health care facility.

These were clear indications that health care access is limited for Batwa and this was further confirmed by findings from focus group discussions, where all the respondents said the cost of health care is very expensive in their communities.

Limited information/knowledge flow

Information related to health care services for Batwa is not regularly updated or effectively disaggregated. Batwa still have a preference for using their traditional herbs to cure different illnesses.

Factors affecting Batwa access to health care services

Poverty

Poverty is a serious barrier to Batwa access to health care services. Since they were evicted from their ancestral forests, they have little means of making a livelihood and remain highly vulnerable to diseases. Batwa are the poorest of the poor: they are landless and have high child and infant mortality rates.

Geographical accessibility

This is still a big challenge among the Batwa community. According to the World Health Organization (WHO, 2015), access to health care is severely limited with only 49 per cent of the population living within 5 km of any type of health unit. The majority of Batwa reside in hard-to-reach isolated areas.

Long distance to the nearest government health facility

Distances from the settlements to the nearest health centres are long, so some Batwa may choose to avoid going to them and use herbs. Their condition may worsen and they may require hospital admission or may even die.

Batwa traditions, cultural values and norms

Batwa do not allow a male health care provider to attend to a pregnant woman during delivery. Expectant mothers prefer traditional birth attendants, given their friendly approach.

Batwa are discriminated against by health care staff

When seeking health care, Batwa often experience discrimination from health care staff. This prevents Batwa from seeking health care services as they are often humiliated by health care professionals and other patients.

These discriminatory practices limit Batwa's access to health care. Under the current health care service delivery system, where other tribes such as Bakiga, Bakonjo and Bafumbira are the ones providing services, Batwa find themselves exposed to discrimination.

Low funding or limited government funding of health sector

Over the years, the government of Uganda has increased investment in the health sector to improve access and reduce mortality rates, with the per capita expenditure on health rising from 3.07 per cent in 2000/1 to 7.8 per cent in 2014/15.¹⁶ However more funds are needed for the health sector in Uganda.

National budgetary planning for Batwa

In general, members of minorities such as Batwa are often not taken into account in planning for in the public health budget system, mainly because of lack of resources and effective representation.

Measures addressing challenges to Batwa access to health care

Distribution of mosquito nets

There has been continuous distribution of mosquito nets to the population, including Batwa communities, under the National Malaria Control Programme. However, although they have received the mosquito nets, they are not using them.

Immunization

AICM has partnered with the local government of Rubanda in the community health outreach programme that started in 2019. This programme in Rubanda District is based at Murubindi settlement centre, and it is through this programme that Batwa have accessed immunization services, pre-natal and post-natal services, HIV testing and counselling services.

Community sensitization and voluntary HIV/AIDS testing and counselling

The NGO Nature Uganda has been carrying out community sensitization on the need to access medical care at health facilities and integrated this into community savings groups in collaboration with Kisoro and Kabale District Local Governments to provide free HIV/AIDS voluntary counselling and testing and medical care for affected Batwa. Also, the NGO Sustain for Life carried out community outreach in Kisoro through the St Francis Mutolere Hospital to provide health care and preventive medicine for communities including Batwa.

The sensitization in Batwa settlements in Kanungu was done through local councils, village health teams, and outreach by health workers. Other non-governmental

organizations (NGOs), such as Bwindi Community Hospital (BCH), Redemption Song Foundation and Batwa Development Program (BDP), have also done sensitization work.

Lobbying for improvement of health care services

Lobbying has been done by Batwa through organizations like BCH, BDP, BMCT and other NGOs. This has resulted in Batwa being full subsidized for treatment when they attend health care services at BCH or its satellite clinics.

Advocacy initiatives

Related to the above, in Kanungu, a radio talk show was organized by BDP, BCH and the Batwa Development Network. This has resulted in an increase in the number of Batwa who are being treated at the health centre and has made it easier for them to access improved medical services.

Supporting Batwa with food while admitted in hospital

While at BCH, Batwa who are supported by BDP under the health insurance policy receive food from the hospital canteen if they are admitted.

