

BATWA COMMUNITY: FINAL REPORT

ISSUED TO: FLORIS VAN BOMMEL

ISSUED BY: *AQUACULTURE TRUST*

DATE: 20TH DECEMBER 2024



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FINAL REPORT

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EXECUTIVE SUMMARY

Background

- **Context:** the Batwa are a displaced, landless, marginalized, hunter-gatherer community of less than 7,000 people with a per capita income of \$97 compared to \$362 for the rest of Uganda.
- **Question:** how to deploy Euro 20,000 in a way that contributes to driving positive change among the Batwa.
- **Approach:** review & validate existing data and approaches through a Desk Study, a Field Visit incorporating Key Informant Interviews, Focus Group Discussions, & Field Study Observations.

Key Findings



Education

- Adult literacy below **12%** (compared to 75% for neighboring communities);
- School enrollment below **30%**;
- School drop-out rates of **51%**

Low education levels are rooted in economic factors (affordability), socio-cultural factors (early marriage, teen pregnancy, absence of role models), geographic factors (distance from schools) and nutritional factors (hunger)



Health

- Infectious diseases (malaria, pneumonia, diarrhea);
- Inability to access healthcare facilities/ services because of distance from healthcare facilities, discrimination by health service providers, and an aversion to modern healthcare
- High HIV infection rates coupled with non-adherence to ARV protocols,
- Poor hygiene (water and sanitation) leading to waterborne diseases



Nutrition

- **97%** of households experiencing low food security.
- High rates of malnutrition, particularly among children.



Housing

- **82%** of Batwa are landless,
- Majority of Batwa live in temporary non-durable housing
- Homes Lack adequate water and sanitation with open defecation for example.

Key Recommendations

Leverage existing programs and interventions :

1. Expand **educational** and nutritional outcomes for the Batwa by providing scholarships for 50 Batwa children for one year at a cost of Euro 15,000.
2. Improve **health** outcomes for Batwa community by engaging 3 health workers at a cost of Euro 3,600, provide mama kits (maternal delivery kit) to 100 Batwa women for one year at a cost of Euro 700 and hire community liaison at a cost of 1,800 euros.
3. Include Year 1 **project management** budget (admin, quarterly field visits, MEAL, and reporting) of Euro 15,500
4. Plan Year 1 for learning and design for **sustainability** with an intent to fund-raise for scaling the program to include more interventions.

Total cost of Euro 35,900



A.

SETTING
THE STAGE

A1. INTRODUCTION

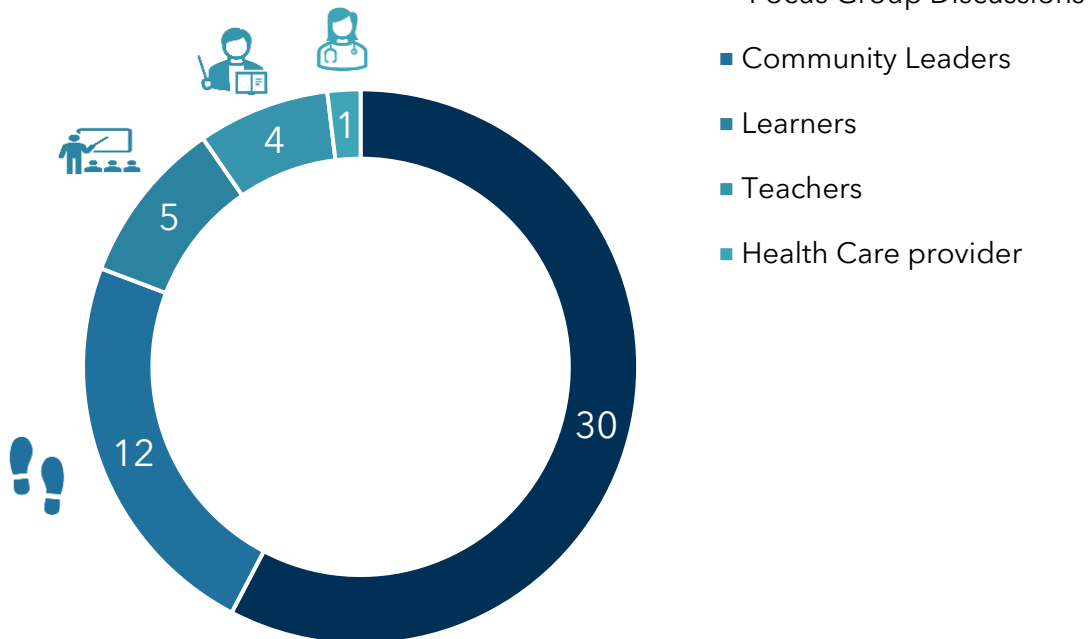
The brief

Flores van Bommel commissioned a study of the issues facing the Batwa community to provide a basis for designing and deploying interventions that would lead to better outcomes for the Batwa.

Specific objectives

- Highlight the immediate & longer-term needs of the Batwa.
- Develop strategies for sustainable impact, ensuring interventions are long-term & community-driven.
- Outline gendered approaches & plans for deploying resources to holistically address Batwa needs

