Maji Safi Group Overview

Maji Safi Group (MSG), “Clean Water Group” in Swahili, operates in the Rorya District of Tanzania, an area consisting of farmland and villages on the shores of Lake Victoria in the Mara Region. In the Rorya District, water is mostly taken directly from unprotected sources that are contaminated with human, animal, and industrial waste. As a result, 99% of all drinking water is contaminated with dangerous levels of pathogens, which leads to high levels of water-related diseases and widespread waterborne and water-related outbreaks (Perel-Slater, 2011). According to Dr. Chirangi, Chief Medical Officer at the Shirati KMT District Hospital, 50% of illnesses in the Rorya District come from water-related and waterborne diseases, such as schistosomiasis, cholera, and dysentery. To combat this situation, MSG began as a project under the Shirati KMT District Hospital in May 2012 to implement prevention-focused programs that reduce the occurrence of waterborne diseases.

MSG builds and trains teams of local, mostly female, Community Health Educators (CHEs), who lead disease prevention outreach and interventions. MSG was founded with the goal of developing and implementing sustainable and effective programs through participatory methods, relying on our CHEs’ expertise, community recommendations, and needs assessments. Currently, MSG effectively runs eight community programs. Our CHEs engage residents through home visits, village outreach, hospital-based programs, school groups, sports, and other community events (e.g., the local radio station, places of business, and local markets). These programs touch a wide spectrum of stakeholders, such as parents, teachers, health care providers, government leaders, and youths. Each MSG program was created to reduce the occurrence of preventable diseases that would otherwise continue to paralyze development. MSG does this by empowering women, youths, and vulnerable groups to be changemakers of their community’s health. To reach this goal, MSG addresses the root causes of recurring preventable diseases through water, sanitation, and hygiene (WASH) and healthy lifestyle education.

MSG’s organizational approach embodies Confucius’ philosophy: “Tell me and I will forget. Show me and I may remember. Involve me and I will understand”. MSG believes that by engaging communities with fun and interactive lessons on disease prevention, participants will have the knowledge and motivation to improve their water, sanitation, and hygiene (WASH) behaviors. Since May 2012, Maji Safi Group has helped local authorities fight four cholera outbreaks and has directly taught WASH lessons and the importance of improving personal and community WASH behaviors to approximately 337,875 Mara Region residents – or to approximately 1,814,250 Mara Region residents, when including radio shows.

Figure 1: Maji Safi Group Facts

| Maji Safi Group Facts |  |
|-----------------------|  |
| **Country**           | Tanzania                 |
| **Region**            | Mara                     |
| **Approximate Population of Mara Region** | 1,778,700 Residents |
| **Districts MSG Works in and their Approximate Populations** |  |
| Bunda District = 335,000 Residents |
| Butiama District = 241,700 Residents |
| Musoma Rural = 208,000 Residents |
| Rorya District = 265,000 Residents |
| **Year Established**  | 2012                     |
Maji Safi Group’s 8-Year Impact

Over the eight years we have now been in operation, we have learned so much and reached millions with our life-saving WASH education. Each year, we learn from the previous year and adjust programs, measurements, and curriculum to make an even more positive impact on the communities we teach. Overall, including our radio program, we have cumulatively reached 1,814,256 residents and have directly taught 337,869 people WASH lessons. See Figure 7 and Figure 8.

Since MSG started operations, we have conducted over five years of health screenings and have found a consistent pattern: People who have been exposed to MSG’s WASH education are healthier than those who have not received such education, and when MSG is running programs in a community, overall public health improves. This was once again evident in our last comprehensive screening in 2019 where we tested 8,299 people – 3,282 had received education from MSG, 5,017 had not. As Figure 2 through Figure 5 below illustrate, the statistics clearly indicate that our disease prevention education is protecting MSG program participants from contracting preventable WASH-related diseases that would otherwise continue to negatively impact their lives and impede development. In addition, our health screening results showed that the number of health screening participants who tested positive for one or more diseases had declined as follows: 2015 (55%), 2016 (56%), 2017 (51%), 2018 (54%), and 2019 (42%). Figures 2 through 5 below illustrate the trends of the various tested diseases over the five years of health screenings.