Local government extension of health services through village health teams

The local government of Rubanda District has been working with the village health teams among Batwa to extend health services to Batwa communities. Through these Batwa health teams, it has been easy to distribute mosquito nets among Batwa.

Charity-based health facilities set up in Batwa communities

Sustain for Life has supported a comprehensive health outreach service to 24 Batwa communities since 2010 in the Kisoro District in south-west Uganda. This service, operated by St Francis Mutolere Hospital, provides health care and preventive medicine, and also provides education to these communities.

Permanent settlement and land for Batwa

ADRA, a civil society organization (CSO) has helped establish a permanent settlement location for Batwa in Kisoro by buying them land in the hills, a location that allows them to live in accordance with their customs, and has set up shelter, as well as water catchment tanks to enable them to gain access to safe water. In 2018, ADRA helped resettle 38 displaced Batwa families and purchase land for them to stay on, and built shelter and water catchment tanks to store water during the rainy season.

Despite all these interventions, Batwa access to health care services remains low. More efforts are needed to cover the huge gap in health care service delivery to Batwa, especially women/girls and children, because they suffer differently from men when it comes to health care.

HIV/AIDS and anti-retroviral drugs access among Batwa

The following are some of the ways through which Batwa PWDs access anti-retroviral (ARV) medication.

- *Caretaker support.* Through their caretakers, who mainly include relatives, friends and treatment support workers. These pick up the medication for them from the health centres.
- *Government deliveries.* The government has tried to bring anti-retroviral medication to the nearest health facility for easy access, so those who need them can pick them up from the health centres.
- *Outreach programmes.* At times health services are provided through such programmes, carried out by medical bodies in conjunction with CSOs and the government.
- *Health worker support.* Those who are very ill with HIV/AIDSs can be picked up by health workers and taken to the health facility for treatment.

Concerning availability of ARV medication, all Batwa and those implementing government HIV/AIDS treatment policy indicated during the research that the medication is always available at health units and is provided free of charge. However, they have to travel to these health facilities to pick up their medication on their own.

It has also been noted that Batwa with HIV/AIDSs face several challenges including: insufficient food, lack of transport to cover the long distances to health centres, lack of funds (due to poverty). These factors mean they often miss treatments, and their access to proper medication for their condition is also affected.

Effect of Covid-19 on Batwa communities

This has been a difficult period for most Ugandans; this section describes how it has impacted the education and health of the Batwa.

Effect of Covid-19 on Batwa access to education

- *Access to reading materials.* Batwa children could not access reading materials distributed by the Ministry of Education through the local council system due to movement restrictions and logistical challenges.
- *Lack of communications equipment for learning.* This hindered their learning as much of the learning happened on televisions and radios, and many Batwa do not have these.
- *Early pregnancies for girls.* Many Batwa girls became pregnant during the Covid-19 pandemic, when they were not studying and they were at home more than usual. Men and boys from the community took advantage of this, exposing Batwa girls to sexual abuse.

Effect of Covid-19 on Batwa access to health services

So far, there are no reports that Batwa people have contracted Covid-19. It is clear, however, that their well-being has been affected by the pandemic in a variety of ways.

- *Insufficient food resources.* Due to movement being limited during Covid-19 because of curfew and transport restrictions, it has been difficult for CSOs and others to come in and help the Batwa by providing food.
- *No source of income during the lockdown.* This has meant that Batwa could not afford to buy food, clothes and basic items like water, soap, medical services for their families.
- *Difficulty in selling their merchandise/goods.* Batwa are skilled at making pottery products, but because of the pandemic it has been difficult for them to sell their items, hence their way of life was affected.
- *No targeted government interventions during Covid-19* to provide Batwa with safety items like facemasks, sanitizer, food, clean water and other items.
- *Lack of proper information on Covid-19 safety precautions.* This is because most of the Batwa lack access to television and radio sets where most of this information is passed on.
- *Challenge of accessing ARVs for HIV-positive Batwa.* There was a lockdown which restricted movement of medicines; therefore, it was difficult for HIV-positive people to receive anti-retroviral drugs.
- *Immunization challenge.* Batwa children could not be immunized due to lockdown and restricted movements. Some health workers have shunned health centres due to the lack of protective equipment and fear of contracting the disease.