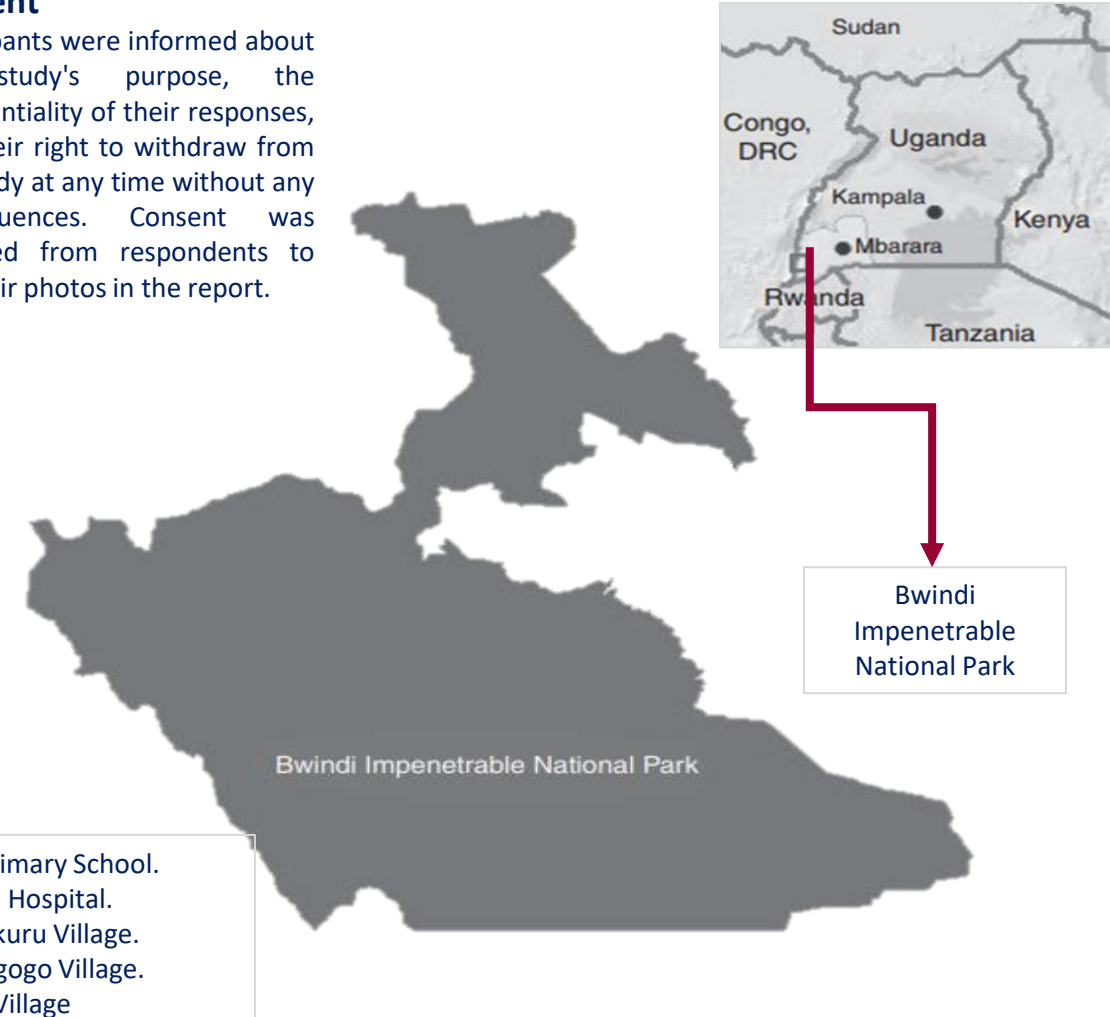
Participant profile



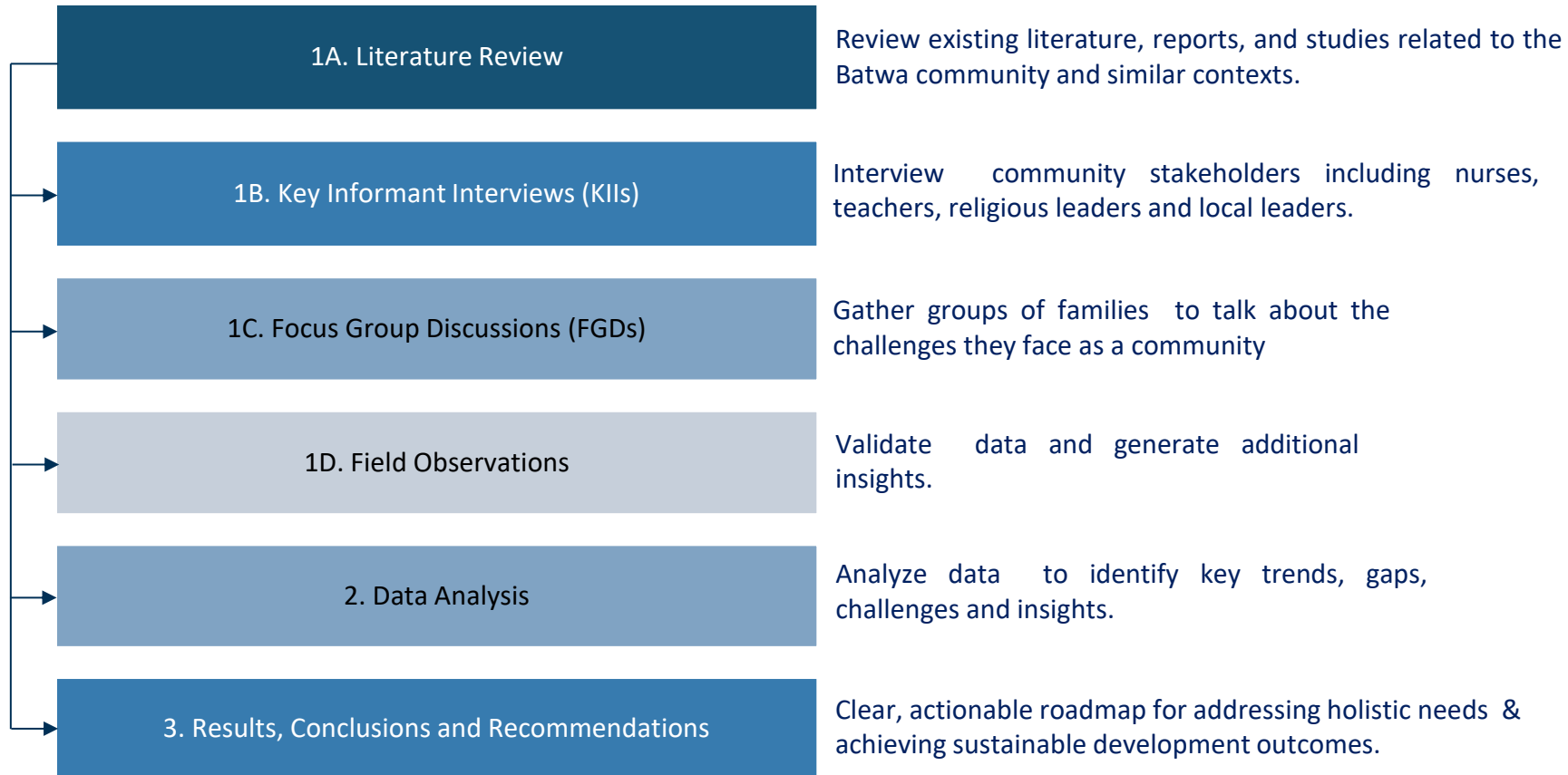
The fieldwork was conducted in the Southern part of Uganda next to Bwindi Impenetrable National park where the Batwa Community are located.

Consent

Participants were informed about the study's purpose, the confidentiality of their responses, and their right to withdraw from the study at any time without any consequences. Consent was obtained from respondents to use their photos in the report.



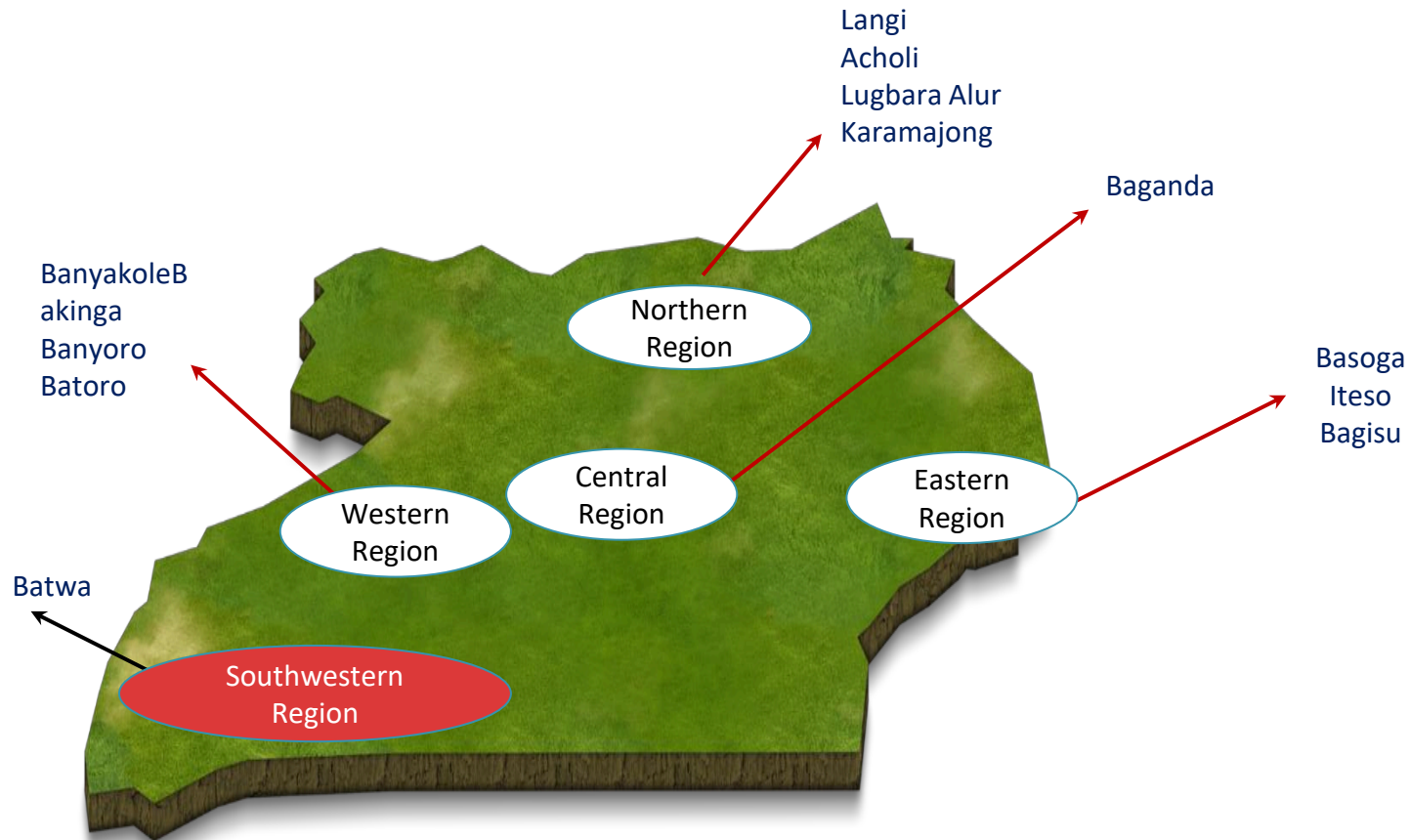
A2. METHODOLOGY



The fieldwork assessment employed a mixed-method approach, combining quantitative and qualitative data collection methods to provide a comprehensive evaluation of the Batwa.