Figure 2: 5-Year Amoebiasis Disease Rates

*Note: Family members and staff members were not tested in 2015. (Community Members = Non-program participants).
**Figure 3: 5-Year Intestinal Worm Disease Rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall Rates</th>
<th>Current Program Participants</th>
<th>Past Program Participants</th>
<th>Family Members</th>
<th>Staff Members</th>
<th>Community Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>18%</td>
<td>24%</td>
<td>38%</td>
<td>41%</td>
<td>31%</td>
<td>19%</td>
</tr>
<tr>
<td>2016</td>
<td>21%</td>
<td>17%</td>
<td>9%</td>
<td>12%</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>2017</td>
<td>20%</td>
<td>16%</td>
<td>9%</td>
<td>12%</td>
<td>15%</td>
<td>22%</td>
</tr>
<tr>
<td>2018</td>
<td>15%</td>
<td>14%</td>
<td>5%</td>
<td>15%</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>2019</td>
<td>14%</td>
<td>15%</td>
<td>6%</td>
<td>15%</td>
<td>13%</td>
<td>74%</td>
</tr>
</tbody>
</table>

*Note: Family members and staff members were not tested in 2015. (Community Members = Non-program participants).*

**Figure 4: 5-Year Schistosomiasis in Stool Disease Rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall Rates</th>
<th>Current Program Participants</th>
<th>Past Program Participants</th>
<th>Family Members</th>
<th>Staff Members</th>
<th>Community Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>7%</td>
<td>23%</td>
<td>17%</td>
<td>5%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>2016</td>
<td>8%</td>
<td>15%</td>
<td>17%</td>
<td>5%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>2017</td>
<td>7%</td>
<td>4%</td>
<td>5%</td>
<td>7%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>2018</td>
<td>8%</td>
<td>3%</td>
<td>3%</td>
<td>8%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>2019</td>
<td>10%</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
<td>14%</td>
<td>13%</td>
</tr>
</tbody>
</table>

*Note: Family members and staff members were not tested in 2015. (Community Members = Non-program participants).*
Figure 5: 5-Year Schistosomiasis in Urine Disease

