

## THE BANYAMULENGE LIVES MATTER:

### A CALL FOR PROTECTION & HUMANITARIAN ACTIONS IN D.R. CONGO

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## 1. Introduction

### Partnership to advance advocacy for humanitarian support

The **AHEAD, Rose Mapendo Foundation and Maranatha International Baptist Church** are leading advocacy for humanitarian support to the needy population groups in various regions of the Democratic Republic of the Congo.

Through this initiative, we plan to partner with Project CURE and other potential partners including churches in the U.S.A. to provide relevant support including medical supplies in the High Plateau of Uvira, Fizi and Mwenge of South Kivu, DRC. Due to on-going conflicts in the region since last decade, health facilities have been destroyed causing greater demand of the population to access health services. This brochure describes the location, challenges, humanitarian needs and a plan for medical equipment and supplies shipment.

The Democratic Republic of the Congo (DRC) is home to a diverse population, including the Banyamulenge<sup>1</sup>—a Tutsi community primarily located in South Kivu Province. Despite their centuries-long presence in the region, the Banyamulenge have been subjected to systematic violence, displacement, and discrimination. This presentation seeks to highlight the historical context, current challenges, and urgent need for national and international action to protect and support the Banyamulenge - Tutsi people in Democratic Republic of Congo.

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<https://theconversation.com/the-banyamulenge-how-a-minority-ethnic-group-in-the-drc-became-the-target-of-rebels-and-its-own-government-201099>

## 2. Background

Banyamulenge are Tutsi people living in South Kivu - Eastern part of the Democratic Republic of Congo.

### 2.1. Geographic and Ethnic background

The DRC, situated in Central Africa, shares borders with nine countries. The Republic of Congo, Central African Republic, South Sudan, Uganda, Rwanda, Burundi, Tanzania, Zambia, and Angola. The country also has a short Atlantic coastline. The Banyamulenge community resides mainly in the eastern province of South Kivu. They speak Kinyamulenge, a language closely related to Kinyarwanda and Kirundi.

Historically, the Banyamulenge are Congolese of Tutsi origin, with ancestral roots in the region dating back to between the 15th and 18th centuries. Traditionally pastoralists, they have integrated into Congolese society while preserving a distinct cultural identity.

### 2.2. History of Discrimination and Persecution

#### 3.1 Recurrent attacks

The Banyamulenge have experienced repeated persecution throughout modern Congolese history. They have been the targets of repeated attacks by both states and non-state militia groups. Significant episodes of violence occurred in 1960, 1964, 1996, 1998. Notably in 2004 during the Gatumba massacre/genocide in Burundi when 166 civilians of Banyamulenge were cruelly killed, some burned alive.

#### 3.2 Recent Wave of Violence (Since 2017)

Since April 2017, there has been a resurgence of coordinated attacks against the Banyamulenge community<sup>2</sup>. These assaults, often accompanied by hate speech and dehumanizing rhetoric, have been perpetrated by:

- ★ Mai-Mai militias
- ★ Wazalendo forces

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<sup>2</sup> <https://www.ushmm.org/genocide-prevention/blog/democratic-republic-of-congo-rising-concern-banyamulenge>

- ★ Forces Démocratiques de Libération du Rwanda (FDLR)
- ★ Burundian armed forces
- ★ Elements of the Congolese national army (FRDC)

The toll has been catastrophic, Hundreds of villages, schools, health facilities, churches have been literally destroyed, Banyamulenge citizens pulled out into the streets and severely beaten with many being killed, often in similar horrifying circumstances.

Women and girls have been victims of horrific sexual violence including gang rape, sexual torture, and genital mutilation. These crimes have affected victims of all ages and genders, leaving deep scars on the community.

#### **4. Humanitarian Situation**

Approximately 90% of the remaining Banyamulenge population in the DRC are either in refugee camps or internally displaced people (IDPs). Key facts:

- ★ Their cattle, a vital part of their livelihood, have been looted by armed groups.
- ★ Homes have been burned, and entire villages burned to the ground.
- ★ The remaining Banyamulenge communities are under siege by armed groups, severely limiting their mobility and access to food, water, education, and healthcare.
- ★ Those who attempt to tend to their fields or move outside designated areas face threats or extrajudicial killings.

