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Access to Education and Health Services among the Batwa Population in South Western Uganda

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Abstract*: This research is an assessment of the level of access to education and healthcare services among Batwa in South Western Uganda, in the districts of Kabale, Rubanda, Kisoro and Bundibugyo. Batwa access to social services like education and healthcare services has been of great concern to Government Agencies like MoGLSD, other NGOS like AICM, Kabale and Equal Opportunities Commission (EOC). As much as there has been attempts made to improve education and health care services in Uganda, there is still high-level lack of access to education and health care services across Batwa Communities, especially the four (4) districts of Kabale, Rubanda, Kisoro and Bundibugyo. Lack of statistical date to attest this fact has further let down continued advocacy efforts to improve access to education and healthcare among the Batwa. This study therefore set out to assess the level of access to education and healthcare services among Batwa in the 4 districts of Kabale, Rubanda, Bundibugyo and Kisoro with the view of examining factors that hinder Batwa access to education and healthcare services; and discuss measures that have been or could be under taken to improve education and healthcare access among the Batwa. It is hoped that the collected data and statistical facts that can be used for the future advocacy and lobby efforts to improve Batwa access to education and health services in South Western Uganda. Methodology: A mixed method of cross-sectional survey with 220 Batwa household heads sampled from 17 Batwa resident settlements, 17 Focused Group Discussions (FGD) and Key Informant Interviews (KII) was used. 17 FGDs were carried with Batwa Community Members in the sampled Batwa Settlements and Key Informant Interviews (KIIs) were held with District Health Officer (DHO), District Education Officers (DEO), Community Development Officer (CDO), Non-Governmental Organization (NGOs) representatives from UOBDU, BMCT, UNCIDA, Kisoro Concern for the Marginalised People that work in the Districts of Kabale, Rubanda, Kisoro and Bundibugyo. In addition, secondary data from academic publications on Batwa, Ministry Health and Education Reports as well as reports and publications from different NGOs working with Batwa on education, health, human rights and livelihoods were also reviewed. The Quantitative data was analysed using SPSS and MS Excel. Qualitative interview data was analysed using conventional thematic content analysis and the results were jointly presented with quantitative findings in Tables, Graphs and Charts with explanations of the analysis. Findings: Quantitative findings indicate that the distance to the nearest healthcare and education facilities are long (more than 5 km). Government medical health Centres often times lack drugs, there is low utilization of family planning methods among Batwa; high levels of illiteracy among Batwa population and school dropouts are strongly evident. On a whole therefore, education and health indicators highly and prominently show negative accessibility by Batwa. Conclusion: Improving education and health services among Batwa ethnic minority community in South Western Uganda must be priority of all stakeholders including Central and Local Governments. Where possible, policies specifically aimed at ensuring that Batwa ethnic minority community access social services with ease and within their reach should be made.*

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SECTION ONE

INTRODUCTION

Introduction

The study aimed at assessing the levels of access to education and healthcare services by examining factors that have continuously hindered Batwa from accessing to education and healthcare services; and discussing measures that have been taken to improve access to education and healthcare services among Batwa communities in South Western Uganda.

Background

Access to education refers to on-schedule enrolment and progression at an appropriate age, regular attendance, learning consistent with national achievement norms, learning environment that is safe enough to allow learning to take place and opportunities to learn that are equitably distributed (Lewin, 2015). However, there are many barriers to accessing education, which among others include: lack of funding for education, the teacher at the school not having the training needed to help the children learn effectively (lack of trained teachers), lack of class rooms to learn, lack of learning materials, exclusion of children with disabilities to learn, distance from home to school, hunger & poor nutrition and expensive education, and yet increasing access to education can improve the overall health and longevity of a society and economic growth, as education is a human right (UNESCO, 2015).