5-Year Schistosomiasis in Urine Disease Rates

*Note: Family members and staff members were not tested in 2015. (Community Members = Non-program participants).
**Figure 6: MSG’s 8-Year Impact (Cumulative number from 2012-2020)**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Visit</td>
<td>1,207 Family Members</td>
<td>2,755 Family Members</td>
<td>1,323 Family Members</td>
<td>885 Family Members</td>
<td>-</td>
<td>11,358 Family Members</td>
</tr>
<tr>
<td>After School</td>
<td>1,588 Students</td>
<td>2,575 Students</td>
<td>405 Students</td>
<td>262 Students</td>
<td>-</td>
<td>10,812 Students</td>
</tr>
<tr>
<td>Disease Prevention Center (DPC)</td>
<td>1,032 Visitors to DPC</td>
<td>1,445 Visitors to DPC</td>
<td>1,193 Visitors to DPC</td>
<td>645 Visitors to DPC</td>
<td>347 Visitors to DPC</td>
<td>7,465 Visitors to DPC</td>
</tr>
<tr>
<td>Singing and Dance Group (including performances)</td>
<td>3,250 Community Members</td>
<td>7,858 Community Members</td>
<td>4,015 Community Members</td>
<td>4,221 Community Members</td>
<td>-</td>
<td>22,894 Community Members</td>
</tr>
<tr>
<td>Maji Safi Cup</td>
<td>6,936 Participants</td>
<td>8,054 Participants</td>
<td>3,822 Participants</td>
<td>-</td>
<td>-</td>
<td>26,711 Participants</td>
</tr>
<tr>
<td>Outreach (events, market visits, stores, salons, and restaurants)</td>
<td>7,699 Community Members</td>
<td>7,278 Community Members</td>
<td>13,022 Community Members</td>
<td>24,540 Community Members</td>
<td>6,986 Community Members</td>
<td>76,780 Community Members</td>
</tr>
<tr>
<td>Female Hygiene</td>
<td>2,342 Participants</td>
<td>2,502 Participants</td>
<td>4,876 Participants</td>
<td>7,558 Participants</td>
<td>1,916 Participants</td>
<td>28,366 Participants</td>
</tr>
<tr>
<td>Hotline*</td>
<td>1,467 Participants</td>
<td>1,830 Participants</td>
<td>1,513 Participants</td>
<td>1,305 Participants</td>
<td>686 Participants</td>
<td>12,730 Participants</td>
</tr>
<tr>
<td>Radio Show Listeners</td>
<td>98,000 Listeners</td>
<td>231,000 Listeners</td>
<td>185,200 Listeners</td>
<td>371,200 Listeners</td>
<td>508,800 Listeners</td>
<td>1,474,700 Listeners</td>
</tr>
<tr>
<td>Radio Show Callers</td>
<td>206 Direct Callers</td>
<td>254 Direct Callers</td>
<td>144 Direct Callers</td>
<td>158 Direct Callers</td>
<td>109 Direct Callers</td>
<td>871 Direct Callers</td>
</tr>
<tr>
<td>Radio Show SMS Messages</td>
<td>- SMS Messages</td>
<td>- SMS Messages</td>
<td>372 SMS Messages</td>
<td>753 SMS Messages</td>
<td>562 SMS Messages</td>
<td>1,687 SMS Messages</td>
</tr>
<tr>
<td>Health Screenings</td>
<td>5,160 Screened</td>
<td>3,071 Screened</td>
<td>6,911 Screened</td>
<td>8,299 Screened</td>
<td>1,200 Screened</td>
<td>26,501 Screened</td>
</tr>
<tr>
<td>Cholera Outreach</td>
<td>41,593 Participants</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>94,830 Participants</td>
</tr>
<tr>
<td>Male Hygiene</td>
<td>348 Participants</td>
<td>772 Participants</td>
<td>2,485 Participants</td>
<td>1,048 Participants</td>
<td>1,573 Participants</td>
<td>4,653 Participants</td>
</tr>
<tr>
<td>Toilet Project</td>
<td>-</td>
<td>175 Users</td>
<td>3,223 Users</td>
<td>4,740 Users</td>
<td>-</td>
<td>8,138 Users</td>
</tr>
<tr>
<td>Water Project</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5,600 Users</td>
<td>7,210 Users</td>
<td>12,810 Users</td>
</tr>
<tr>
<td>Total reached each year (excluding radio show, but including callers)</td>
<td>72,828 Community Members</td>
<td>38,569 Community Members</td>
<td>42,932 Community Members</td>
<td>55,038 Community Members</td>
<td>20,649 Community Members</td>
<td>344,091 Community Members</td>
</tr>
<tr>
<td>Total reached each year (including radio shows)</td>
<td>170,828 Community Members</td>
<td>269,569 Community Members</td>
<td>228,504 Community Members</td>
<td>426,991 Community Members</td>
<td>529,449 Community Members</td>
<td>1,819,916 Community Members</td>
</tr>
</tbody>
</table>

**Notes:** *Hotline numbers indicate number of SMS messages sent/received and number of incoming and outgoing calls made.**

**Radio Show is estimated to reach approximately 6,400 listeners per show at Sachita FM and 15,000 listeners at Bunda FM. These numbers may include repeat listeners.*
Figure 7: Cumulative Number of Total Number of Program Participants Reached

Cumulative Number of Total Number of Program Participants Reached

![Cumulative Number of Total Number of Program Participants Reached](image)