The community lives in constant fear. They are stigmatized primarily because of their perceived Rwandan origin due to Tutsi-like physical features, despite centuries of residence in Congo. Many are told they must either "return to Rwanda" or face death. "Even in the face of these heartbreaking challenges, we believe with all our hearts that God is greater than this situation. He is calling His people to rise—to pray earnestly, to seek His guidance, and to stand alongside Him in compassion and action."

## 5. Health situation in DRC

The recent surge in violence since 2017 in the eastern Democratic Republic of the Congo has led to significant loss of life, trauma, displacement, and the destruction of critical health infrastructure, exacerbating an already dire situation for millions of people.

As a result of persistent conflicts in the Eastern of DRC, the population in the remote area of Haut Plateau of Uvira, Fizi and Mwenga face health related challenges including higher HIV prevalence, cancer, diabetes, hypertension, mental health and other routine services are also affected as medicines have regular run out and health workers are either absent or overburdened.

The risk of death during pregnancy and childbirth has increased from already high levels. Given the insecurity, pregnant women cannot reach health facilities for safe delivery. Experience with conflict in the region has shown the drastic effect it has, with the rate of births attended to by skilled health workers dropping to near zero during periods of intense violence.

Due to limited access to HIV prevention services such condoms, information of HIV transmission, Voluntary and conseiling, prevention of HIV transmission from mother to child (PMTCT) there is a high risk of new HIV infections in the area. Also treatment of AIDS is practically inexistent in the area.

Evidence shows that currently approximately 90% of the remaining Banyamulenge population in the DRC are either in refugee camps or internally displaced people (IDPs). Such evidence calls for immediate humanitarian assistance in areas such as Minembwe, Mikenke, Indondo, Rurambo, Bibogobogo where displaced and surrounded community members reside. Immediate priority needs include:

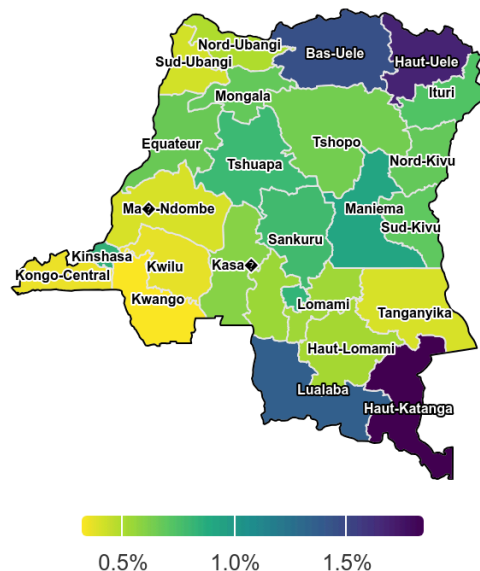
- ★ Medical supplies,
- ★ Shelter: For those whose homes have been destroyed.

- ★ Food and Nutrition: Emergency food aid and sustainable food security solutions.
- ★ Healthcare: Medical support for physical and psychological trauma,
- ★ Food and Nutrition: Emergency food aid and sustainable food security solutions.
- ★ Healthcare: Medical support for physical and psychological trauma, maternal health, and prevention diseases such HIV and AIDS, tuberculosis, malnutrition as well as prevention of Gender based violences,
- ★ Education: Access to learning opportunities for displaced children, youth and adults literacy.

## 6. HIV and AIDS in DRC

The Democratic Republic of Congo (DRC) is one of the countries most affected by HIV in the West and Central Africa region. The HIV/AIDS epidemic in the DRC is generalized, with a prevalence of 1.2% in the general population and 1.8% among pregnant women attending antenatal care services. The number of people living with HIV is estimated at 420,000, including 60,000 children under 15 years of age and 210,000 women.