A3. UGANDA

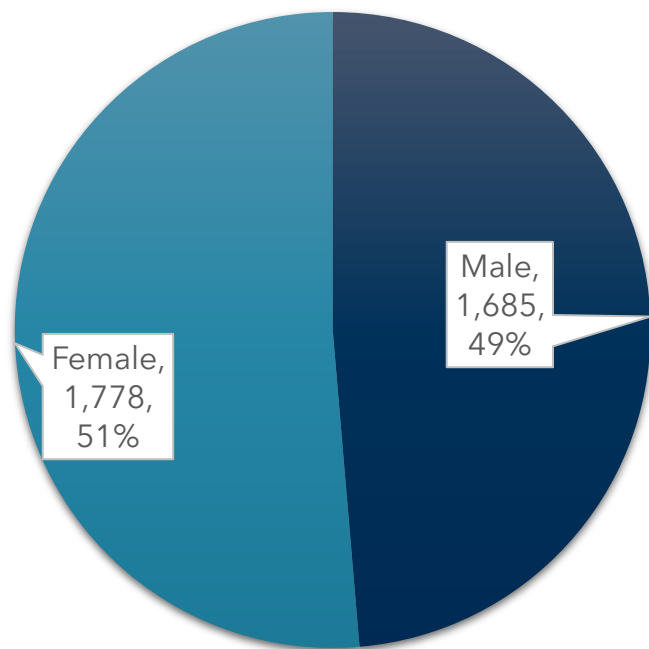
- Uganda, located in East Africa, is a landlocked country bordered by Kenya, South Sudan, the Democratic Republic of Congo, Rwanda, & Tanzania.
- Uganda has a population of 47 million people the majority of whom are youth (below 35)



Ethnic Group	Population %
Baganda	16.9 %
Banyankole	9.5 %
Basoga	8.4 %
Bakinga	6.9 %
Iteso	6.4 %
Langi	6.1 %
Acholi	4.7 %
Lugbara	4.2 %
Banyoro	2.9 %
Batoro	2.9 %
Alur	2.5 %
Karamajong	2.1 %
Batwa	0.2 %
Others	21.7 %

A4. BATWA POPULATION CHARACTERISTICS

Gender distribution



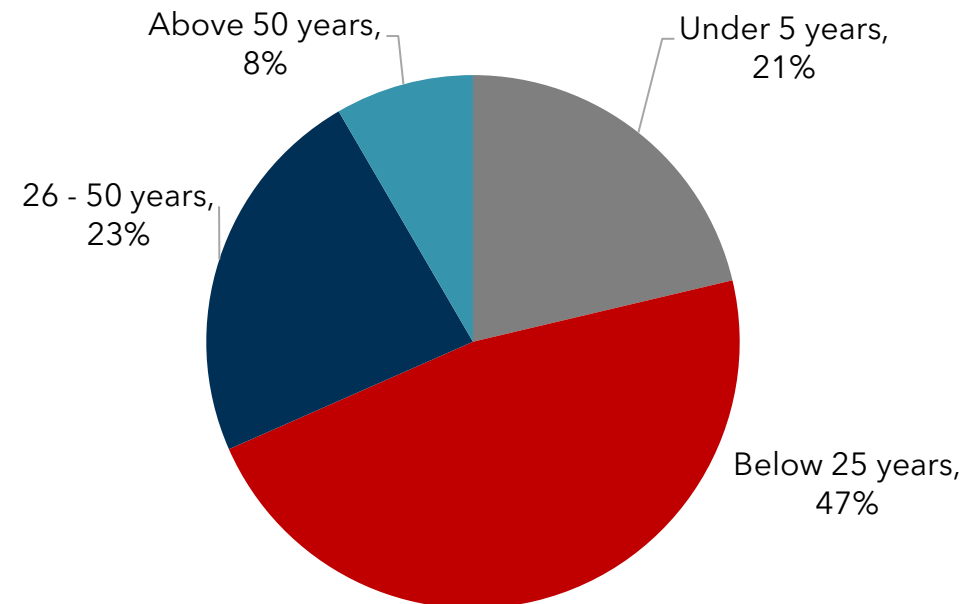
6,700
Total population*

0.2%
Batwa share of Uganda population*

Batwa women face challenges including

- Gender-based violence
- Higher rates of illiteracy.

Age distribution



- **68.4%**, of Batwa are below the age of 25.
- 21.3% of the population are under the age of 5
- Interventions should target education, nutrition, and healthcare.

The Batwa historically lived as hunter-gatherers in the Bwindi Impenetrable National Forest until they were pushed to the edge of the forest as a result of :

- Eviction to enable government-initiated forest conservation measures to protect the gorilla
- Encroachment by neighboring planter communities especially the Bakiga

The Batwa depend on the Mgahinga and the Bwindi Impenetrable Forest Conservation Trust (MBIFCT).

A5. GENDER

- The Batwa have evolved distinct and often complementary gender roles to enable them function as a traditional hunter gatherer society
- Displacement from the forest and the consequent change in economic activity has disrupted these gender-based roles
- But the Batwa continue to rely on traditional role definitions to define what men and women do

Men

- **Hunting and Gathering:** Men are responsible for hunting small animals and gathering honey and wild fruit from the forest.
- **Construction:** Men build shelters and tools necessary for daily life.
- **Leadership:** Men hold leadership positions and make decisions on behalf of the family and the community

Women

- **Domestic Duties:** women are responsible for cooking, cleaning, and childcare.
- **Craftsmanship:** Women carry out crafts like pottery and weaving, for household needs and to sell to tourists.
- **Gathering:** Women gather edible plants, fruits and firewood from the forest.





B.

FINDINGS

One of the mothers at Ndyamigogo Village

B1. SUMMARY OF KEY INSIGHTS

The Batwa face multifaceted challenges that stem from historical marginalization, landlessness, and socio-economic exclusion.
The Batwa struggle with severe poverty, inadequate housing, limited access to healthcare, and high rates of food insecurity and malnutrition.
The community's reliance on handouts combined with alcoholism, lack of business acumen, teenage pregnancy, and early marriages, further exacerbates their vulnerability.

Education	Low enrollment and high dropout rates are prevalent due to financial constraints, long distances to schools, and socio-cultural factors such as teenage pregnancy and early marriages.
Health	The Batwa face health challenges, including high incidence rates of malaria, pneumonia, diarrhea, and malnutrition. Access to healthcare is limited due to distance, discrimination, and a preference for traditional medicine.
Food Security	The Batwa experience extreme food insecurity, with a high prevalence of malnutrition, particularly among children.
Housing	A significant portion of the Batwa are landless, living in temporary and inadequate housing conditions without basic amenities.
Water and Sanitation	Many Batwa communities lack access to clean safe water and proper sanitation facilities, leading to health issues.
Economic Challenges	The Batwa have limited economic opportunities, with many relying on low-paying manual labor or begging. There is a lack of vocational training and business skills.
Standards of living	The Batwa’s standard of living is significantly lower than the neighbors living directly around them.