Figure 8: Cumulative Number of Program Participants by Program

Cumulative Number of Program Participants by Program

![Cumulative Number of Program Participants by Program](image)
2020 Overview

In 2020, the outbreak of the COVID-19 pandemic led to changes in program implementation in our areas of operation. Yet, Maji Safi Group Tanzania accomplished many goals with financial assistance from Maji Safi Group USA, Dining for Women, LUSH Charity Pot, First Foundation, Beyond our Borders, Friends of Tanzania, the Posner Center, the Tanzanian government, and other generous donors. As we had to deal with the new COVID-19 obstacles, 2020 was a challenging year for MSG. We implemented eight programs in our areas of operation with 13 Community Health Educators on our staff. From March-July 2020, operations were limited while we were adapting to dealing with the COVID-19 pandemic and were unable to run our usual in-person programming. The pandemic forced MSG to re-evaluate the mode of implementation for all our programs, especially after the Tanzanian government announced the closure of all schools in the beginning of March. While this public health decision was crucial to saving lives in Tanzania, it significantly affected the implementation of our programs since school pupils and large gatherings of community members are normally our main target populations. MSG continued to first and foremost invest in its Community Health Educator (CHE) Program by providing continuous education and ensuring that the WASH lessons provided to the community were up-to-date and properly understood, and we continued to invest in the CHEs’ lives and the lives of their families by focusing on providing all staff members with good salaries and proper benefits. In addition, we added COVID-19 lessons to our programs to join the world and government efforts to contain the disease, and to become a more efficiently run organization, MSG hired a Director of Operations and a Monitoring and Development Manager.

Overall, MSG reached over 529,450 community members in 2020, including MSG radio show listeners, event spectators, and public announcement listeners. When only looking at the lessons taught directly (in-person), our CHEs reached almost 20,650 Mara Region community members with life-saving WASH education.

MSG continued to maintain organizational partnerships during 2020 despite the pandemic. Our major partners included TAWASANET (Tanzania Water and Sanitation Network), Tanzanian Menstrual Hygiene Management Coalition, National Council of NGOs, TAFIRI (Tanzania Fisheries Research Institute), Afripads, First Foundation, village and district councils, regional and district level governments, the Shirati KMT District Hospital, Washington University in St. Louis, Lund University in Sweden, LUSH Foundation, Posner Center for International Development, MAMA Project, UNICEF, National Institute of Medical Research, Africa School Assistance Program (ASAP), Rustic Pathways, Anuflo Industries, Be Girl, ELEA Pads, SAALT, SUNY NYC, UC Berkeley, and the Mortenson Center at CU Boulder.

MSG maintained its programs and focused on creating sustainable change among program participants. Our participatory model has gained acceptance in the community, and our monitoring and evaluation results indicate that Rorya District community members are changing their WASH behaviors and becoming healthier. This is seen especially with MSG program participants and participants’ families who have worked with MSG over the years. The rest of this report gives a detailed analysis of each program explaining the program’s reach, successes, and opportunities for improvement.
1. Community Health Educator Program

Maji Safi Group employs full-time Community Health Educators (CHEs), also known as *Mabalozi wa Maji*, to promote proper water, sanitation, and hygiene (WASH) practices. MSG trains and certifies CHEs to teach disease prevention methods, such as correctly filtering and treating water, cleaning, and preparing food, thoroughly washing hands, and practicing proper menstrual hygiene management. Our CHEs are the face of Maji Safi Group in the Mara Region – they are responsible for facilitating and leading all of MSG’s interventions, and, as they speak the local language and understand their community’s history and culture, they are a highly effective group in terms of initiating WASH behavior change.

Hiring residents also provides employment opportunities and builds capacity in the community. In addition, as women are key changemakers in development, 85% of MSG’s CHEs are female. Quality employment with social security and health insurance benefits improves the health of their families and ensures that their children can stay in school. When MSG employees invest in healthy practices in their homes and obtain financial stability for their families, they are further empowered to be WASH leaders and role models in their communities. MSG continued working with 13 full-time CHEs in 2020.
2. Learning Tools
MSG spreads WASH and disease prevention awareness through various mediums. Wall murals, painted by local artists, provide a constant reminder of WASH best practices. These paintings visually demonstrate disease prevention techniques, such as washing your hands properly, brushing your teeth, using the toilet, growth and body changes, gender balance, and menstrual management products. In conjunction with other MSG outreach programs, these murals are easily accessible and long-lasting learning tools for the entire community.

Additionally, in its efforts to continue the spread of WASH and disease prevention awareness, MSG conducted a training on SAFI/SATO toilets for its 20 staff members and three local masons. The training was facilitated by two SNV experts. The SAFI/SATO toilets were implemented in four schools in the Rorya District. We consider the two innovations affordable technologies for urban and rural families in Tanzania. These toilets are durable, safe, and easy to clean, and they only use 0.2 to 1 liter of water per visit. We believe that the implementation of the project will contribute to reducing open defecation in schools and lead to students taking good hygiene behaviors back to their homes.