During the pandemic, organizations such as AICM came to help Batwa with face masks, food and other items as required. This has not been sufficient, however, and more efforts are needed to support Batwa during this time.

6 Access to education by PWDs in Uganda

Physical accessibility

Classrooms and administration blocks

From research carried out on special needs schools, it has been observed that the school buildings and study equipment need improvement to meet accessibility standards. For example, ramps, window levels, natural light in classrooms, colour contrasts, and desks and chairs are not adequate.

Environment/school compounds

There were no clearly marked mobility routes from one place to another in school compounds for learners with disabilities. These are especially needed for those who are blind, deaf-blind or who have severe physical disabilities, so they can move freely and independently.

Water and sanitation facilities

Toilet facilities should have ramps, support rails and toilet seats so PWDs can use the facility comfortably. The distances between the classrooms and toilets are considerable, and some toilets have heavy foot and hand pump handles, which are hard for PWDs to operate easily. These should be improved.

Lack of resources and support

Teaching and learning equipment, materials, and digital software

School management and special needs teachers reported that schools do not have the necessary and required equipment, or teaching materials and software for PWDs, especially for those who are blind, deaf and deaf-blind to allow modern learning and teaching during the Covid-19 pandemic.

Mobility tools and other appliances

Disabled learners do not have wheelchairs or white canes, and the mobility support they receive is not helpful as they are mistreated by the guides.

Special needs teachers

It has been noted that teachers, especially those not on government payroll, often abandon the teaching profession and opt to run small businesses. This has led to a lack of adequately trained special needs education (SNE) teachers. This is a result of poor pay, poor teaching environments, lack of adequate resources and a sense of not being supported by the government and other bodies.

Government financial support to special schools

The state continues to finance special schools in the country; however, the subvention allowance provided by the Ministry of Education and Sports to special schools was withdrawn during the Covid-19 pandemic.

Enrolment and high dropout cases

During the research, schools visited lamented that many enrolled PWDs cannot be sustained in school because of a lack of accommodation and food, as well as nutrition challenges.

Attitudes of parents and communities

From the study, it was revealed that there were negative attitudes on the part of parents and community members towards PWDs: for example, a common perception that PWDs were a misfortune or burdensome. That is why parents are not willing to take children with disabilities to school, or to visit them while they are there. Parents often hide away children with disabilities and abandon them to other caretakers. However, teachers in special schools demonstrate positive attitudes and practices towards their pupils.

Education policy

It was generally reported by head teachers that they are not aware of the status of the national inclusive education policy, which the Ministry of Education continues to indicate is being developed. There is little knowledge of the existence of education ordinances and laws relating to PWDs, thereby making implementation of such laws less likely.

Effect of Covid-19 on learning of PWDs

Through the self-administered questionnaires, and PWD learners' testimonies, especially those at higher institutions of learning, it was found that the following factors negatively affected the learning of PWDs:

- Sign language interpreters and guides moved away from the schools due to non-payments.
- Parents/learners with disabilities failed to raise and pay in full the required tuition fees, thus the children were denied the chance to sit for exams.
- The E-Learning programme was not accessible to PWDs.
- High costs of transport and the tough Covid-19 measures put in place by Ministry of Health hindered learning.

- Lack of scholastic materials: at the time of the survey, it was discovered that in one of the schools up to 15 PWD learners had not registered on grounds of lack of scholastic materials and school fees.
- The group discussion centred approach was no longer possible during the pandemic, thus limiting PWD learners from benefiting. This is because of the social distancing rules in force during the pandemic.

Girls with disabilities

Through a self-administered questionnaire targeting girls with disabilities, the following points were made:

- They complained of boys bullying them.
- They described the challenge of lack of sanitary materials, which partly hinders their pursuit of education.
- They talked of discrimination by their parents, as compared to boys, to whom parents give preference in education at the expense of girls.

7 Access to health services by PWDs

Challenges

Physical accessibility of health centres

The study revealed that most health centres are very far away (more than 2 km) for PWDs, which makes it hard for them to access health care. Second, ramps constructed are of poor quality (not meeting the required accessibility standards), namely that they are narrow, steep and have no handrails.