B2. EDUCATION

Enrolment Rate

30%



Low enrollment rate of 30% *

This is because of :

- Money: Lack of school fees.
- Hunger: Some children get one meal or less a day and have no energy to go to school
- Distance: long distances to school keep some children from going
- Supplies: Lack of uniform, books, pencils, shoes etc.

Dropout Rate

51.6%



High drop out rate of 51.6% *

This is because of:

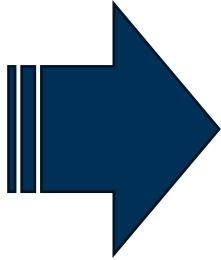
- Teenage pregnancy.
- Early marriages.
- Lack of school fees
- Lack of learning materials.
- Few educated role models to inspire Batwa children to stay in school

- Adult literacy among the Batwa is below **12%** compared to greater than **75%** among neighboring non-indigenous populations in the Southwestern Province.
- Enrollment in schools is low and drop out rate is high for the reasons outlined above.

B3. HEALTH

Common health issues

- Malaria
- Pneumonia
- Diarrhea
- Smallpox
- Malnutrition in children
- HIV
- Tuberculosis



Barriers to medical care

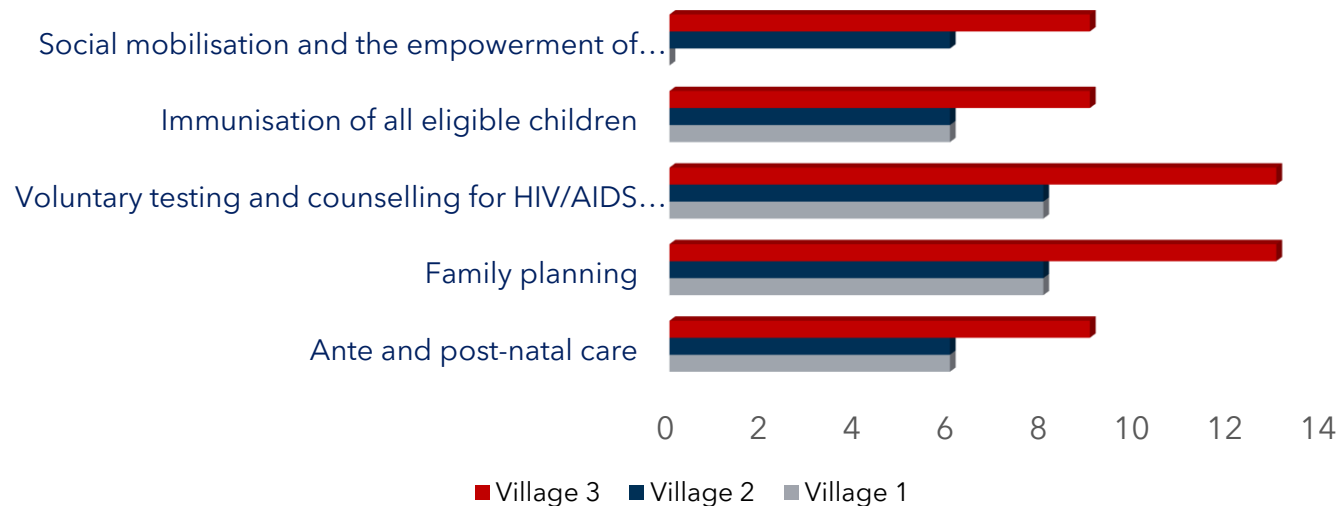
- Medical centers are located far from the Batwa village.
- Inadequate medicines in public hospitals .
- Unaffordability of private healthcare.
- Discriminatory treatment in hospitals because of their minority status.
- A preference for traditional rather than modern medicine.
- Exclusion from health programs, interventions, and projects.



Interventions

- Skilled healthcare workers.
- Medical supplies and equipment.
- Coordination between service providers
- Community health programs

Health services available to the Batwa Community



The Batwa prefer traditional medicine and face challenges accessing medical care. But they do receive health services including:

- Voluntary testing and counselling for HIV/AIDS (*They miss out on ARV drugs and end up dying*).
- Family planning.
- Ante and post – natal care.
- Immunization of all eligible children
- Social mobilisation and empowerment of peers. (*Not very common - only a few villages get this service*).

Food and nutrition programs for severely malnourished Batwa children have not been offered.

B3. WOMEN'S HEALTH

<u>Health Issue</u>	<u>Cause</u>
Miscarriages	Pregnant Batwa women miscarry more often because of: • Traveling long distances to hospitals. • Facing attacks/ assaults while attacked while traveling.
Difficult pregnancies	• Batwa women lack access to “mama kits” and are therefore more prone to infections. • <i>A mama kit is an all-in-one package designed to ensure a clean and safe delivery for mothers, particularly in under-resourced areas..</i> • <i>These kits are essential because many healthcare facilities require women to bring their own birthing supplies.</i>
High HIV Prevalence	• Poor adherence to antiretroviral (ARV) protocols. • A belief in Uganda that sexual relations with a Batwa woman cures men from back aches and protects them from HIV.
Sexual Abuse	• High rates of violence against Batwa women • Rooted in deep-seated gender inequities & historical injustices.

B4. FOOD SECURITY

The Batwa face extreme food insecurity

Factors behind severe hunger in the Batwa:

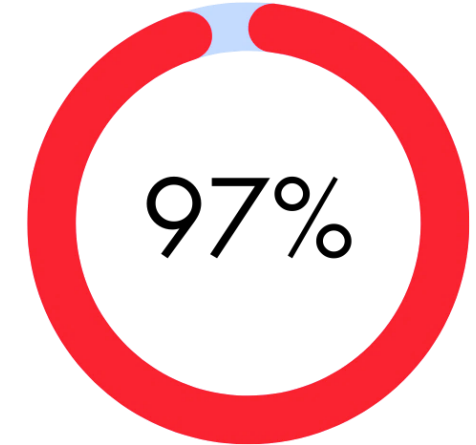
- Forced displacement from their ancestral lands, has entrenched chronic poverty
- This displacement disrupted their traditional life of hunting and gathering
- The forest was their primary source of sustenance providing everything from food to medicine



Key observations

- Hunger and famines remain a big problem for the Batwa
- They lack land because of forced displacement from the forest
- The lack crop cultivation and livestock rearing skills
- This has locked them in a vicious cycle of poverty
- They often go days without food and resort to begging, stealing, or sex work

Food Insecurity



% of households that are food insecure*

“When children are not eating well, they become malnourished. Their hair turns brown because they are not eating well.” ... comments by a participant on the effects of chronic food insecurity