On the other hand, access to healthcare services has impacts on individual's physical, social and mental health status; and quality of life. In Uganda, access to healthcare services is equally affected by a number of barriers which include; high costs of care, long distance to the nearest health facility, inadequate health care personnel, lack of drugs, lack of availability of services, delays in receiving care and lack of culturally competent care.All these are facts are important when analysing education and healthcare among the Batwa because access to healthcare is in most cases based on social and economic status and geographical locations to health facilities. Notably today, Batwa are discriminated in social service delivery and are continuously excluded from the main societal issues. All this is happening to Batwa because they lost forest land which was their home. The Batwa now experience systematic and pervasive discrimination from the government that is meant to protect them and other sectors of society under look them. As such, their rights as indigenous peoples are neither recognized nor respected. In fact, according to the Uganda National Household Survey (2011) final report, Uganda National Housing Census (UNHC) 2014, Uganda Demographic Health Survey (UDHS) 2016, Social and health indicators and Uganda Bureau of Statistics (UBOS) 2018 reports show that the Batwa fall below average compared to other nationals, notably on; immunization coverage, antenatal coverage, access to clean water and illiteracy levels. Child mortality rate under 5 years among Batwa in 2000 was 41% against 43% of other Ugandan in 2016, drinking water coverage was 43% against 78% of other Ugandan, life expectancy at birth (years) of Batwa was 28 years, while other Ugandans was 63.4 years in 2014 and Adult literacy rate of Batwa aged 15-49 years was 19% in 2011 against 75% of other Ugandans.In 1997 Uganda government introduced Universal Primary Education (UPE) to promote universal free access to basic primary education. As a result of this, national enrolment rate in primary education rose from 2.5 million in 1997, 7.2million in 2000 again by 2005, Net intake rate (NIR) in primary education rose to 66%, besides this increased enrolment, improvement in access to education still remained low in rural areas of Uganda, including where the Batwa live MoES, 2014).

Study Objectives

The general objective of the study was to assess the level of access to education and healthcare services among the Batwa population in South Western Uganda in the districts of Kabale, Rubanda, Kisoro and Bundibugyo.

The specific objectives of the study are:

1) To determine the levels of the Batwa access to education and healthcare services in the districts of Kabale, Rubanda, Kisoro and Bundibugyo

2) To examine factors that have affected the Batwa access to education and healthcare services in the districts of Kabale, Rubanda, Kisoro and Bundibugyo

3) To discuss the measures that have been taken to address the challenges affecting the Batwa access to education and healthcare services in the districts of Kabale, Rubanda, Kisoro and Bundibugyo.

SECTION TWO

METHODOLOGY

Study Design

The study employed a cross sectional survey using mixed methods of quantitative and qualitative (Cresswell, 2011).

Semi-structured interviews were carried out at household levels to provide a broader perspective and to facilitate the interpretation of quantitative data on the access of education and healthcare services among the Batwa population in the four (4) study districts and the 17 sampled Batwa resident settlements.

Quantitative and qualitative data were separately analysed and interpreted during the data analysis and interpretation.

Study Area

The study was conducted in the four (4) districts of Kabale, Rubanda, Kisoro and Bundibugyo in 17 Batwa resident settlements from 29th January 2021 to 12th February 2021. Based on BMCT Census, 2020), the study covered a population of 725 households in Kabale, Rubanda and Kisoro Districts and a Population of 42 households in Bundibugyo District according to UNCIDA, (2020 report). In total the study population was 767 households in the four study districts.

Sample Size and Sampling Procedures

The study sampled 220 Batwa household heads from 767 Batwa households from 17 Batwa resident settlements in the four study districts of Kabale, Rubanda, Kisoro and Bundibugyo to participate in the household survey on education and healthcare access. The household heads were purposively selected in the 17 Batwa resident settlements to provide information on access to education and healthcare services among the Batwa communities.

The study through the chairperson of the Batwa resident settlements identified 10 individuals in each Batwa resident settlement to participate in the Focus Group Discussion (FGD). In total 17 FGDs were completed to gain knowledge on the Batwa community understanding on the level of access to education and healthcare services among the 17 Batwa resident settlements in the four (4) study districts.

Key Informant Interviews (KII) were also conducted with DHOs, DEOs, CDOs and Health workers in Kabale, Rubanda, Kisoro and Bundibugyo Districts. The team carried out in-depth interviews with NGO Partners (UOBDU in Kisoro, UNCIDA in Bundibugyo, BMCT in Kabale and Rubanda, and Kisoro Concern for the Marginalized People in Kisoro District. The key informants were purposively selected based on their knowledge on access to education and healthcare services among the Batwa population in the four study districts.

Data collection Methods

a) Questionnaires: Household questionnaires were used to collect quantitative data on the level of access to education and healthcare services across the 17 Batwa resident settlements

b) Interviews: interview guides were developed and used for Focus Group Discursion (FGD) in the 17 Batwa resident settlements surveyed and for interviews with key informants in the four (4) Districts.

c) Observation: Participants and Non-Participant observation methods were used where the study team participated in the study on some issues that were affecting Batwa' access to education and health. The study team also used cameras to take photos of the interesting facts about Batwa's access to education and healthcare services.

d) Secondary data: Certain information on access to education and healthcare among the Batwa community was got from already existing documents such district education and health reports from the different study districts, reports from other partners such as AICM, UOBDU, BMCT, ADDRA Uganda, UNCIDA in Bundibugyo and CCFU on access to education and healthcare services among Batwa Population in South Western Uganda

SECTION THREE

FINDINGS AND DISCUSSION

Level of access to education and healthcare services among Batwa population in the districts of Kabale, Rubanda, Kisoro and Bundibugyo

The study surveyed 375 households in 17 Batwa settlements across the four (4) Districts of Kabale, Rubanda, Kisoro and Bundibugyo to measure the level of access to education and health care services. The findings from the study of the access levels of education and healthcare services are presented and discussed as shown below:

Access to education services among Batwa communities
In the study 375 Batwa household heads in 17 Batwa settlements across the four (4) Districts of Kabale, Rubanda, Kisoro and Bundibugyo were interviewed to measure the level of access to education services in the Batwa communities. The findings are presented and discussed below.

