

# Development and provision of health services for indigenous populations in Uganda: Bwindi Community Hospital experience.

Indigenous health: 18<sup>th</sup> World Rural Conference; WHO webinar Series  
30<sup>th</sup> July 2021

**Dr. Birungi Mutahunga**

Executive Director Bwindi Community Hospital

# Presentation outline

- Background
- Scope of intervention
- Challenges
- Opportunities
- Lessons learnt

# Background

- Indigenous people in Uganda include Batwa, Ik, Basongora, Karamajong, among others
- The government of Uganda recognises them like any other tribes and not necessary indigenous
- In 1991, the Batwa pygmies, indigenous forest nomads of the Bwindi Impenetrable Forest, were removed from the forest when it was made a World Heritage Site to help protect the endangered mountain gorillas living there
- The exiled Batwa, who had thrived as hunter-gatherers for millennia in the rainforest, were left in extreme poverty, homeless and destitute, with no land of their own, limited job skills, and few options for improving their lives.

# Background

- The Batwa, with little knowledge about farming or building rudimentary homes, were simply left to fend for themselves on the outskirts of the forest among the predominant tribal groups. Enduring intense exploitation, starvation and fatal diseases, the Batwa themselves were facing extinction
- Dr. Scott Kellerman while working with the Church of Uganda, did a survey in 2000 and found that 38% of the Batwa children would die before the age of 5 years and life expectancy was 28 years.
- Most causes of death were preventable such as malaria, diarrhoea and other sanitation and hygiene related conditions

# Background

- In 2001, Dr. Scott began open air clinics working alongside local nurses and community members.
- It quickly turned out that the general population was not any better
- The community mobilized for land acquisition and in 2003, an out patients structure was put up.
- The hospital has since grown to include specialized services in gynaecology & obstetrics, surgery, child health, mental health among others.
- The health training agenda includes Uganda Nursing school Bwindi for for registration in midwifery/nursing, and Uganda college of Health Sciences for diploma in clinical medicine and community health.

Dr. Scott attending to sick Batwa under a tree



Dr. Ricky Byaruhanga with overseas volunteers attend to Batwa patients



# Scope of intervention for Batwa health

Our approach is to address determinants of health in general to the extent possible. This has included:

- Land acquisition for building homes and growing food
- Education: Over 250 Batwa children have been sponsored in various schools and tertiary institutions
- Improving access to quality healthcare: ensuring that everyone can access healthcare irrespective of where they live or what they earn.



# Scope of intervention for Batwa health

- Income generating activities
- Skilling the Batwa people in tailoring, brick laying and carpentry
- Community action: trained Village health teams (VHTs) among Batwa settlements for sustained health awareness and demand
- Digital reporting of vital statistics and disease surveillance by Batwa VHTs
- Community outreach service
- Provision of clean and safe water

# Outcomes

Over the past 16 years

- Malaria has reduced by 90%
- Prevalence of diarrhoeal diseases reduced by 50%
- All Batwa women deliver in the hospital
- 95% of the Batwa have houses and land where to grow crops
- Over 250 batwa children have been supported in schools including tertiary education.
- However, health inequalities still exist as we saw in a survey we did in 2018

## Batwa and Bakiga Household survey 2018, by BCH

Ser. No.	Key Finding	Statistics			Remarks
		Batwa	Neighboring Bakiga	Related statistics	
1	Average Family size	4.9	4.8	4.7 <sup>(2)</sup>	<sup>(2)</sup> The Uganda National Household Survey 2016/17
2	Religious affiliation (Anglicans)	90%	73%	32% <sup>(3)</sup>	<sup>(3)</sup> Uganda National Census, 2014 main report
3	eQuality Health Insurance	70%	38%	5.1% <sup>(2)</sup>	<sup>(2)</sup> National Coverage of Health Insurance
4	Cell phone ownership	19%	57%	73% <sup>(2)</sup>	<sup>(2)</sup> Nation statistics
5	Radio ownership	36%	61%	45% <sup>(2)</sup>	<sup>(2)</sup> Nation statistics
	Sex ratio <sup>(4)</sup>	97	89	95 <sup>(4)</sup>	<sup>(4)</sup> Uganda Bureau of Statistics
	Improved HH Sanitation in rural areas	43%	79%	80% <sup>(5)</sup>	<sup>(5)</sup> Uganda Water and Environment Sector Performance Report 2017
	Improved water source	44%	93%	80%	<sup>(2)</sup> Nation statistics
	Hand washing facility with soap	1.8%	17.1%	1.4% <sup>(2)</sup>	<sup>(2)</sup> For Kigezi Region
				6.2% <sup>(2)</sup>	<sup>(2)</sup> For Nation (Uganda)
	Alcohol Use	32%	10%	15.6% <sup>(2)</sup>	<sup>(2)</sup> Kigezi Region Use of Alcohol

# Challenges

- Financial sustainability of some of the interventions
- Exploitation of the Batwa by local communities and NGO's
- Food insecurity
- Comparatively very low purchase power for acquisition of new property by the growing Batwa population
- Lower capacity for climate change adaptation
- Feasibility of livestock livelihoods as an adaptation option for the Batwa is threatened by small pieces of land purchased for them
- Due to high poverty levels, some intervention gains are easily reversed e.g when free *Insecticide* treated mosquito nets are sold off by the Batwa in exchange for money to meet other needs.

# Opportunities

- Use of various platforms to amplify the plight of indigenous peoples and their health
- Research
- Innovation
- Engagement of charities and civil society groups
- Engagement of governments

# Lessons learnt

- Tackling indigenous people's health requires multifaceted approach addressing various determinants of health
- Local community engagement is key for sustainable integration/reintegration of indigenous people
- Preferential treatment of indigenous people is a requirement to improve access and utilization of health services
- Direct involvement of the indigenous people in planning health interventions is key for their acceptance and sustainability

## Batwa learning to make and use tippy-taps during COVID-19 pandemic





## Vaccinating Batwa children as a community outreach service





## Water spring protection in Mukongoro batwa settlement

**Before**



**After**





Taking healthcare and health training to rural and remote communities

**Bwindi Community Hospital**



**Uganda Nursing School Bwindi Campus**



# End

## Thank you for listening!

### Q&A

For more information regarding our work, you can visit our website:

- <https://www.bwindihospital.com/> Bwindi community Hospital
- <https://batwaexperience.org/programs/> Batwa Development program
- <https://www.kellermannfoundation.org/> The Kellerman Foundation