* Nkurunziza, 2016

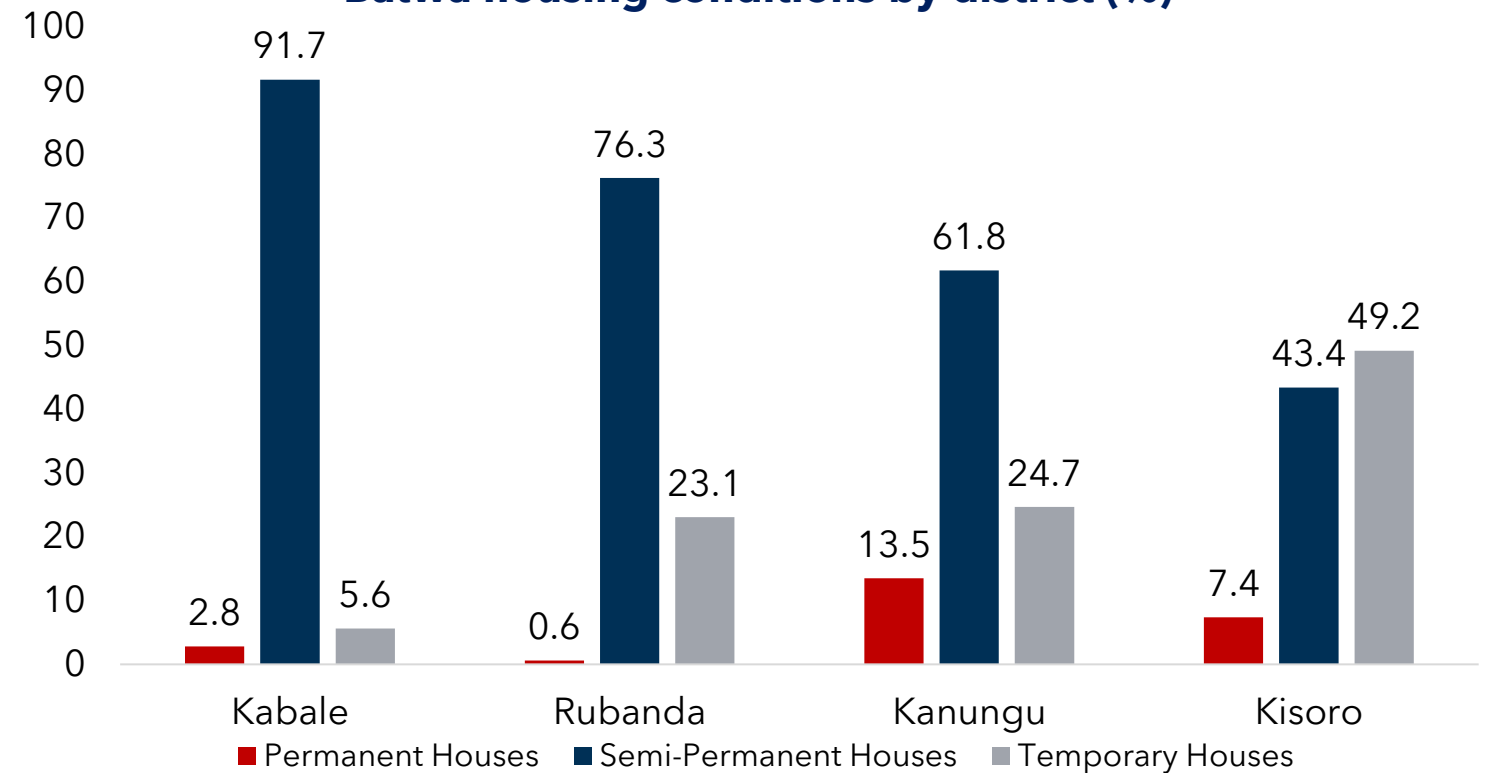


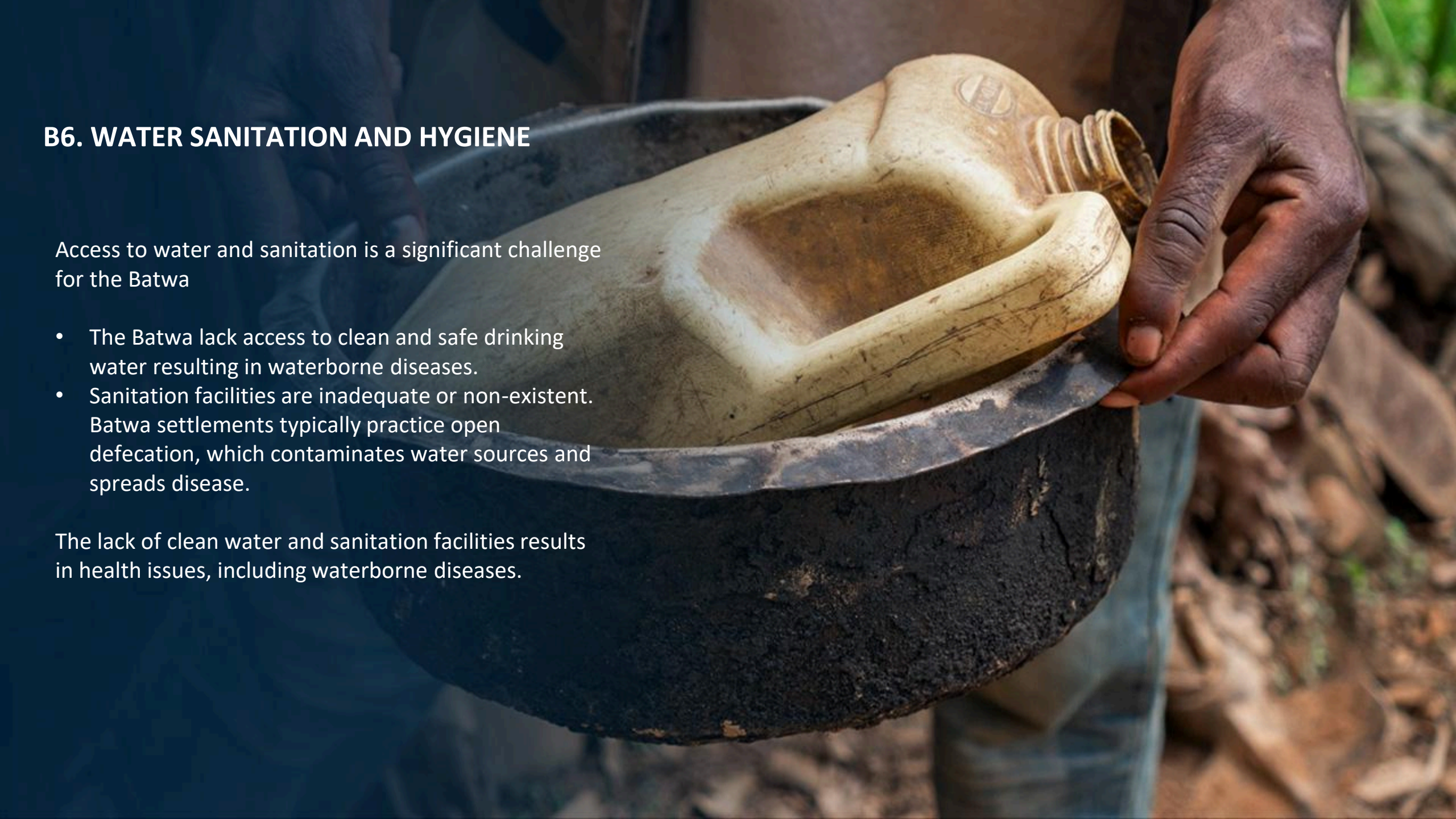
The state of housing in Byabitukuru Village

B5. HOUSING

- 82% of Batwa are landless, living as squatters on the land of others, on government land or church land.
- Many Batwa live in temporary or grass-thatched houses. 49.2% of the Batwa population in Kisoro reside in such conditions.
- These homes typically lack basic amenities .

Batwa housing conditions by district (%)



A close-up photograph showing a person's hands pouring water from a yellow plastic jug into a large, dark, earthenware bowl. The person's skin is dark, and their hands are weathered. The background is blurred, showing some green foliage and dry ground.

B6. WATER SANITATION AND HYGIENE

Access to water and sanitation is a significant challenge for the Batwa

- The Batwa lack access to clean and safe drinking water resulting in waterborne diseases.
- Sanitation facilities are inadequate or non-existent. Batwa settlements typically practice open defecation, which contaminates water sources and spreads disease.

The lack of clean water and sanitation facilities results in health issues, including waterborne diseases.

B7. ECONOMIC CHALLENGES

- **Pottery:** Many Batwa have turned to pottery as a source of income.
- **Agriculture:** Some Batwa are small holder farmers growing beans, maize, potatoes etc.
- **Day labor:** Many Batwa work as low-wage day laborers on farms, in homes, or in construction.
- **Handicrafts / jewelry:** Batwa create and sell handicrafts and jewelry to tourists.
- **Tourism:** Batwa participate in cultural tourism performing traditional dances and describing their heritage to tourists.

- With a 70% unemployment rate, many Batwa are reduced to begging.
- Per capita income of \$97 is substantially lower than Uganda's per capita income of \$362
- Batwa women earn 50% less than Batwa men

\$97

Per capita income



\$0.26

Daily wage

B7. BARRIERS TO GROWTH OF THE BATWA



1. Over-Reliance on Handouts

- *Dependency:* Many Batwa rely on aid from NGOs, government programs, and other external sources. This dependency undermines self-sufficiency and resilience.
- *Lack of Sustainable Solutions:* Handouts provide temporary relief but do not address the root causes of poverty and marginalization. Sustainable development requires long-term strategies that empower the Batwa to become self-reliant.