In 2020, our Learning Tools Program designed and produced WASH-related disease leaflets and distributed more than 19,654 of them to people who participated in our outreach and disease prevention centers.

3. Disease Prevention Centers
Our first Disease Prevention Center (DPC) started in 2012 at the Shirati KMT District Hospital, which makes it one of MSG’s oldest programs. The goal of this program is to provide disease prevention education in hospital and health clinic settings. MSG has a long-standing partnership with the Shirati KMT District Hospital and has continued to work with the hospital’s visitor center. In 2020, we continued working with four health care facilities: Shirati KMT District Hospital, Sota Dispensary, Masonga Dispensary, and Kothora Dispensary; we started teaching at two new DPCs: SHED Dispensary and Bubombi Dispensary; and we provided Sokorabololo Dispensary with MSG’s educational booklets for them to distribute to patients and visitors. The DPC Program provides health education in the form of demonstrations of proper hygienic behaviors, information about fecal-oral transmission, written materials, and interactive worksheets that the visitors keep as a reminder of the lesson. Education is given to patients, people visiting patients, and hospital staff. Visitors to the DPCs learn about disease transmission, avoiding diseases in the future, and why preventing disease is more economical than treating disease. After disease prevention lessons, the participants are asked questions to monitor their demographics, knowledge of WASH, and familiarity with MSG. This program reaches people from far away because the Shirati KMT District Hospital is where patients from the entire Rorya District and beyond receive treatment.

Snapshots of Disease Prevention Centers in 2020

- DPCs were open for 26 days.
- 347 people visited DPCs.
- On average, CHEs taught 13 people per day. This number would vary depending on the prevention center, ranging from 3 people to 38 people.
- DPC continued at the Shirati KMT District Hospital, Masonga Dispensary, Kothora Dispensary, and Sota Dispensary.
- Started new disease prevention centers at the SHED Dispensary and the Bubombi Dispensary.
- Provided MSG health educational booklets to the Sokorabololo Dispensary.
- Female community health workers participated more (87.7%) in DPCs than males did (12.3%). Also, 94.7% of DPC participants were community participants while 5.3% were patients.
61.4% of DPC participants were familiar with MSG through programs such as Outreach, Female and Male Hygiene, and our Radio Program.

58.3% of DPC participants were in other MSG programs like Outreach, Female and Male Hygiene, and the After School Program.

65.5% of DPC participants treated their water at home before use. Major methods used for treating water were: boiling 73.0%, ceramic filter 16.2%, and SODIS 10.8%.

55.1% of DPC participants were aware of the places to buy WASH products in their areas.

4. Hotline
The Hotline Program started in October 2013. This program is a way for the community to contact MSG through our hotline numbers to learn about water, sanitation, hygiene, disease prevention, and health. Additionally, it is a way for MSG to teach participants in hard-to-reach places. The hotline number is given to participants if they do not have time to talk in person during other programs such as Outreach, Disease Prevention Center, and Radio Shows. This program also aims to reach men in the community, as they often are not readily available to talk during the Home Visit or Outreach Programs.

In 2020, we had 447 contact phone calls. Participants from several areas in Tanzania were called up to three times to receive WASH education. Most callers called from the nearby wards or wards that our Outreach Program had previously visited. WASH-related SMS messages were sent 239 times. In total, MSG gave out 686 WASH-related lessons in the form of a phone call or text message.

Snapshots of Hotline Program in 2020

- 686 lessons were taught through 447 phone calls, and 239 messages were sent to hotline participants.
- 149 participants used the hotline three or more times.
- 105 messages were sent three times.
- 63% of hotline participants were male while 37% of hotline participants were female.

5. Outreach
There are many ways to teach WASH education in the community. Our Outreach Program started in 2012 with the goal of teaching the local community about improved WASH practices through a variety of local outreach methods, including event days and market outreach as well as visiting groups, shops, salons, and restaurants in the Mara Region. This program has been developed over time to reach more community members and to respond to community crises, such as cholera outbreaks. Outreach continues to directly reach the most people, and it has the largest direct scope of all MSG programs.

In 2020, our Outreach Program reached a total of 6,986 participants.