PWD females, especially those with severe disabilities and little people, expressed their concern that beds in maternity wards were too high for them get in and out safely.

Attitude of medical staff and surrounding environment

It was reported that many staff do not provide adequate care to PWDs: that is, staff fail to implement affirmative action when providing medical services, especially when queuing for medicine, despite the fact that PWDs cannot stand for long periods. This must change to ensure PWDs have equal access to medical services. PWD females also expressed their concern over negative statements made by some medical staff, especially during ante-natal care, post-natal care, and when accessing sexual and reproductive health care services.

Communication and information access

It was found out that none of the health centres had sign language interpreters. Most health information was not provided in braille, large print and audio forms.

Health care service and costs

PWDs reported that health care services in government facilities were free, although in some cases patients had to purchase some of the medicines and health care for critical illnesses from external privately owned pharmacies, which is expensive for them.

Learners in special schools also indicated that treatment for specific disabilities was not available in health centres due to a lack of specialists and the required medicines.

Specific response by PWD girls/ women regarding access to health care

The following are concerns specifically mentioned by girls/women with disabilities about their needs:

- Girls with disabilities from all the schools visited expressed that they do not have access to menstrual materials, that is, sanitary materials are not included in the government budget in all health centres.

- Sexual and reproductive health education and services do not reach and benefit girls/ women with disabilities because most of the information and communication are not adapted to suit the different categories of disabilities, that is, sign language for deaf people, large print, audio and braille format for blind people, tactile communication for those who are deaf-blind, among others.

Role played by government in promotion of health care of PWDs

- *Supply of mosquito nets to PWDs.* The government provides free mosquito nets to everybody, including PWDs, and they are used for the intended purpose.
- *Adequate supply of ARV medicines to PWDs.* The government has provided an adequate supply of ARV medicines to health centres, and sometimes these medicines are distributed in communities by village health teams. All PWDs interviewed agreed that those living positively with HIV/AIDS do regularly receive ARVs.
- *Maternal health kits provision.* The married PWD couples interviewed on access to maternal health kits in health centres agreed that they are provided to mothers when they give birth.
- *Physical accessibility in government health centres.* On a very positive note, all the government health centres in the five divisions of Kampala district have accessible physical structures: standard ramps and stairs, clear pathways, sufficient natural light in the rooms, available toilets for wheelchair users.
- *Promotion of good independent mobility.* On the other hand, special schools for PWDs constructed by government do not have accessible physical structures and special paths to promote independent mobility for learners with disabilities within the school environment.
- *Inclusive training and curriculum.* The government has also provided teacher training and an inclusive curriculum, as well as sign language interpretation, braille, large print, tactile and audio services, which has made it possible for special schools to recruit specialists to handle the education of different categories of disabilities.
- *Affirmative action.* The government has provided for at least 64 learners with disabilities in every year to be admitted to public tertiary institutions on government sponsorships.
- *Tax waived on education equipment for PWDs.* The government has waived taxes on the importation of educational equipment for PWDs.

- *Subvention allowance for non-teaching staff.* The government, through the Ministry of Education, provides a subvention allowance as a token to schools to cover some of the non-teaching expenses for PWD learners and special needs education teachers.
- *Provision of employment to PWDs in special schools:* In several special schools for PWDs, some of the employees are PWDs who stand as role models.

Role played by CSOs in promotion of health care for PWDs, including women and children

- *Improvement of sanitation.* Sustain for Life supports the Kisoro school for the blind with funding from the Masikini Foundation. This has improved sanitation through building disabled-friendly toilets and showers, and has provided better living conditions through new beds, bedding and mosquito nets, and facilitated clean water through water harvesting.
- *Provision of bedding, beds and mosquito nets.* Sustain for Life has also helped provide new beds, bedding and mosquito nets to PWDs, leading to better living conditions and has provided clean water through water harvesting.