2. Alcoholism Among Women

- *Coping Mechanism:* Alcoholism is prevalent among Batwa women, often used as a coping mechanism to deal with the stress and trauma of their marginalized status.
- *Health and Social Impacts:* Alcohol abuse leads to health problems & exacerbates social issues including domestic violence & neglect of children.



3. Lack of Business Acumen

- *Limited Economic Opportunities:* The Batwa have limited access to education and training, which restricts their ability to develop business skills and engage in profitable economic activities.
- *Dependence on Low-Paying Jobs:* Many Batwa work in low-paying, unskilled jobs such as day labor, which do not provide a stable income or opportunities for advancement.



4. Teenage Pregnancy and Early Marriages

- *High Dropout Rates:* Teenage pregnancy and early marriages contribute to high dropout rates among Batwa children. These practices limit educational attainment and perpetuate cycles of poverty.
- *Health Risks:* Early pregnancies pose serious health risks for young mothers and their babies, including higher rates of maternal and infant mortality.
- *Cultural Practices:* Traditional practices and lack of access to reproductive health education and services contribute to the prevalence of early marriages and teenage pregnancies.

B8. CURRENT INTERVENTIONS IN THE BATWA COMMUNITY

Education

- NGOs programs to improve access to education through scholarships, building schools closer to Batwa communities, and offering adult literacy programs.
- Government has initiatives to integrate Batwa children into the national education system. These tend to be limited and underfunded. se efforts are often limited and underfunded.

Health Care

- Organizations like Bwindi Community Hospital and St. Francis Mutolere Hospital provide essential services, including immunizations, prenatal and postnatal care, family planning, and treatment for common diseases.
- Programs focusing on preventative care, e.g. distributing mosquito nets to combat malaria.
- Community Health Volunteers training Batwa health volunteers to monitor health indicators and promote health education.
- Health outreach programs that integrate Batwa-specific needs into broader healthcare programs.
- Collaborations between NGOs, government agencies, and local health providers to enhance healthcare delivery for the Batwa.



Housing and Hygiene

- The African Initiative for Mankind Progress Organization (AIMPO) has partnered with One Day's Wages to build Community Hygiene Centers.
- These centers educate the Batwa on hygiene practices, demonstrate low-cost latrines and hand-washing facilities, and produce basic hygiene products like soap.

Nutrition

- NGOs and community-based programs are working to improve the nutritional status of the Batwa. These include initiatives to provide nutritional education, distribute food aid, and support small-scale farming.
- Bwindi Community Hospital runs comprehensive nutrition programs targeting malnutrition among the Batwa. They provide fortified milk for severely malnourished children and teach parents how to prepare balanced meals.
- DIG (Development in Gardening): DIG focuses on teaching the Batwa community sustainable, climate-resilient agriculture practices. This helps them grow nutrient-dense foods in their home gardens.

A photograph of a savanna landscape. In the foreground, a large, thick tree trunk with rough bark dominates the left side. To its right, another tree trunk is visible. In the middle ground, two zebras are grazing near a small bush. The background shows a vast savanna with scattered trees and distant hills under a hazy sky.

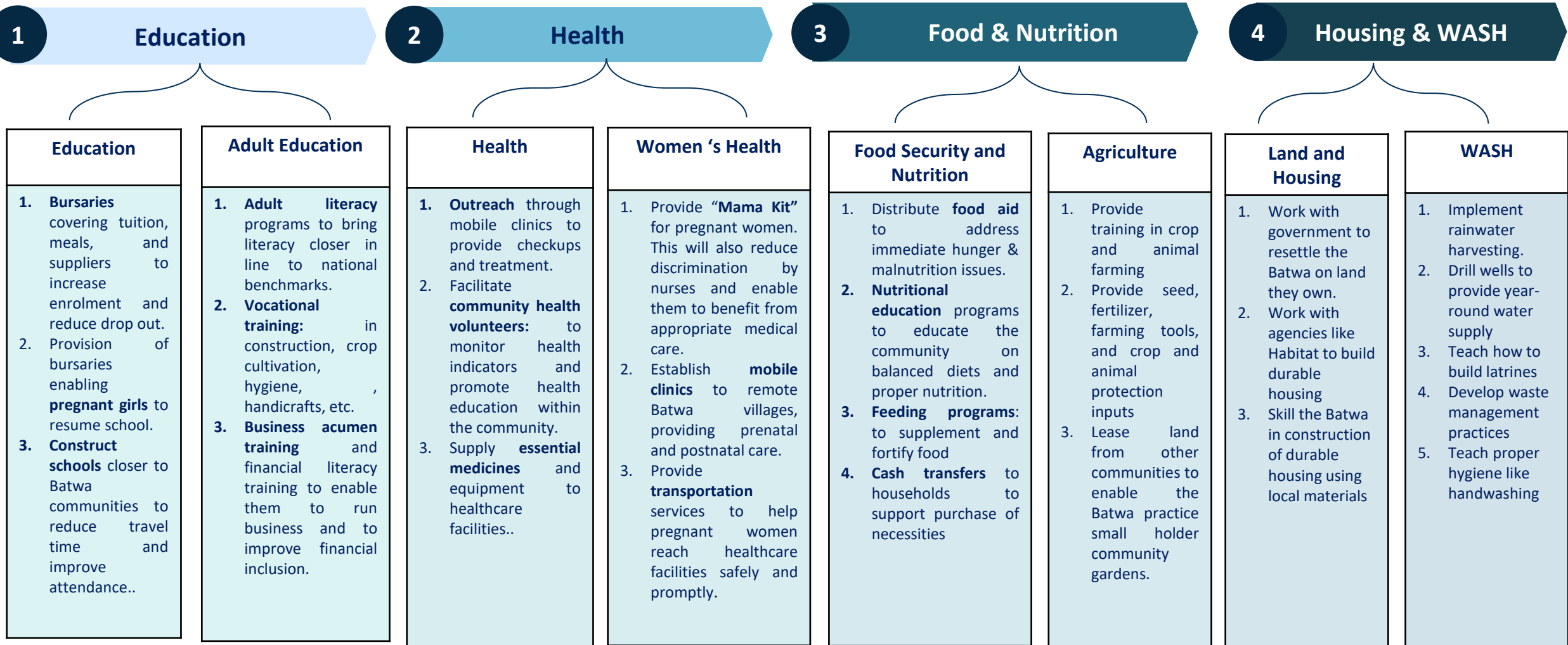
C.

RECOMMENDATIONS

Focus Groups Discussions in Byabitukuru Village

C1. OPTIONS - POSSIBLE INTERVENTIONS IN THE BATWA COMMUNITY

We recommend a long-term holistic scalable approach that addresses peculiar needs of the Batwa while promoting sustainable development.



C2. RECOMMENDATIONS: WE RECOMMEND THE FOLLOWING INTERVENTIONS

Education

1. Address unaffordability of education by providing bursaries that cover tuition, nutrition, and school supplies.
2. Address long commuting distances to school by working with government and other partners to construct schools closer to Batwa villages.
3. Address high dropout rates by giving pregnant girls scholarships to go back to school after childbirth.
4. Skill adults through adult literacy programs, technical vocational training, and business acumen training.

Health

1. Community health workers to help Batwa change practices that shape the spread of infectious diseases e.g, boiling water, washing hands, etc.
2. Community health workers to reduce the need for pregnant women to travel long distances for prenatal and neonatal care
3. Community health workers to train Batwa on the importance of adhering to ARV protocols.
4. Community health workers to equip Batwa to participate in modern healthcare e.g. appreciate the value of modern medicine, interact with healthcare workers more effectively.
5. Provide pregnant women with mama kits to reduce miscarriages and complications.
6. Cover transportation costs for health facilities to send mobile clinics to Batwa villages at regular intervals.