MSG visited salons, shops, and restaurants and tested their WASH knowledge before lessons. Establishments that scored between 75% and 100% on their final evaluation after MSG lessons received certificates. In 2020, the average score was 76%, while the highest score was 100%.

Market Days
Throughout 2020, CHEs visited markets located in the Ronya District. Market days are either half or full days of work, depending on the size of the market and the location. Education topics include water treatment (e.g., boiling water, using chlorine tablets, etc.), the fecal-oral disease cycle, and preventing WASH-related diseases, such as cholera. The CHEs also
use this time to sell chlorine tablets, oral rehydration solution, and various Menstrual Hygiene Management products. On average, about 55 people received education during a market day. In total, we visited 30 market locations over 71 days, reaching approximately 3,930 people. Of the 30 locations visited, 10 were visited five or more times.

**Salons and Shops**

In 2020, MSG visited local salons and shops to teach local business owners how to protect their customers through practicing proper WASH techniques, how to keep their environment clean, and how to provide better customer service. Overall, CHEs taught 15 WASH lessons to salon and store owners. Eleven establishments were taught once, and four were taught twice. After each lesson, the CHEs ranked each store and salon with (4) being the highest level of understanding and (1) being the lowest. Later in the year, the CHEs revisited the store and salon owners and tested them on their WASH knowledge again. The results indicated high retention of WASH knowledge taught by Maji Safi Group with 3.5 as the average score.

**Restaurants**

Each year, MSG visits local restaurants. In 2020, CHEs taught seven local restaurant owners – two from Sokorabolo and five from Sakawa. Our CHEs evaluate local restaurants to gain a better understanding of their cleanliness and safety for their customers. If the restaurant managers want to participate, they receive MSG lessons on how to improve the environmental and food safety of their restaurant. Providing restaurant owners with WASH education empowers them to change their behaviors and provide a place that is safer and healthier for them and their customers. In 2020, our CHEs were not able to conduct the final evaluation due to the COVID-19 pandemic which restricted direct interactions with our program participants.

**Restaurant Assessment Highlights**

**Water Sources**

- 40% of restaurants used water from wells, and 50% of the restaurants used rainwater for cooking, cleaning, and hand washing.

*Figure 9: Restaurants’ water sources*

**Drinking Water Quality Management**

- 71% of restaurants filtered their drinking water for their customers.
- 80% of restaurants filtered their drinking water for their customers before treating.
- 57% of restaurants did not treat drinking water for their customers.
- 29% of restaurants boiled their drinking water.
- 14% of restaurants applied WaterGuard (chlorine) to their drinking water for customers and use on site.

Hand Washing

- 100% of restaurant attendants reported that they wash their hands before cooking, before eating, and after using the bathroom.
- 71% of restaurant attendants reported that they wash their hands before feeding their children, and 57% reported that they wash their hands after cleaning children.
- 14% of restaurant attendants revealed they do not wash their hands.
- 100% of restaurants had hand-washing facilities, and 71% of these restaurants’ employees used soap when washing their hands; 43% of the restaurants treated their hand-washing water.

Food Hygiene and Other Hygiene Issues

- 100% of restaurants covered their food and cooked their food thoroughly.
- 86% of the restaurant attendants did not cover their hair while preparing food or while serving customers.
- 67% of restaurants served leftovers to their customers.

Figure 10: Food Hygiene and Other Hygienic Issues

Dishwashing

- 100% of restaurants washed their dishes with soap.
- 86% of restaurants did not treat their water for washing dishes.
Toilets

- All restaurants visited had a toilet.
- 71% of restaurants used unimproved toilets (pit latrines), whereas 29% of restaurants had improved pit latrines.

Snapshots of Outreach Program in 2020

- 6,986 people reached through the Outreach Program in the Rarya District and other areas of Tanzania where the program operated.
- 3,932 people reached through market outreach.
- 15 WASH lessons taught through salon and shop outreach.
- 7 restaurants assessed, taught WASH lessons, and evaluated through restaurant outreach.
- 851 students, teachers, and parents reached through COVID-19 outreach in the Rarya District. Participants were taught COVID-19 prevention measures, including hand washing, keeping social distance, and using face masks.
- 1,694 people reached on Global Hand Washing Day. The event was conducted in two primary schools (Nyamasike and Lolwe) and in one community center in the Bukama community.
- 491 community members and local leaders reached on World Toilet Day at the ward level in the Rarya District. Participants were taught about the importance of toilets in households in relation to disease prevention and climate change and were introduced to SAFI toilets and SATO toilet pans.