Table 4. 1 Showing the Education levels of the Batwa Households by District

Level of Education of the Batwa Household heads by District

District	Education Level					
	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

From the table 4.1, above, the findings indicate that 240 respondents across four (4) study districts did not attain any education, 123 respondents studied up to Primary Level, 04 respondents completed primary, 07 respondents studied up to secondary level and only 01 respondent studied up to tertiary level. From the study findings, the distribution of education levels across the four (4) study districts is as follows:

From the above table 4.1, findings indicate that Rubanda District, leads with the highest number of households who did not attain any education (122), followed by Kisoro Districts with 98 household heads not attaining any education level, however Kabale and Bundibugyo districts have few numbers of Household heads not attaining any education levels 12 and 8 household heads respectively.

Kisoro Districts leads by 69 household heads who have at least reached in Primary, followed by Rubanda District with 34 household heads, Bundibugyo District with 12 household heads and lastly Kabale District with 8 household heads who attained at least some level of primary education.

Only 03 households heads in Kisoro district completed Primary education, I household head in Kabale Districts completed primary education, none in Rubanda District and Bundibugyo Districts completed primary education.

05 households in Kisoro District in attained secondary education, I household in Rubanda District and Bundibugyo District attained secondary education and only 1 in Rubanda District reached tertiary level of education.

Therefore, low levels of primary schools' completion, secondary and tertiary level school attendance is an indication of low access to education and high low literacy levels among Batwa population in the study districts.

Table 4. 2 Showing the Education levels of the Batwa Households by District

Education Levels of Batwa Households by Gender

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

From Table. 4.2 above, findings further indicated that of the household heads surveyed, 147 males and 93 females never attained any education levels, 84 males and 39 females studied up to Primary levels, 4 males and no (0) female Completed Primary, 7 males and no (0) female studied up to Secondary Level and 1 male and no (0) female studied up tertiary level.
Based on the findings of the study there are more uneducated males 147 (39.2 %) than females 93 (60.8%) and overall, more males 96 (25.6%) attained education than females 39 (10.4 %)

Level of Education access among Batwa children across the four (4) Study districts

Table 4. 3 Showing the Education levels of the Batwa Households by District

Percentage School Dropout Rates by District

Districts	No. of Children at School	No. of Children at home	No. of Children who left school	Percentage school dropout rate (%)
Kabale	36	24	12	33.3
Rubanda	160	86	74	46.3
Kisoro	268	107	161	60.1
Bundibugyo	36	26	10	27.8
Total	500	243	257	51.4

Source: Field data, Feb 2021

From the table 4.3, above, findings indicate that Kisoro District has got the highest dropout rate of 60.1 %, followed by Rubanda District 46.3%, Kabale District 33.3 % and Bundibugyo District 27.8 % and the overall school dropout rate was 51.4% among the four-study districts.

The above, findings are slightly in agreement with BMCT Batwa Population Census Report (2016), which indicated that 57.1% of the school going Batwa Learners attend school and Kisoro was the most affected with 49.2 % of school going children not attending school.

From the response from key informant interviews, the causes of these high dropout rates are absenteeism in school, early child marriages, victimization of Batwa children at school, long distances which contributes to high school dropout rates. The varying numbers is also related to the population in the different districts.Enrolment in Primary seven (P7), Secondary and Tertiary institutions, attest to the common saying that Batwa children drop out of school and hardly reach to Primary Seven (P7), Secondary and Tertiary Institutions.

Access to healthcare services among Batwa communities
During the study, 220 Batwa household heads in 17 Batwa resident settlements across the four (4) study Districts were asked about their access to healthcare services. Their responses were presented and discussed in the findings below.

