

Submission to the UN Office of the High Commissioner for Human Rights for the consideration of the Expert Mechanism on the rights of indigenous peoples, concerning “The right to health and indigenous peoples”, with a particular focus on children and youth.

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Date of Publication  
29 February 2016

FOCUS ON:  
The Batwa of Rwanda

## 1. Introduction

This report, submitted by the Unrepresented Nations and Peoples Organization (UNPO) for the consideration of the Expert Mechanism on the rights of indigenous peoples, on the occasion of the call for submissions concerning the right to health and indigenous peoples, with a focus on children and youth, will focus on the human right violations in the health sector in Rwanda, with a special emphasis on the situation of the Batwa indigenous group. Firstly, the report will open with a brief introduction to the Batwa community. Secondly, it will outline the main health concerns that are affecting the Batwa community in Rwanda. Lastly, it will present a series of recommendations to facilitate the discussions during the Human Rights Council's 33rd session.

## 2. Batwa

The Batwa, also called Twa or Pygmies of Central Africa, are an indigenous people living across the borders of the Democratic Republic of the Congo, Uganda, Burundi and Rwanda. Their territory expands over 100,000 square kilometres. They traditionally inhabited the mountainous forested areas around Lake Kivu and Lake Edward in the Great Lakes Region. However, since their eviction from these forests, at the time of the arrival of arable farmers and cattle keepers who started cultivating a big part of their land several centuries ago, they migrated to various rural areas in the region.

The name 'Batwa' derives from the term 'Twa', used in the Bantu languages of most sub-Saharan Africa to designate hunter-gatherers or former hunter-gatherers, who are recognised as the original inhabitants of their area, but have nonetheless a very low social status. The term 'Mutwa' refers to one person, while 'Batwa' designates the people.

The Batwa are estimated to number between 86,000 and 112,000, of which between 33,000 and 35,000 live in Rwanda. These are estimations, since Rwanda has legally banned data collection on ethnic groups in the country. It is estimated that the Batwa represent 0.4% of the population, the other main ethnic groups being the Hutu and Tutsi.

The Rwandan Batwa live scattered in small communities, at the periphery of small and medium-sized towns. They have experienced a sharp drop in their population size due to discrimination, extreme poverty and lack of access to healthcare. From 1978 to 1991, the number of Batwa decreased by 40%, despite a national average population growth of about 50%. The Batwa constitute the most disadvantaged and vulnerable group in Rwanda. Even today, with identification with ethnic groups being banned, they are described as "historically marginalised communities".

The Batwa are unable to enjoy most aspects of modern society: among others, their problems include issues of equal citizenship, self-determination, education, justice, health care and property holding. However, in this submission, the focus will be on health and, more specifically, the health conditions of Batwa children and youth. Additionally, they suffer from casual but deeply damaging discrimination, based on a common and largely unpunished perception of them as being "backwards" or lazy, which in turn perpetuates their social exclusion and hampers their access to basic services.

## 3. Health

As a key component for the existence of a community, health is crucial not only for the development of the community, but also for its survival and prosperity. To ensure the survival of the Batwa in Rwanda, as well as an improvement of their situation, a certain number of issues need to be addressed. Many are the consequences of the community's isolation from its neighbours and the rest of the country, as well as the strong discrimination of which they are continuously victims. The 1994 non-ethnic identification law has deeply changed the perception the government had of its country and has affected how it is currently handling it. There are a number of ways through which the Batwa could improve their situation and health is a key element in order to achieve this.

a. Access to Health care

A large portion of the Earth's population does not have access to health care. Among them are the Batwa of Rwanda, In the case of the Batwa there are a number of reasons explaining the absence of healthcare facilities accessible to the community or anyway directly addressing the problems of this poor and excluded community.

The majority of Rwandan health care facilities are located in larger towns or in the capital, Kigali. However, the Batwa mostly inhabit more rural regions of Rwanda, which does not allow them to have easy access to hospitals and medical centres. This also makes it easier for them to fall through the webs of the governmental structural programmes.

In addition to this, there is a clear and historically engraved discrimination in the Rwandan society towards the Batwa. This is very much present in health care employees, such as doctors and nurses who apparently refuse to take Batwa individuals as patients. These prejudices are so present in Rwandan society that it is very hard even for individual members of the community to make their way out of poverty and find their place within the larger society.

The lack of sustainable and equitable access to water resources, in turn, represents an obstacle to the community's overall health, due to the threat of waterborne diseases and to problems related to nutrition and livelihood resilience. Poor sanitation and unsafe water are connected to the ongoing deterioration of health indicators; and serious medical problems, such as diarrhoea and malaria, are the cause of recurring deaths among the Batwa in the Nyabihu district. In addition, reproductive health and child mortality are also of concern because pregnant women and young children are particularly vulnerable to waterborne diseases.