HIV prevalence, 15-49, Both, December 2024



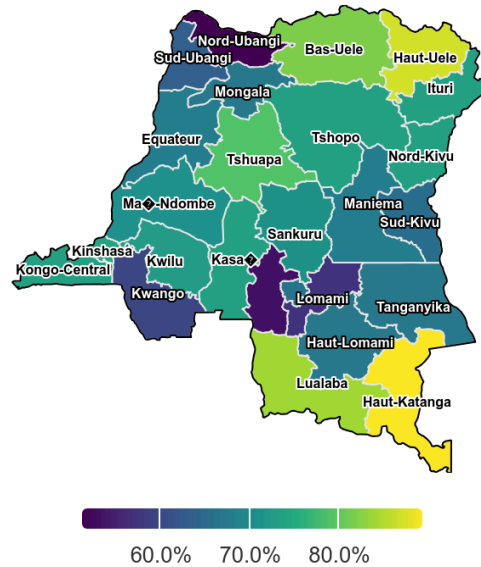
The national response has led to significant progress: 101,324 people are receiving ARV treatment, and 47% of HIV-positive pregnant women have received ARVs to reduce mother-to-child transmission.

In this same context of the HIV epidemic, young girls and women are also exposed to the risk of pregnancy. Indeed, according to the DHS II survey: More than six out of ten women (64%) and more than five out of ten men (55%) are in a union. More than one in two women (54%) reported that their last sexual intercourse had taken place recently, that is, during the four weeks preceding the DHS survey. Certainly, in the Democratic Republic of Congo, due to its vast size, in some provinces there are localities where the local populations have never had access to information on HIV/AIDS. While in the cities, people have a real understanding of HIV/AIDS, in the villages, and even more so in the most remote areas, people tend to mystify this epidemic, attributing it to a form of witchcraft, and human lives are being lost as a result of this ignorance. In South Kivu, the locality of Minembwe, due to its inaccessibility, is one of those areas that has never received any information about HIV/AIDS. It is an area not covered by the Global Fund in this regard, yet all the major factors of HIV transmission listed above are observed there at very high levels<sup>3</sup>.

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<sup>3</sup> [UNAIDS.ORG](http://UNAIDS.ORG)

## ART coverage, 15-49, Both, December 2024



### 6. HIV epidemic in Minembwe

Minembwe is an administrative entity governed by an administrative head. The languages spoken in this territory are: Kinyamulenge, Kifuliru, and Kiswahili (spoken by the majority of the population, uniting the different social strata). This area is inhabited by the Banyamulenge, Babembe, Bafuliru, Barega, Banyindu, Bamushi, Batwa, and Babangubangu, among others. Daily activities include: livestock farming, small-scale trade, public transportation (motorcycle taxis), agriculture, cinema, restaurants, and leisure activities (football).

Minembwe has three higher education and university institutions: Eben Ezer University of Minembwe (UEMI), the Higher Institute of Agro-Veterinary and Nature Conservation (ISAVEC), and the Minembwe University Center (CUM), as well as 12 secondary schools and 30 recognized primary schools. In addition, Minembwe has a health zone divided into 18 health areas, as shown in the table according to the latest data. Despite the efforts of humanitarian organizations, under the coordination of the National AIDS

Control Program (PNMLS), a large part of the population of Minembwe remains unaware of this major scourge.

Evidence<sup>4</sup> From the 2017 program activities implemented in Minembwe by National Network of PLHV in partnership with UNAIDS revealed that out of 265 people voluntarily tested for HIV 12 people were found HIV positive of which 7 were men and 5 were women. This indicates a higher HIV prevalence rate among men (2.6%) compared to 1.8% among women. In total, the 12 positive cases represent an HIV prevalence rate of 4.5%. This proves that the situation requires special attention to save human lives that are in mortal danger. By combining the two voluntary testing activities carried out in the Minembwe health zone (October 2016 and February 2017), we observed that the situation is becoming increasingly catastrophic and risks devastating a large population if adequate measures are not taken to curb this scourge. In terms of figures, out of a total of 565 people tested voluntarily, 29 cases tested positive, representing a rate of 5.1%.