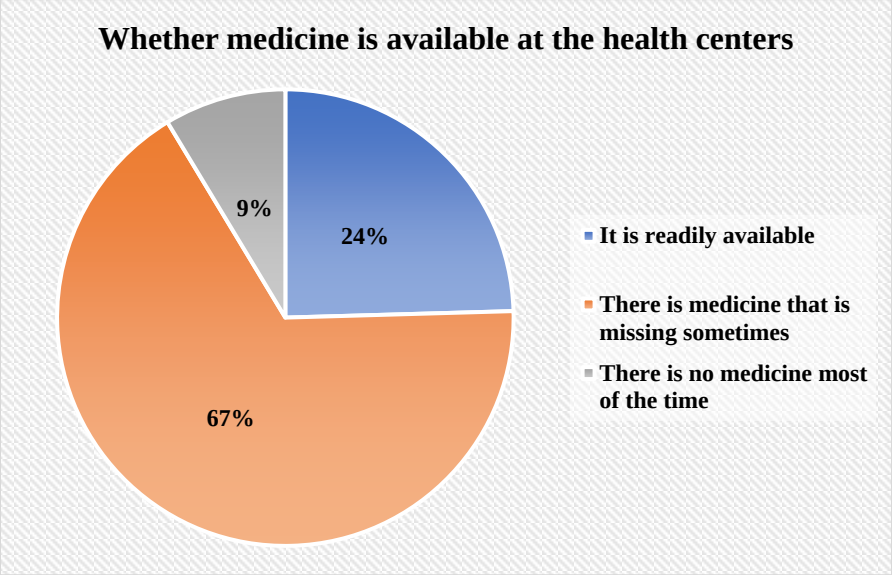
Distance to the nearest standard healthcare facility
Figure 4. 1: Pie Chart showing percentage distribution of respondents according to nearest healthcare facility

The findings indicate that 69 % of the respondents said the distance to the nearest standard healthcare facility is more than 5 kilometres, 26% of the respondents said the distance to the nearest standard healthcare facility is 5 kilometres, 5% of the respondents said the distance to the nearest standard healthcare facility is less than 1 kilometre and none of the respondents said the distance to the nearest standard healthcare facility is 2 kilometres.

The findings there clearly indicate that distance is a challenge to most of the Batwa communities (69%) and this is a barrier to healthcare access. This in line with (UBOS, 2012) findings that up to 48.3% of rural women between the ages of 15 and 49 experience distance barriers to health care access. This is further collaborated by majority (75.4%) of respondents who reported that it takes more than 30 minutes to reach the nearest health facility. 78% of respondents find difficulty in finding healthcare workers/doctors to serve at local healthcare facility. 76% it takes more than 30 minutes for a healthcare officer/Doctor to attend to a patient at the healthcare centre/Hospital and most of the respondents (94%) cannot afford extra cost not catered for by Government at the local healthcare facility. These were clear indications that healthcare access is limited for Batwa and this has been further confirmed by findings from Focus Group Discussions (FGDs) where all the respondents said the cost of healthcare is very expensive in their communities.

4.2.4 Whether medicine is available at the health centres

Figure 4. 2: Pie Chart showing percentage distribution of respondents according to nearest healthcare facility



Source: Field Data, 2021

From fig.4.5, above, findings indicate that majority (67%) of the respondents think there is medicine that is medicine is missing sometimes at the health centers, followed by 24% who think medicine is readily available and only 9 % think there is no medicine most of the time at the health center. This confirms (Berrang-Ford et al., 2012) who confirmed that in Government healthcare facilities, essential medicines are always missing, resulting into very high diseased burden among the population as patients are exposed to untreated Malaria, typhoid fever since they receive less health care services in terms of treatment. Armstrong-Hough et al., 2018, “Disparities in availability of essential medicines to treat non-communicable diseases in Uganda, found out that in 200 facilities, just under 40% had none of these medicines. And not a single facility stocked all the medicines on the list.

Additionally, most (46%) and (45%) of the respondents receive information on reproduction health through media adverts (Radio & TV) and through education by local health officials, however, (81%) of the respondents stated that they did not understand the language and medium of communication used on health information displayed/communicated in the community and the health centre/hospital. This too is a big challenge to Batwa community, because if access to health is a right, then information pertaining to its access and utilization should be accessible and understandable by end users.

Factors affecting Batwa access to education

During the study 220 Batwa household heads were asked to indicate whether they agreed, disagreed or did not know whether the following factors listed were the hindrances to Batwa Children and Children with Disabilities in Batwa Communities in the 17 Batwa resident settlements in the four (4) study districts. The following were their responses as shown below.

The respondents (100%) agreed that poverty among the Batwa households was major hindrance to access to education among Batwa children. This is true according to Nyatanyi (2019) Batwa live in abject poverty, depend on generous donations from faith-based and civil society organizations for basic needs such as food and shelter, this further means that poor Batwa students may not be in position pay school fees and be forced out to support themselves and their families.