Recommendations to improve access to education and health services for Batwa

- *Use of local language (Rutwa)* in teaching Batwa children and for giving important health information, such as reproductive health care information, to Batwa.
- *Provision of sanitary equipment* for Batwa girls and women at schools and health care centres. This will encourage more Batwa girls to continue attending schools and more Batwa girls and women to continue to attend health centres.
- *Engagement of Batwa in finding solutions* to their low levels of access to education and health care services, and participating in their economic and social transformation is essential in all attempts to address challenges Batwa face.
- *Infrastructure development.* Investment in roads, schools, hospitals is necessary to improve the social conditions of Batwa, and accessibility for their communities to health and education.
- *Strengthening legal implementation.* Community development officers, sub-county chiefs and the Police Family and Child Protection Unit should strengthen the enforcement of labour laws to reduce child labour and abuse of children's rights.
- *Invest in Batwa financial empowerment through skills enhancement.* There should be specific interventions for Batwa on income enhancement and livelihood improvement by all five districts in which the Batwa reside. This will build confidence and self-reliance among Batwa that is essential if they are to take their children to school and support them in their education, and use health care services.
- *Sponsorships and bursaries for Batwa education.* There is a need to strengthen the sponsorship and bursary programme for the Batwa children in the districts so they can go to school.
- *Continuous sensitization and awareness* among the Batwa should be carried out to increase their interest in and respect for education and health care services.
- *Increase outreach programmes.* Extending health outreach programmes to other Batwa communities, where there are no nearby health facilities, would help to bring services closer to the Batwa and close health care gaps.
- *Continued lobbying for partnerships and funding.* More action needs to be taken to bring education and health care services closer to the Batwa by lobbying government to plan for Batwa education and health care in the national budget, and also asking civil society, charity and multilateral organizations to support the Batwa.
- *Review of policies, for example universal primary education and universal secondary education,* to include provision of scholastic materials, uniforms and meals to schools in rural hard-to-reach areas where Batwa live.

Recommendations for improving access to education and health services for PWDs

Education

- *Effect attitudinal change among parents.* There is a need for efforts to be geared towards sensitization of parents for positive attitude change and better practices towards their disabled children.
- *Training in mobility skills for parents and family members of child PWDs.* There is a need to mobilize parents, other family members and close associates of PWDs to train them in mobility skills and advocacy, and educate them on their roles as parents in the education of children with disabilities.
- *Resource mobilization.* Resources are needed to purchase equipment, appliances and other learning and teaching materials to promote quality education for PWDs and to purchase medical equipment and health care services tailored for PWDs.
- *The duty bearers,* namely development partners, disabled people's organizations and the organization AYDU (for youth with disabilities), should develop an advocacy strategy to influence positive educational change for PWDs, for example, changes in accessibility, mobility, sports, games, plays and non-academic skills among others.
- *Building of partnerships to support PWDs.* There is a need to build partnerships with stakeholders to continuously advocate for the Ministry of Education and Sport to complete the process of developing the national inclusive education policy and build cohesive financial and technical support for PWDs. Partnerships can also work to further advocate for the increase in the subvention allowance given to schools.
- *Innovations to enhance learning of PWDs.* School head teachers and learners should adapt to the 'new normal' following the pandemic in promoting education for

PWDs. That is, innovations should be considered, for example accessible e-learning services which many institutions have adopted.

- **Dialogue.** Stakeholders are recommended to hold dialogues with school head teachers to encourage them to invest in income-generating activities to supplement government support, which at present is inadequate.
- *Building leadership capacity.* There is a need to mobilize resources to build the leadership capacity of learners with disabilities, especially to enable better leadership and the ability to lobby for other PWDs.

Health and treatment

- *Promotion of sign language use at health centres.* Government entities such as the Ministry of Health, civil society, development partners and disabled people's organizations should promote the use of sign language at health centres and hire sign language interpreters/specialists, so deaf people are not left behind in communication and information access.
- *Large print and braille communication and information service.* This should be advocated for at health centres so blind people can have access to information.
- *PWD-friendly infrastructure in health centres and hospitals.* There is a need to advocate for physical accessibility in health centres, including suitable beds in maternity wards for women with disabilities.
- *Awareness campaigns.* There is a need to promote awareness-raising campaigns through special events, media and places of worship on prevention of various causes of disabilities, including sexual and reproductive issues. This can be done by all interested parties such as disabled people's organizations, CSOs, the Ministry of Health, multilateral organizations, nation states and other entities.