### Proportions of HIV in Minembwe

	#	Negative	Positive	Indetermine	% HIV positive
Male	200	190	7	3	3.5
Female	65	59	5	1	7.7
Total	265	249	12	4	4.5

Source: UNAIDS Program report 2017

<sup>4</sup> [UNAIDS.ORG](http://UNAIDS.ORG)

## 5. CALL FOR ACTION

The Banyamulenge are Congolese citizens. They are entitled to the same rights, protections, and dignity as any other citizen of the DRC. The international community, international governments, civil society, churches and international citizens are called upon to:

- ★ Recognize and uphold the human rights and citizenship of the Banyamulenge.
- ★ End all forms of discrimination, hate speech, and violence.
- ★ Promote national unity and reconciliation among all Congolese communities.
- ★ Hold perpetrators of violence and sexual atrocities accountable through appropriate legal mechanisms and international justice.
- ★ In 1948, Spledged to “Never again” watch Genocide - but what Tutsi population is facing in the Democratic of Congo is a Genocide against Tutsi. Let us all unit efforts to stop Genocide against, Tutsi, Banyamulenge and Hema.
- ★ To fellow congolese, this is time to think of development indicators. It is time for reconciliation, promoting unity and stopping hate speeches.

## 6. Urgent Humanitarian Needs

Immediate humanitarian assistance is required in areas such as Minembwe, Mikenke, Indondo, Rurambo, Bibogobogo where displaced and surrounded Banyamulenge communities reside. Immediate priority needs include:

- ★ Shelter: For those whose homes have been destroyed.
- ★ Food and Nutrition: Emergency food aid and sustainable food security solutions.
- ★ Healthcare: Medical support for physical and psychological trauma,
- ★ Food and Nutrition: Emergency food aid and sustainable food security solutions.
- ★ Healthcare: Medical support for physical and psychological trauma, maternal health, and prevention diseases such HIV and AIDS,

tuberculosis, malnutrition as well as prevention of Gender based violences,

- ★ Education: Access to learning opportunities for displaced children, youth and adults literacy.
- ★ Security: Protection from ongoing violence and restoration of peace.

## 7. How You Can Help

Your support can make a substantial difference. Donations and advocacy efforts contribute directly to improving the lives of vulnerable Tutsi - Banyamulenge populations in DRC. Contributions will go toward:

- ★ Rebuilding communities
- ★ Providing life-saving humanitarian aid
- ★ Supporting peacebuilding initiatives
- ★ Advocating for justice and human rights

## 8. Conclusion

The Banyamulenge community in the DRC faces an existential threat. Without coordinated intervention and a firm commitment to justice, peace, and equality, the cycle of violence will continue.

The international community must not turn a blind eye. By standing in solidarity and providing support.

Now is the time to act—to bring hope to the hopeless, and to affirm the dignity and humanity of the Tutsi, Banyamulenge and Hema people in the Democratic Republic of Congo.

## 9. STATES RESPONSABILITIES TO PREVENT GENOCIDE

Genocide prevention<sup>5</sup> is an international legal obligation focused on identifying, preventing, and responding to mass atrocities through early warning systems, diplomatic intervention, and addressing root causes like

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<sup>5</sup> [Presentation genocide prevention - Google Search](#)

hate speech. Grounded in the 1948 Genocide Convention, it requires states to act proactively to protect populations.

**Key Components for a Presentation on Genocide Prevention:**

- ★ **Definition & Legal Framework:** The 1948 UN Convention on the Prevention and Punishment of the Crime of Genocide is the foundation, defining it as acts committed with intent to destroy, in whole or in part, a national, ethnical, racial, or religious group.
- ★ **The 10 Stages of Genocide (Dr. Gregory Stanton):** These predictable, non-linear stages include Classification, Symbolization, Discrimination, Dehumanization, Organization, Polarization, Preparation, Persecution, Extermination, and Denial.
- ★ **Early Warning Signs & Risk Assessment:** Tools developed by the UN Office on Genocide Prevention help detect indicators such as discriminatory policies, hate speech, political instability, and weak human rights protections.
- ★ **Preventive Strategies:**
  - **Early Action:** Addressing root causes through education, promoting diversity, and reinforcing human rights.
  - **Preventive Diplomacy:** Utilizing mediation, dialogue, and political pressure to stop the escalation of violence.
  - **Institutional Mechanisms:** Implementing government-wide strategies, such as the U.S. Elie Wiesel Act, to ensure timely responses.
  - **The Responsibility to Protect (R2P):** The principle that states have the primary responsibility to protect their populations from genocide, war crimes, ethnic cleansing, and crimes against humanity.
- ★ **Role of Civil Society:** Individuals and organizations play a critical role in monitoring, reporting, and advocating for "never again".



