

Micro Development Transforms Bwiza Village

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Summary

The Community of Potters (COP) were formerly known as Batwa Pygmies. Historically, they hunted and gathered deep in the African forest. They have a history of poverty, discrimination and segregation with an under-five mortality rate approaching 40%. Their representatives asked for help to reduce this rate. Therefore, we developed the COP Health and Development Project (COPHAD) in 2008 in Bwiza, which then had severe deficits of food, clothing, shelter, health care and education. Through multi-faceted change strategies or "Micro Development" (Table 1), Bwiza Village achieved statistically significant progress in health, nutrition, and employment (Table 2) thereby enhancing their survival and future.



3/08 1st blue shoes



6/08 1st hand washing lesson



7/09 Terrace building begins



1/012 Bean harvest, New Bwiza (Cyaruzinge*)

Table 1 – PSA's Micro Development Strategy in Bwiza	
PSA Change Strategy	Bwiza Achievements
1 Food Security	
Nutritional supplements	First-time amelioration of kwashiorkor in vulnerable infants
Village Health and Development Council leadership training	First-time village leadership structure and accountable performance
Hoes, shovels, pickaxes, manure, seeds	Built 120 farming terraces; yielded tons of beans
Training in agricultural methods and animal husbandry	Creation of "ABAHUZA" Cooperative: First Batwa Pygmies with cows and brick-making machine; now with 26 cows, many goats, rabbits, tomato greenhouse and poultry
2 Access to Clean Water	
Technical assistance to dig surface well	Increased water supply, more productive use of time
3 Sanitation and Hygiene	
Health education: sanitation & hygiene	Built five latrines and began hand washing practices
Liaison with Sector and District Leaders; 20 tons stone; tons of cement provided	Participation in national "Bye-Bye Nyakatsi" initiative; building of New Bwiza Village (Cyaruzinge*) with 52 new houses
4 Access to Health Care	
"Mutuelle" health insurance cards	First-time attendance at Health Centers, access to care
De-worming + Vitamin A supplementation	First-time decreased incidence of diarrhea
5 Education	
Monitoring and evaluation services	Data-driven basis for program planning and development
School uniforms	100% primary enrollment; 2 girls in secondary school
Involvement of entire community	Greater equality for women; reduced infant mortality
6 Economic Prosperity	
Shoes	New and increased access to market s and schools
Micro finance ventures	New trading of goat skins & vegetables; new brick-making business; new basket-making and small shop keeping

Table 2 - Household Surveys Show Many Significant Gains in 2 yrs. (P < .05)				
N = 27 (2009); N= 31 (2011)	Base 2009	Follow-up 2011	"09" v "11" P Value	Rwanda 2010 DHS /Poorest
1 Food Security	%	%	$\chi^2 P =$	%
Households with a garden	54	82	0.02	-
Households with a cow	4	56	0.00	-
Ate in prior 7 days:				
Grains	26	29	>0.3	-
Bananas	7	18	>0.1	-
Beans	74	100	0.00	-
Potatoes	59	85	0.03	66.9% consumed foods rich in vitamin A in last 24 hrs.
Greens	33	74	0.01	
Protein	8	38	0.01	
3 Sanitation and Hygiene	%	%	$\chi^2 P =$	%
Households with access to toilet facilities	37	91	0.00	98
Households with access to a pit latrine	0	84	0.00	96
Respondents with soap who washed hands daily	66	100	0.00	-
4 Access to Health Care	%	%	$\chi^2 P =$	%
Adults with current mutuelle health insurance card	32	82	0.00	60
Women giving birth to youngest at health facility	0	35	0.02	61
5 Economic prosperity	%	%	$\chi^2 P =$	%
Women with gainful employment	50	88	0.002	88

*Chi-Square (χ^2) P is for comparison COP 2009 vs. COP 2011