Nutrition

1. Partner with agencies like WFP to provide relief food to improve nutritional outcomes for the Batwa.
2. Hire extension workers to train Batwa in crop cultivation as well as poultry and livestock rearing.
3. Provide Batwa with inputs for crop cultivation – seeds, farming tools, fertilizer, herbicides, and pesticides.
4. Work with government and donors to fund the cost of leasing land for the Batwas that they can use for crops and livestock.

Housing and Hygiene

1. Work with government to relocate the Batwa to compensate for the land they were displaced from.
2. Work with agencies like Habitat to construct durable housing for the Batwa.
3. Vocational training for the Batwa in better home construction methods using locally available materials.
4. Supply of gutters and tanks to help the Batwa harvest rainwater.
5. Train Batwa in how to build pit latrines and other waste management systems.

C3: POSSIBLE IMPLEMENTATION HORIZONS

Horizon1

Time frame: Jan 25 to Dec 25

1. Comprehensive bursaries for primary ed.
2. Bursaries for pregnant students to resume learning.
3. Engage health care workers
4. Mama kits for pregnant women.

Horizon 2

Time frame: Jan 26 to Dec 28

1. Partner with World Bank to strengthen adult literacy and vocational training.
2. Partner with WFP to provide meals for kids.
3. Partner with FAO to train Batwa in crop cultivation and livestock farming
4. Partner with One Acre Farm to make inputs.
5. Implement rainwater harvesting practices and resources.
6. Train Batwa in construction of pit latrines

Horizon 3

Time frame: Jan 29 to Dec 33

1. Work with government to construct schools in Batwa villages.
2. Work with Gates Foundation to subsidize the cost of medicine and supplies at healthcare facilities.
3. Work with government to lease farmland for Batwa community gardens
4. Work with government to resettle displaced Batwa.
5. Work with Habitat to build durable housing.
6. Transportation costs for mobile clinics.

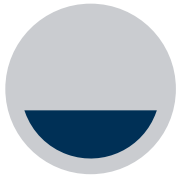
PROPOSED APPROACH: PRIORITY 1 – EDUCATION BURSARIES

We recommend an annual funding commitment of **€19,500** for **five years** from Floris van Bommel for the first priority area.

1**Education****Primary Education**

Start Date : January 2025

December 2025: Review



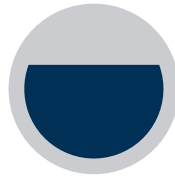
Assess costs

Full bursaries for primary education:

The average annual cost for primary education in Uganda, including school fees, supplies, meals, uniforms, and shoes, is approximately **300 euros** per child per year. A school year has 3 terms.

Determine number of scholarships:

We propose in supporting 50 primary school students . The total cost will be **15,000 euros**

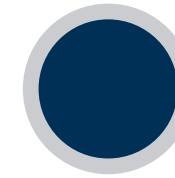


Set Clear Criteria

Establish clear criteria for scholarship eligibility, such as academic performance, financial need, and community involvement. This ensures transparency and fairness in the selection process.

Selection

Based on the criteria, select 50 children from the Batwa and host community.



Monitoring and Evaluation

Lattice to monitor the progress of scholarship recipients.

Meetings: Monthly meetings with the headteacher and local liaison person.

Reports: Monthly reports of the learners to track attendance rate, drop out rate, school performance.

Quarterly visits: Lattice team to visit the community every quarter to check the progress.

Anticipated Outcomes:

- Increased enrollment and retention.
- Improved academic performance.
- Reduction in Early Marriages and Teenage Pregnancies.

PROJECT MANAGEMENT PLAN SUMMARY

SCOPE OF WORK

EDUCATIONAL SUPPORT:

Provide full education scholarships for 50 learners entering Primary 3 in 2025.

Ensure inclusivity by allocating 80% of scholarships to learners from the Batwa community and 20% to learners from the host community.

HEALTH SERVICE OUTREACH:

Conduct health service outreach programs targeting three villages.

Distribute mama kits to 100 pregnant women during the year, ensuring inclusivity by applying the 80% Batwa community and 20% host community allocation across the intervention.

MONITORING & EVALUATION

Maintain a database of learners supported with full scholarship and expectant mothers receiving mama kits.

Quarterly field visits for on-ground monitoring and collection of Most Significant Stories

Track the progress of the assessment and ensure data quality on a monthly and quarterly basis.

Provides periodic updates and ensures the integration of lessons learned into future planning.

EXPECTED IMPACT:

EDUCATION:

- Enrollment and retention rates of Batwa children in schools.
- Academic performance improvements.
- Reduction in early marriages and teenage pregnancies.
- Attendance and performance of students on scholarships.

HEALTH:

- Utilisation of healthcare services (e.g., mama kits for safe deliveries).
- Maternal and child health outcomes.
- Participation in health outreach programs.

CASE STUDY: PENDO SCHOLARSHIP SPONSORED BY THE ROCKEFELLER FOUNDATION

Impact: performance of the learners improved since they are not worried about school fees.

Initial Enrollment	Current Enrollment	Drop out rate
45 learners	22 learners	51%

The Pendo Scholarship has a **51%** of drop out rate. The main reason for this includes:

- Early teenage pregnancies.
- Cultural practices and beliefs prioritize early marriage over education, especially for girls.
- Lack of school materials like school uniform, books, pens and other essentials.
- Lack of food. This demotivates the learners from going to school.
- Long distances to school can be a significant barrier, particularly when there is flooding.
- Poor health and lack of access to healthcare can lead to frequent absences and eventual dropout.

Based on learnings from the Pendo Scholarship, it is recommended a full boarding scholarship to be implemented to avoid the high rate of drop out.

PROPOSED APPROACH: PRIORITY 2

2

Health

Community Outreach

Mama Kit Provision

Start Date :
January 2025

December 2025: Review

Engage Community Outreach Personnel

Hire a community outreach personnel to visit the Batwa to provide regular health check-ups, trainings and treatments.

Lattice proposes to engage **3 health personnel from** District hospital for monthly visits among the Batwa community.

The anticipated facilitation fee would be **150 euros** per month.

The total cost would be approximately **5,400 euros**.

Mama Kit provision

Procurement of Mama Kits

Cost per Kit: The cost of a mama kit typically ranges from **5 to 7 euros**. This includes items like sterile gloves, soap, a plastic sheet, a razor blade, cotton wool, and other essentials.

Monitor and Evaluation Protocol

Lattice to monitor the progress of the community outreach and the provision of mama kits to the expectant Batwa women.

Collection of Most Significant change: Lattice will be involved in collecting stories of change and impact related to the community's use of mama kits. This could include photography, videography and interviews.

Meetings: Virtual Monthly meetings with the program coordinator and health outreach personnel.

Reports: Monthly reports of the community outreach and mama kit provision.

Quarterly visits: Lattice team to visit the area every quarter to check the progress.

Anticipated Outcomes:

- Improved Maternal and Child Health.
- Increased Health Awareness.
- Enhanced Access to Healthcare.