Images of Banyamulenge

Authors :



**Dieudonne Raturwa**, holds 2 Master’s degrees in Public Health and in International Cooperation & Humanitarian Aid. Mr. Raturwa has extensive work experience in the health sector, education and home health care. Founder of AHEAD - [AAHEAD.ORG](http://AAHEAD.ORG), Raturwa pays attention to quality care, dignity, and respect for every human being. AHEAD started its programs in the state of Ohio, state of Maine, and plans to extend support to different states of the USA. He is committed to advance advocacy for equality and humanitarian support to needy populations all over the world. *James 5:16: Praying for others is a precious investment made in God. "The prayer of a righteous person is powerful and effective".*



**Rose Mapendo** is a Congolese human rights activist. She founded the Rose Mapendo Foundation with the mission to empower the women and men of the Democratic Republic of Congo, Rwanda, and Burundi to rise above their circumstances and unite to bring peace to their region. Rose Mapendo, has dedicated her life to advocate for and raise the voice of the voiceless. *Esther 4:12: Do not imagine that because you are in the king’s palace you alone will escape fate ... if you remain silent at this time, relief and deliverance ...will arise from another place”*



**Past. Richard Ruganza** is a leading Pastor of the Maranatha International Baptist Church based in Dayton Ohio. *“We strive to express the compassion of Jesus Christ to all persons along with our personal commitment to Christ”*. While the primary motive of the church is to glorify God, we are also called to advocate and support needy population groups. The Bible commands believers to pray for others. Galatians 6:2: "Carry each other’s burdens, and in this way you will fulfill the law of Christ".

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## United Nations Convention on the Prevention and Punishment of the Crime of Genocide

Any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such:

- a) Killing members of the group;
- b) Causing serious bodily or mental harm to members of the group;
- c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
- d) Imposing measures intended to prevent births within the group;
- e) Forcibly transferring children of the group to another group.



**AHEAD**

## The role of the United Nations Special Adviser on the Prevention of Genocide

In 2004, following the genocidal violence in Rwanda and the Balkans, United Nations Secretary-General Kofi Annan appointed Juan Mendez as Special Adviser to fill critical gaps in the international system that allowed those tragedies to go unchecked. In 2007, Secretary-General Ban Ki-moon appointed Francis M. Deng on a full-time basis at the level of Under-Secretary-General. He also appointed Edward Luck as the Special Adviser who focuses on the responsibility to protect, on a part-time basis at the level of Assistant Secretary-General.

The Office of the Special Adviser on the Prevention of Genocide (OSAPG)<sup>1</sup> works to strengthen the role of the United Nations in preventing genocide by:

***Raising awareness:*** Creating knowledge and raising awareness of genocide prevention in order to enhance the capacity of the United Nations to analyse and manage information relevant to genocide and related crimes, and enable States, the United Nations system and civil society to work collectively towards preventing genocide. The Office:

- Assists regional organizations and governments to institute genocide prevention mechanisms, and engages governments on the nature of genocide and constructive ways of managing diversity as a preventive strategy;
- Organizes high-level UN conferences on genocide prevention, holds public briefings, conducts and disseminates case studies on management of diverse populations, and publishes expert papers on thematic issues;



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- "We can't help everyone, but everyone can help someone." — Ronald Reagan
  - "If you can't feed a hundred people, then feed just one." — Mother Teresa
  - "Everyone can be a humanitarian. All it takes is one act to help someone else. That's the spirit of people helping people." — Valerie Amos, former Under-Secretary-General for Humanitarian Affairs
  - "A single act of kindness throws out roots in all directions, and the roots spring up and make new trees." — Amelia Earhart





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