6. Radio Show

MSG has a partnership with Sachita FM in the Tarime District and Bunda FM in the Bunda District, both located in the Mara Region. Sachita FM reaches approximately 6,400 listeners per show, and Bunda FM reaches approximately 15,000 listeners per show, as per estimates from the radio stations. In 2020, we reached approximately 508,800 listeners with shows at the two radio stations (including repeat listeners) – approximately 268,800 listeners through 21 shows conducted at Sachita FM and approximately 240,000 listeners through 8 shows at Bunda FM. Each show was recorded and subsequently repeated later during the week. Eight shows were WASH related-lessons, 17 shows were female hygiene lessons, and 4 shows focused on COVID-19 prevention measures in the Mara Region.

Each show provides the community with the opportunity to call in or send an SMS/text message to ask questions and/or make comments for our CHEs to answer. Throughout the year, MSG had 109 callers and 562 people who sent SMS/text messages that were answered directly by the CHEs. The average number of callers per show was 4, and the average number of messages received per show was 19.
Snapshots of Radio Program in 2020

- Reached approximately 508,000 listeners (including repeated listeners) with 29 shows at two radio stations; 268,800 listeners reached through Sachita FM and 240,000 listeners reached through Bunda FM.
- 29 lessons taught: 17 lessons on female hygiene, 8 lessons on WASH, and 4 lessons on COVID-19 prevention measures.
- 109 calls and 562 messages received and answered directly by CHEs.
- The average number of callers per show was 4, and the average number of messages received per show was 19.

7. Female Hygiene Program

MSG started its Female Hygiene Program in November 2013 as a safe place for young women, 11-18 years old, to learn about Menstrual Hygiene Management (MHM), gain access to female WASH products, like sanitary pads, and be encouraged to stay in school. The overall objective of this program is to reduce school absences/dropouts related to menstruation by educating girls and young women about MHM and supporting them in their studies. The MSG Female Hygiene lessons were created through participatory methods in collaboration with Marni Sommer’s Grow and Know curriculum, which was developed specifically for teaching MHM in Tanzania. Lessons equip participants with female health and hygiene knowledge to decrease their absences from school during menstruation and empower them to become community leaders.

This program increased significantly in 2016 with the help of a grant from INTERTEAM, the City of Zurich, and the City of Basel. Additionally, MSG received funding from Dining for Women (DFW) to expand the Female Hygiene Program in 2019 and 2020. The first year of receiving funding from DFW was successful as we worked towards reaching our overall program objectives. Throughout 2020, the Female Hygiene Program worked in eight schools (Bukama, Bukura, Kinyenche, Ngasaro, Raranya, and Sarungi secondary schools; Bwiri, and Kirongwe primary schools) and at the MSG Office (Figure 13). Bukama, Kinyenche, and Ngasaro secondary schools and Bwiri primary school were new to our program in 2020, and school health clubs were formed at these schools.

To reduce school absences and build self-confidence related to menstruation, MSG’s Female Hygiene Program expanded its reach to primary and secondary school students in six wards throughout the Mara Region. This expansion was made possible by the funds received from Dining for Women to support our Female Hygiene Program and impact the lives of girls and women. MSG was able to teach 1,737 girls about MHM, so they would have the knowledge, confidence, and menstrual supplies to continue attending school even while menstruating. All 1,737 girls received education and mentoring weekly throughout the year, an educational booklet with information about puberty, and their choice of a reusable menstrual product – either a menstrual cup or a kit with reusable menstrual pads. School Health Clubs were concurrently established at two additional schools.

MSG spreads awareness about MHM to reduce the stigma surrounding menstruation through hosting radio shows, painting MHM-related educational murals, and hosting public educational events aimed at engaging the community. Raising awareness about the use of menstrual cups was a highlight of spreading awareness about MHM in 2020. MSG increased the frequency and reach of female hygiene radio shows by airing 17 radio shows, reaching a total of 143,600 listeners.