Additionally, 96% of the respondents who agree that negative attitude and practices against Batwa and discrimination of Batwa children in UPE/USE school were hindrances to access to education among Batwa children, high costs of scholastic materials for Batwa parents and guardians. This is line with World Bank report cited in the Ministry of Gender, Labour and Social Development Report (2017), which indicated only 0.5% of the population have access to education, households that could afford fees and associated costs, discrimination is a key barrier to being admitted in school. Even discrimination has been cited as a key factor affecting Batwa children's access to education. The findings further indicated that lack of proper sanitary materials for girls (95%), lack of well streamlined strategies targeting Batwa as a minority group (82%), lack of knowledge on existing education policies (77%), no/delayed studies during the covid-19 government lockdowns and long distances to schools (75%), lack of interest in education by Batwa parents (68%).. Language barrier since the curriculum is in other languages other than Rutwa language (66%), lack of sufficient modern communication technology for teaching and learning purposes during covid-19 pandemic (65%), lack of enough specialised teachers for children with disabilities e.g. sign language teachers (50%), cultural influence that Batwa are hunters and fruit gatherers (47%), lack of specialised schools for the disabled e.g., the school of the blind (41%), lack of accessible schools in Batwa resident areas (38%) and preference of boys to girls by parents of the Batwa children (30%) agreed that were hindrances to access to education among Batwa children.

Secondary from table 4.4, preference of boys to girls by parents of Batwa children (65%), lack of accessible schools in Batwa resident areas (60%), lack of specialised schools for the disabled. e.g., school of the blind (59%), cultural influence that Batwa are hunters and fruit gatherers (52%), lack of enough specialised teachers for children with disabilities, e.gi sign language teachers (45%), lack of sufficient modern communication technology for teaching and learning purposed during covid-19 pandemic and language Barrier since the curriculum is in other languages other than Rutwa language (34%), lack of interest in education by Batwa Parents (32%), long distances to schools (25%), no/delayed studies during the Covid-19 Government lock downs (24%), lack of knowledge on existing education policies (17%), lack of well stream lined strategies targeting Batwa as a minority Group (10%), high costs of scholastic material for Batwa parents/guardians (5%), discrimination of Batwa Children in UPE/USE schools (4%), negative attitude and practices against Batwa (4) and poverty among Batwa households (0%) were not hindrances to education access among Batwa children.

Factors affecting Batwa access to healthcare services
During, 220 Batwa household heads in the 17 Batwa resident settlements across the four (4) study districts were asked to indicate whether they agree, disagree or do not know whether the listed social cultural factors were hindrances to Batwa access to healthcare services. Their responses were recorded as shown in the table below.

Table 4. 4 Showing Batwa household responses to the factors affecting Batwa Children's access to education services

Response	Agree (no) (%)	Disagree (no) (%)	Don't Know (no) (%)
Negative attitude towards going to hospitals/ healthcare centers to access medical care	193 (88)	27 (12)	0 (0)
Lack of sufficient Information by Batwa on Healthcare centers and services provided	167 (76)	45 (20)	8 (4)
Poverty among Batwa households	220 (100)	0 (0)	0 (0)
Discrimination of Batwa in provision of health care services at the healthcare center.	210 (95)	10 (5)	0 (0)
High costs of medicines requested for at the local health care facility.	220 (100)	0 (0)	0 (0)
Lack of knowledge on existing government Health care policies.	210 (95)	0 (0)	10 (5)
Language barrier there by failure to communicate with health workers at the Health Care centers	119 (54)	85 (39)	16 (7)

Lack of accessible Healthcare centers in Batwa resident areas	192 (87)	28 (13)	0 (0)
Lack of proper sanitary material girls and women.	201 (91)	9 (4)	10 (5)
Lack of proper health care for women	201 (91)	9 (4)	10 (5)
Lack of specialized Health Care for the Batwa people with disabilities.	165 (75)	36 (16)	19 (9)
Lack of enough specialized medical workers for Batwa People with disabilities (for example sign Language specialists for deaf patients).	189 (85)	21 (10)	10 (5)
Delays in access to treatment at healthcare centers	208 (94)	12 (6)	0 (0)
Lack of sufficient modern communication technology for teaching and learning purposes during Covid -19 Pandemic	180 (82)	40 (18)	0 (0)
Long distances to Health care centers	191 (87)	29 (13)	0 (0)