Due to the Batwa's history and to the fact that they have always been isolated from more modern settlements, they have developed their own traditional medicine. Even though the effects of their traditional medicine are good, they obviously are not prepared to treat all health problems or diseases. This traditional medicine, an important component of their traditions and lifestyle should nonetheless be supported by access to modern facilities. PIDP and Communauté des Autochtones Rwandais (CAURWA), among others, suggested establishing a Batwa community-based health system, which would guarantee access to all members of the community, as well as potentially offer employment opportunities. The Batwa people would be more likely to accept these types of developments, which could bring a general improvement of the community's life, while also respecting their traditional culture.

Moreover, the difficulty to quantify results in relation to ethnic groups, due to the laws the Rwandan government put in place after the 1994 genocide, has made it very complex to keep track of the situation of this community, as well as very difficult to find a way to address their problems and in some cases it induces misinterpretation when it comes to official statements. For instance, due to the 2020 Vision Plan, the Rwandan government has made substantial efforts in a number of domains including health. They introduced "la Mutuelle de Santé", which ensures health insurance for most Rwandans. The general tendency is positive concerning health facilities in Rwanda. In the last decade they have made significant improvements, leading to an increase in health care facilities as well as in other health sectors. This clearly proves the strong link between health and development. However, not officially identifying Batwa individuals as members of a same community with specific problems, the government often falls short of addressing these issues, also in view of the community's limited size.

b. Inadequate standards of living

Health is intrinsically linked to the living conditions of an individual. Bacteria, cleanliness and access to clean water are only a few issues that must be standardised for all persons.

The origins of the Batwa are deeply rooted in the equatorial forests of the Great Lakes region of Central Africa. They have a history of being nomads living on hunting and gathering. Their particularly isolated nature made the change of circumstances particularly harsh for them.

This has led to confusion and a lack of established structures for the community to flourish like the rest of the Rwandans. The formation of Batwa settlements does not seem natural for this community, thus leading to a number of problems such as: lack of hygiene, malnutrition, and illiteracy (lack of education in all fields).

First of all education on sexuality and reproduction are key for the demographic situation that the Batwa are living in. Rwanda in general is making special initiatives in order to reduce the childbirths in order to control the high population growth that is so characteristic of their society for so many years.

A clear absence of education has been the cause of a number of problems in the Batwa community. This of course limits the employment opportunities of the community, but most individuals lack even basic knowledge in topics such as nutrition, sexuality and personal hygiene. This, as mentioned, leads to a high number of unwanted pregnancies, increased childbirth complications, high levels of child mortality, often simply due to diarrhoea or other bacteria and to the lack of means to address the consequences of dehydration, as well as overpopulation of some small communities. This has as consequence a lack of food to feed all these youth and the general poverty that is so deeply embedded in their lives.

#### c. Children – Legal Framework

Rwanda ratified the Convention on the Rights of the Child (CRC) in 1991. However, despite the recognition of the right of every child to the enjoyment of the highest attainable standard of health (art.24), as already mentioned, the Batwa have the highest incidences of poverty, child mortality, as well as the lowest access to social and health services of all Rwandans. What is particularly concerning is that this situation seems to be self-perpetuating, with new generations not managing to escape from the grip of poverty, malnutrition and lack of education and employment opportunities. Unless specifically targeted development programmes reach the community, it does not seem very likely that the community will benefit from the country's general development.

#### 4. Recommendations

Given the human rights situation in the Republic of Rwanda and especially of the Batwa indigenous group, the Unrepresented Nations and Peoples Organization urges the Government of Rwanda to consider the following recommendations:

- i. Allow the Batwa to be identified as a distinct community with specific needs and allow them to form organisations using their own means of self-identification, so as to allow their communities to be specifically targeted by poverty reduction projects, cultural preservation initiatives and community learning schemes;
- ii. Ensure full representation of the Batwa community in Government and other public institutions, in compliance with the Rwandan Constitution (art.82, paragraph 2), which stipulates that eight members of the Senate should be appointed by the President to ensure representation of historically marginalised groups;
- iii. Combat discrimination against the Batwa in education and health systems, the media and Government institutions, by establishing awareness raising campaigns to combat racist stereotypes;
- iv. Consult the Batwa before taking any measures that may affect their lives;
- v. Ensure that data collected about distribution of materials and management of poverty reduction projects is disaggregated along ethnic lines to ensure that Batwa can benefit from specifically targeted programmes.