Notes

- 1 Uganda Bureau of Statistics, *National Population and Housing 2014: Main Report*, Kampala, Uganda, 2016, p.23
- 2 UNESCO Institute for Statistics, 'Government expenditure on education, total (% of GDP)- Uganda', accessed at <https://data.worldbank.org/indicator/SE.XPD.TOTL.GD.ZS?locations=UG>
- 3 UNESCO Institute for Statistics, 'Expenditure on primary education (% of government expenditure on education) – Uganda', accessed at <https://data.worldbank.org/indicator/SE.XPD.PRIM.ZS?locations=UG>
- 4 UNESCO Institute for Statistics, 'Expenditure on secondary education (% of government expenditure on education) – Uganda', accessed at <https://data.worldbank.org/indicator/SE.XPD.SECO.ZS?locations=UG>
- 5 UNESCO Institute for Statistics, 'Expenditure on tertiary education (% of government expenditure on education) – Uganda', accessed at <https://data.worldbank.org/indicator/SE.XPD.TERT.ZS?locations=UG>
- 6 Republic of Uganda, *National Budget Framework Paper FY2019/20 – FY 2023/24*, Kampala, Uganda, December 2018, p.xxxii
- 6 Bwindi Mgahinga Conservation Trust, *Batwa Population Census Report 2016*, 2016, p.10
- 8 *Ibid.*
- 9 UNESCO Institute for Statics, 'School enrolment, secondary, female (%gross)', accessed at <https://data.worldbank.org/indicator/SE.SEC.ENRR.FE>
- 10 Ministry of Gender, Labour and Social Development, *Uganda Management of Social Risk and Gender Based Violence Prevention and Response Project*, April 2017, p.18.
- 11 Warrilow, F., *The Right to Learn: Batwa Education in the Great Lakes Region of Africa*, MRG, 2008.
- 12 Ohenjo, N., Willis, R., Jackson, D., Nettleton, C., Good, K. and Mugarura, B., 'Health of Indigenous people in Africa', *Lancet*, 2006, 367(9526):1937-46
- 13 Berrang-Ford, L., Dingle, K., Ford, J., Lee, C., Lwasa, S., Namanya, D., Henderson, J., Llanos, A., Carcamo, C. and Edge, V., 'Vulnerability of indigenous health to climate change: A case study of Uganda's Batwa Pygmies', *Science and Medicine*, 2012, 75(6)
- 14 Ohenjo *et al.*, *op. cit.*
- 15 Uganda Bureau of Statistics, *Uganda: Demographic and Health Survey 2011*, August 2012, p.119.
- 16 Nyatanyi Thiery, *Understanding Barriers to Accessing Healthcare Among the Most Deprived of the Deprived - The case of Batwa in South Western Uganda*, Master's Thesis, Harvard Medical School, 2019.

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Assessment of Batwa and persons with disabilities' access to education and health services in Uganda

This briefing summarizes the findings of an assessment carried out to study the level of access to education and health care services among Batwa and persons with disabilities (PWDs) in south-western Uganda, in the districts of Bundibugyo, Kabale, Kanungu, Kisoro and Rubanda, as well as Kampala. It also explores the factors that hinder their access to these services and the measures that have been or could be undertaken to improve their situation.

While the government of Uganda has adopted a number of laws and policies pertaining to special interest groups, including PWDs and Batwa, such as their right to productive and decent work and basic services, in practice this has remained on paper with minimal implementation. Generally, Batwa and PWDs face various barriers ranging from discrimination in accessing basic services and negative societal attitudes to inaccessible physical environments and the absence of information and communication technologies.

These result in unequal access to services in education, employment, health care, transportation, political participation and justice in communities, especially for PWDs who belong to the Batwa community. Therefore, coordinated efforts by government stakeholders, civil society and communities are needed to improve the health and education status of Batwa and PWDs.

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