Source: Field Data, Feb 2021

From the above table 4.5, the findings indicate all the respondents (100%) agreed that poverty among Batwa households and high costs of medicine requested for at the local healthcare facility were hinderances to Batwa access to healthcare services. According to Nyatanyi, 2019, Batwa are the poorest of the poor, they are land less or even settle on un cultivatable land, many are forced to offer their Labour for lees pay for food and the costs of the medicine in private health facilities are high as the Batwa cannot afford to buy medicine because of poverty (Nyatanyi, 2019), discrimination of Batwa in provision of healthcare services at the healthcare canter. This is true Batwa are discriminated by healthcare staff while seeking for healthcare services. This limits Batwa healthcare service seeking behaviors among the Batwa as they are often subject to humiliation by healthcare professionals and other patients

Further the findings also indicated that lack of knowledge on existing Government care policies (95%) were hindrances to Batwa access to health care services and 94% of the respondents agreed that delays in access to treatment at healthcare centres was a hindrance to Batwa access to health care services. Batwa delayed treatment is orchestrated by long distance (more than 5 km) to reach health Uunit, as majority of Batwa live in hard-to-reach isolated areas and unable to walk to the hospital on time or not at all.

Lack of Proper sanitary material for girls and women and lack of proper health care for women (91%) were hindrances to Batwa access to healthcare services, negative attitude towards going to hospitals/healthcare centres to access medical care (88%), long distances to healthcare centres (87%) because Batwa live in hard-to-reach isolated areas and unable to walk to the hospital on time or not at all.

Lastly, lack of sufficient information by Batwa on healthcare centres and services provided (76%), lack of specialized healthcare for the Batwa people with Disabilities (75%), language barrier where by failure to communicate with health workers in Batwa resident areas were barriers to Batwa access to healthcare services.

Additionally, again, from the table 4.6 above, the findings indicate that 39 % of the respondents disagreed that language barrier thereby failure to communicate with health workers at the healthcare centers was hindering Batwa access to healthcare services, lack of sufficient information by Batwa on healthcare centers and services provided (20%) was not a hindrance to Batwa access to healthcare services, lack of specialized health care for the Batwa People with disabilities (16%) is not a hindrance to Batwa access to healthcare services, long distances to healthcare centers and lack of accessible healthcare centers in the Batwa resident areas (13%) were not a hindrance to Batwa access to healthcare services, Negative attitude towards going to hospitals/healthcare centers to access medical care (12%) was a hindrance to Batwa access to healthcare services, lack of enough specialised medical workers for Batwa people with disabilities e.g. sign language specialists for deaf patients (10%) was not a hindrance to Batwa access to healthcare services, discrimination of Batwa in provision of healthcare services at the health centre (5%) was not a hindrance to Batwa access to healthcare services and delays in access to treatment at healthcare centers (6%) was not a hindrance to Batwa access to healthcare services.

Lastly, from the table 4.5 above, the findings indicate that 9% of the respondents did not know that lack of specialized healthcare for Batwa people was a hindrance to Batwa access to healthcare services. 7% of the respondents did not know that Language barrier,

thereby failure to communicate with health workers at the healthcare centres was a hindrance to Batwa access to healthcare services, 5% of the respondents did not know lack of proper sanitary material for girls and women, lack of proper healthcare for women and lack of enough specialised medical workers for Batwa people with disabilities were hindrances to Batwa access to healthcare services and 4% of the respondents did not know that lack of sufficient information by Batwa on healthcare centers and services provided was hindrance to Batwa access to healthcare services

Measures that have been taken to address challenges of Batwa access to education and Healthcare services in the districts of Kabale, Rubanda, Kisoro and Bundibugyo

Findings indicate that sensitization and awareness raising through community outreaches and trainings was ranked highly (80%) in addressing the challenges to Batwa access to education, this was done through using Batwa leaders, following up and sensitizing Batwa children in communities to go to school and this slightly increased the Batwa Children School enrolment. This is line with approached NGOs such as AICM, BMCT, UOBDU, ADRA Uganda and UNICIDA in Bundibugyo have been using to increase school enrolment among Batwa. Ntandi Town Council in Bundibugyo District, encouraged Batwa children to go to school, stay in school and finish their education through go back to school campaign (GBS)

Improvement of access to water and electricity of schools and communities among the Batwa next with (75%) in addressing challenges of Batwa access to education. This was done through Government and NGOs support which resulted into increased access to clean and safe water AICM Installed Solar lighting and rain water tanks for the Batwa children in two schools, Rwamahano and Murubindi in Rubanda District

Road infrastructure development among the Batwa communities to ease access to schools and economic opportunities ranked (73%). This was done through Public-Private Partnership and Government support that resulted to easy accessibility to schools, markets and other economic opportunities.