COST IMPLICATIONS (BREAKDOWN)

Full Scholarship for Primary Education (Planned 20,000 euros)

Activity	Unit Cost in EUR	Number	Amount in EUR
Full Scholarship for primary education for five years	300	50 Learners	15,000

Community outreach and Mama Kit Provision (Additional)

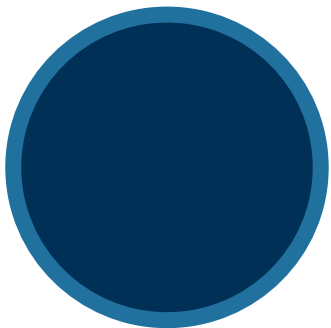
Activity	Unit Cost in EUR	Number	Amount in EUR
Community Liaison Personnel	150	12 months	1,800
Health care workers(3)	300	12 months	3600
Mama Kit Provision	7	100 mama kits	700
Total Amount			6,100

Lattice scope of work (Additional)

Activity(Annual)	Amount in EUR
Monitoring and Evaluation - Regular meetings and on-site quarterly visits	10,000
Knowledge management generation and dissemination(Photography and videography)	1,500
Quarterly reporting	2,000
Administration support	2,000
Total Amount	15,500

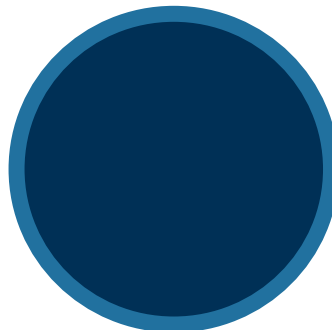
OTHER FUNDING STRATEGIES TO REACH THE OTHER PRIORITIES:

Based on the results gotten from the first two priorities, the following are other funding options to consider to support the other priorities:



- Cultivate a network of individual donors who are passionate about indigenous rights and health. Use online platforms and social media to reach a broader audience.
- Partner with companies that have a corporate social responsibility (CSR) focus on health and indigenous communities. This can include sponsorships, matching gift programs, and in-kind donation.
- Apply for grants from foundations that support similar initiatives and indigenous communities.

Grants and Donations



- Use crowdfunding platforms to raise funds for specific projects, such as providing mama kits or building healthcare facilities.
- Leverage social media to share stories and updates about the Batwa community, encouraging people to contribute to your cause.

Crowd funding



- Organize events such as charity runs, cultural festivals, or benefit concerts to raise awareness and funds.
- Host webinars, online auctions, or virtual concerts to engage a global audience.

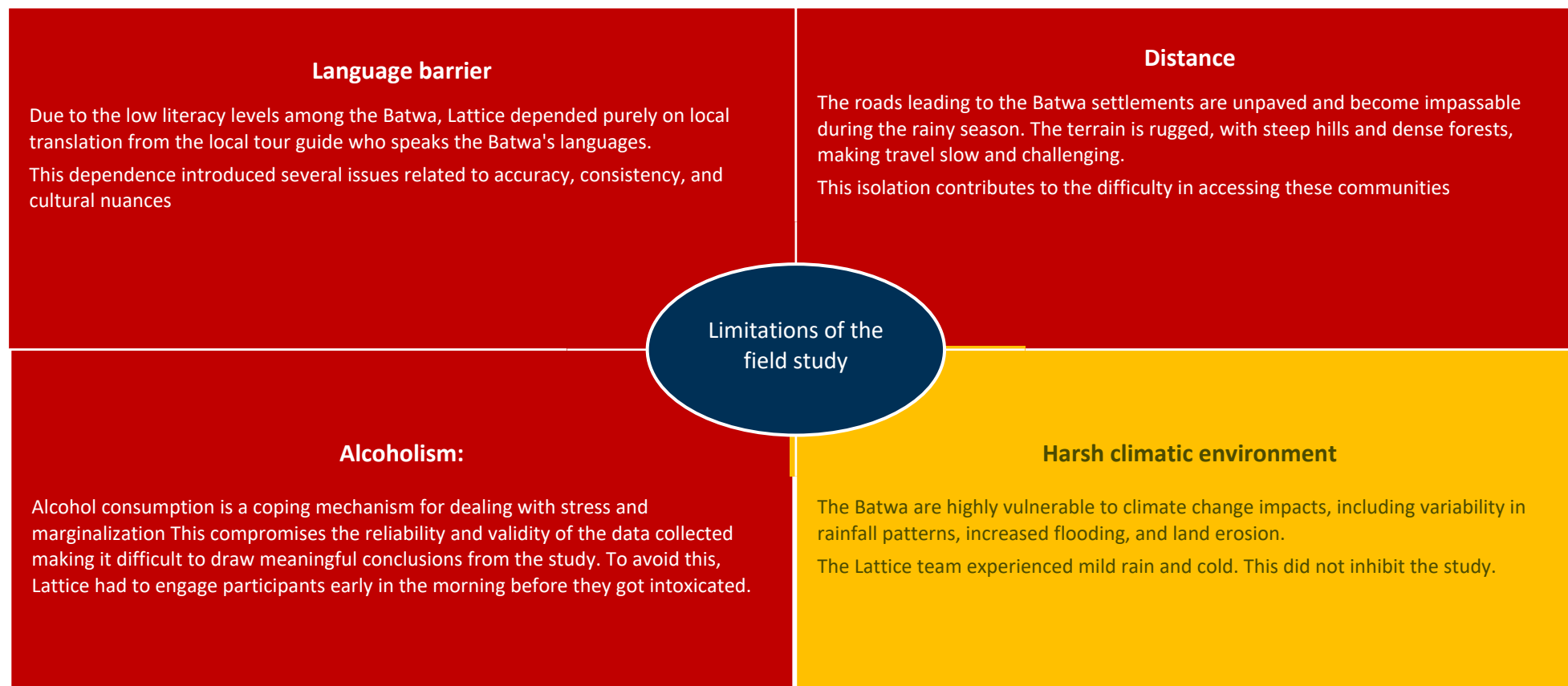
Fundraising Events



APPENDICES

Meeting with the local leaders within the Batwa community

LIMITATIONS OF THE FIELD STUDY



Parameter code	Level	Parameter description
	Low	Acceptable levels
	Medium	Fair levels
	High	High levels that affected the study

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APPENDIX 2: FIELDWORK PICTORIALS

A

Focus group discussions with Byabitukuru village.

B

One of the women articulating the barriers they face as Batwa women in Byabitukuru village.

C

Team Lattice heading to visit Ndyamigongo village.

D

Focus group discussions with Ndyamigongo village.

E

Focus group discussions with Kashija village.

F

Lattice visited the local health care facility to understand from the health care perspective.

APPENDIX 2: FIELDWORK PICTORIALS

G

Lattice visited the Kizito primary school and had a discussions with the Pendo sponsored learners.

H

The Pendo sponsored learners are very happy and their performance has improved.

I

Lattice brought the community leaders together to discuss the issues faced by the Batwa.

Other Appendices:

[Appendix 3: Key Informant Interview \(KII\) Questionnaire](#)

[Appendix 4: Focus Group Discussions \(FGD\) Questionnaire](#)

GLOSSARY

- **Bwindi Impenetrable National Forest:** A forest in Uganda that was the traditional home of the Batwa before their eviction for conservation purposes.
- **Community Health Volunteers:** Local individuals trained to monitor health indicators and promote health education within their communities.
- **Cultural Tourism:** Tourism activities that involve sharing and showcasing the cultural heritage and traditions of a community, often as a source of income.
- **Day Labor:** Temporary, low-wage work often performed on a daily basis, typically in agriculture or construction.
- **Dietary Diversity:** The variety of different foods or food groups consumed over a given reference period, important for ensuring adequate nutrient intake.
- **Gender-Based Violence (GBV):** Harmful acts directed at an individual based on their gender, including physical, sexual, and psychological abuse.
- **Handicrafts:** Handmade items created using traditional skills, often sold to generate income.
- **Holistic Needs:** Comprehensive needs that encompass various aspects of well-being, including health, education, housing, and economic stability.
- **Malnutrition:** A condition resulting from an imbalanced diet where certain nutrients are lacking, in excess, or in the wrong proportions.
- **Mama Kit:** An all-in-one package designed to ensure a clean and safe delivery for mothers, particularly in under-resourced areas. These kits are essential in places like Uganda, where hospitals and clinics often require women to bring their own birthing supplies.
- **Mobile Clinics:** Healthcare services provided through mobile units that travel to remote or underserved areas.
- **Outreach Programs:** Initiatives designed to provide services or support to people in their communities, often targeting those who are underserved or marginalized.
- **Semi-Permanent Housing:** Housing structures that are not fully permanent, often made from temporary or less durable materials.
- **Sustainable Impact Strategies:** Long-term plans and actions aimed at creating lasting positive effects on a community's well-being and development.
- **Wasted:** A term used to describe children who are significantly underweight for their height, indicating acute malnutrition.

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