Economic empowerment trainings of the Batwa communities to improve their incomes and livelihoods ranked (69%) using FAL and VSLA Associations, trainings. This has resulted into increased income and improved livelihoods

Giving out of seedlings, fertilizers, pesticides and other agricultural equipment to the people to make use of the great agricultural potential to raise their incomes (61%) through government partnership with the NGOs and using climate smart practices which resulted into increased crop production.

Availing schools near Batwa resident communities (40%) through Government support to the private sector and construction of schools by the community which slightly increased enrolment

Properly equipping schools in Batwa communities with enough teachers and supporting mechanisms/items for smooth studies (23%), through government support and has resulted in smooth studies. Bundibugyo District Education Department Constructed Bundimasoli Primary school and equipped it with 250 Desks, Text Books P.1,3 and P,7 for Batwa community and children around to access education

Finally, setting proper supporting infrastructure such as standard toilets, books and computer libraries, internet access to Batwa communities ranked (10%) through government support, this has resulted into easy access to information, sanitation and hygiene around Batwa schools. Ntandi Town Council also constructed a toilet for Batwa to improve hygiene

However, From the table 4.6, all the respondents (100%) disagreed that special consideration for Batwa as an ethnic minority in parliament and state proceedings, ensuring that UPE funds are utilised to benet Batwa a special group, setting up specialised schools for children with disabilities in the Batwa communities, liaising/cooperating with corporate bodies e,g. MTN, Airtel, to come up with initiatives supporting girls and children with disabilities in the Batwa communities through Public private corporate responsibility initiatives and revision of curriculum to include Rutwa language could address challenges of Batwa access to education.

Liaising with local Batwa leaders to create local agricultural cooperatives/ SACCOs for economic empowerment and supporting them to find market for their produce, empowerment of education committees at the parish level for efficient monitoring of Batwa and training girls in school and their parents on making reusable sanitary pads and other hygiene equipment (95%) could not address challenges to Batwa access to education.

90% of the respondents disagreed that setting proper supporting infrastructure such as standard toilets, book and computer libraries, internet access to Batwa communities can address challenges of Batwa access to education. Properly equipping schools in Batwa communities with enough teachers and supporting mechanisms/items for smooth studies (77%) cannot address challenges of Batwa

access to education. Increased involvement of the Batwa in finding solutions and participating in the economic and social transformation (74%) cannot address challenges of Batwa access to education

Measures that have been taken by Ministry of education and other line ministries or departments to promote the education of children with disabilities in Batwa communities.

Table 4. 5 Showing Batwa household responses to the factors affecting Batwa Children's access to education services

Measure	Yes (no) (%)	No (no) (%)	Do not Know (no) (%)
Formation of parent support groups and Involvement in income generating activities	55 (24)	95 (44)	70 (32)
Research on challenges in accessibility to education by ethnic minorities such as Batwa	125 (56)	69 (32)	26 (12)
Sensitization programs of the value of education among the Batwa guardians /children /youth /parents and peers	168 (77)	40 (19)	12 (6)
Training of teachers /sponsorship of teachers in how to handle minority groups	43 (20)	158 (71)	19 (9)
Deliberately provided scholastic materials, aids to UPE / USE schools around Batwa resident communities	116 (53)	82 (38)	22 (10)
Construction of schools in hard-to-reach areas where ethnic minority groups such as the Batwa reside	114 (52)	96 (44)	10 (4)
Specialized scholarship support to Batwa children and adults.	60 (28)	141 (63)	19 (9)
Specialized funding initiatives and support for the Batwa girls' education.	80 (36)	130 (59)	10 (5)
Specialized funding and support for Children/People with Disabilities in Batwa communities	44 (20)	171 (78)	5 (2)
Proper equipment of School libraries, computer labs, classrooms, water, electricity of schools in Batwa communities	87 (40)	114 (51)	19 (9)
Increasing Teachers and learning materials allocated to schools in Batwa communities	0 (0)	187 (85)	33 (15)

Source: Field data, Feb 2021

From the table 4.8, above 24% of the respondents agreed that formation of parent's support groups and involvement in income generating activities promote education of children with disabilities while 44% of the respondents disagreed and 32% did not know.56% of the respondents agreed that research on challenges in accessibility to education by ethnic minority such as Batwa promotes the education of children with disability while 32% of the respondents disagreed and 12 % did not know.77% of the respondents of the respondents agreed that sensitization programs of the value of education among the Batwa guardians/parents and peers promote education of children with disabilities while 19% disagreed and 6% did not know.20% of the respondents agreed that training of teachers/sponsorship of teachers in how to handle minority groups promotes education of children with disabilities, while 71% disagreed and 9% did not know.53% of the respondents agreed that deliberately providing scholastic materials, aids to UPE/USE schools around Batwa resident communities promotes the education of children with disabilities, while 38% disagreed and 10% did not know.52% of the respondents agreed that construction of schools in hard-to-reach areas where ethnic minority groups such as the Batwa reside, promotes the education of children with disabilities, while 44% disagreed and only 4% did not know.Again, 28% of the respondents agreed that specialised scholarship support to Batwa children and adults promotes education of children with disabilities while 63% disagreed and 9% did not know.36% of the respondents agreed that specialised funding initiatives and support for Batwa girl's education promotes the education of children with disabilities, while 59% disagreed and only 5% did not know.20% of the respondents agreed that specialised funding and support for children/pupils with disabilities in Batwa communities promotes education of the children of disabilities, while 78% disagreed and only 2% did not know.

Measures that have been taken to address challenges of Batwa access to healthcare services

The findings indicated 87% of the respondents said Sensitization and awareness raising on health Care services provided by government through community outreaches and trainings improved healthcare access through Promotion of Community outreaches, sensitization and awareness campaigns, for example Sustain for Life in their report (2020),they also had community outreaches in Kisoro through St. Francis Mutolere hospital to provide health care and preventive medicine for those communities including the Batwa, This improved access to healthcare.71% of the respondents have said economic empowerment trainings of the Batwa communities to improve their incomes and livelihoods has improved access to healthcare. This was done through Using the VSLA Methodology, Bee keeping, goats and poultry farming. This too increased incomes and livelihoods and Increases wellbeing (health) of Batwa.41 % of the respondents said expanding/ increasing services in the existing Health Centers i.e., medicines, water, electricity, wards, toilets through Government support and expanding new rooms in health centers has increased access to clean and safe water and medicines and improved hygiene and standard of living.40% of the respondents said road infrastructure development among the Batwa. Communities to ease transport to Health centers through Governments, local community partnership and this has Accessibility to Batwa centers and improved access to health services.20% of the respondents said increased involvement of Batwa in finding solutions to the Health Care problems and participating in their economic and social transformation through making Batwa work as VHTs Increased Batwa involvement increased Batwa access to health services

10% of respondents said that lobbying various stakeholders on improvement of Health Care services in Batwa communities through Networks and lobbying from other NGO Partners, e.g., world vision results into Better health service delivery.9% of the respondents said that building health centers/hospitals in Batwa resident communities, setting up specialized departments for People with Disabilities in the Hospitals found in Batwa communities, training girls in schools and their parents on making re-usable sanitary pads and other hygiene equipment through lobbying for support, advocacy for PWDs health services Engaging girls in making re-usable sanitary pads reduced risks to sicknesses, increased awareness on health care of PWDs and were able to use re-usable sanitary pads which are less cost

SECTION FOUR

CONCLUSION AND RECOMMENDATIONS

Conclusion

This chapter is about conclusions that involve summarises of major findings of the study. The conclusions are drawn based on the study findings on access of education and healthcare by the Batwa in Kabale, Rubanda, Kisoro and Bundibugyo Districts. The chapter further gives suggestions and recommendations of ensuring that there is a deliberate effort to ensure that Batwa also access and benefit from education and healthcare services in Uganda.

The evidence from the data collected, indicate that Batwa's access levels to education and healthcare are far below the margin. The fact that there is limited literature to show the Batwa's plight in this regard renders then even more vulnerable. The findings from the study indicate that Batwa access to education and healthcare remains low across the four (4) study districts. The key barriers of Batwa to access to education and healthcare services and require urgent response in order to improve the lives of the Batwa.

Equally, the measures that have been taken to ensure Batwa access to education and healthcare services have yielded a minimal result in many of the cases. However, Batwa community remain obstinate to receive improved access to education and healthcare services despite the challenges they have been meeting in their quest for these services.

4.2 Recommendation

- Involvement of Batwa in finding solutions to the low levels of their access to education and healthcare services/ problems; and participating in their economic and social transformation is essential in all attempts to address challenges Batwa face.
- Use of local language (Rutwa) in teaching Batwa children and passing important health information such reproductive health care information to Batwa communities.
- The Community Development Officers, Sub county Chiefs and the Police Family & Child Protection Unit should strengthen the enforcement of labour laws to reduce on child labour and abuse of children's rights since Batwa children fall victims given their high levels of poverty and food shortage.
- There should be specific interventions for Batwa on income enhancement and livelihood improvement by all the four districts. This will then build Batwa's confidence and self-reliance that is essential if they are to take & support their children in school and seek for healthcare services.

- There is a need to strengthen the sponsorship and bursary programme for the Batwa children at the district(s) since almost all Batwa live in absolute poverty.
- Continuous sensitization and awareness among the Batwa should be done to increase their interest and respect for and health care services.

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