To provide sustainable, long-term access to female WASH products, MSG incorporated menstrual cups into our Female Hygiene Program to give participants more sustainable and cost-effective options for MHM. We showcased menstrual cups in our curriculum, health clubs, educational murals, radio shows, and live events throughout the year. The students
in our Female Hygiene Program had already been exposed to learning about new menstrual products, such as menstrual cups and reusable menstrual pads, but with funding from DFW, MSG was able to offer interested students a supply of the product they wanted to use. The first step in accomplishing this was having our Community Health Educators host information sessions with students and their guardians. When parents and teachers receive the same education about the benefits and challenges of menstrual cups as the students, they are more likely to support and encourage their girls to use menstrual cups. When parents or teachers do not receive this same education, they can easily influence girls to not use them. Reusable menstrual products, such as menstrual cups and washable pads were discussed, and all questions were answered. Students who were interested in using either product received their product of choice. Those students will participate in focus-group discussions throughout the school year facilitated by MSG’s Community Health Educators, and they will complete an assessment survey at the end of the DFW funding period to share more about their experiences, the challenges, and the benefits they encountered while using the products. During this reporting period, 1,737 girls received their choice of either a menstrual cup or a kit with reusable menstrual pads.

**Figure 12: Number of Female Hygiene Program Participants per School**

<table>
<thead>
<tr>
<th>Schools</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bukama Secondary School</td>
<td>343</td>
</tr>
<tr>
<td>Bukura Secondary School</td>
<td>150</td>
</tr>
<tr>
<td>Bwiri Primary School</td>
<td>217</td>
</tr>
<tr>
<td>Kinyenche Secondary School</td>
<td>359</td>
</tr>
<tr>
<td>Kirongwe Primary School</td>
<td>102</td>
</tr>
<tr>
<td>MSG Office</td>
<td>53</td>
</tr>
<tr>
<td>Ngasaro Secondary School</td>
<td>223</td>
</tr>
<tr>
<td>Raranya Secondary School</td>
<td>60</td>
</tr>
<tr>
<td>Sarungi Secondary School</td>
<td>230</td>
</tr>
</tbody>
</table>

**Snapshots of Female Hygiene Program in 2020**

- Reached 1,916 people through our Female Hygiene Program.
- The program was conducted in 8 schools (Bukama, Bukura, Kinyenche, Ngasaro, Raranya, and Sarungi secondary schools and Bwiri and Kirongwe primary schools) and at Maji Safi Group’s office.
- 1,737 girls were reached through the health clubs in schools, and 130 new members joined the clubs.
- 56 lessons on menstrual health were taught in schools.
- Opened new school health club at Bwiri primary school and Bukama, Ngasaro, and Kinyenche secondary schools; 150 people participated in these opening events, including, teachers, students, and community members. Participants were introduced to the MSG goal of inaugurating school health clubs.
- Conducted a school health club graduation at Bukura Secondary School; 29 participants were present at this event; 11 students graduated and were given certificates and other gifts – shirts for boys and kanga for girls – to recognize their participations in a school health club while at school.

### 8. Male Hygiene Program

This year, the Male Hygiene Program expanded to Bukama, Kinyenche and Ngasaro secondary schools and established school health clubs. The Male Hygiene Program started in 2016 because the community and our CHEs expressed an interest in starting a counterpart program to the already active and highly popular Female Hygiene Program.
piloted year proved to be a success, MSG officially added this program to our implementation catalog in 2017. This program provides young men and boys with education about male and female anatomy, puberty, changes in their bodies, personal hygiene, respect for women, and the importance of breaking the silence about menstruation. By involving both genders in the conversation, Male Hygiene Program participants are now becoming more aware and knowledgeable about menstrual hygiene management and female and male hygiene issues. As the young boys become men, they can support female peers and family members.

In 2020, the Male Hygiene Program operated in six schools (Bukama, Bukura, Kinyenche, Ngasaro, Raranya, and Sarungi secondary schools) and at the MSG office. Overall, the Male Hygiene Program directly taught 1,480 students through the formation of school health clubs. Some of these clubs were in collaboration with the Female Hygiene Program. Members of these school health clubs were then responsible for passing on the MSG education to the rest of their schoolmates (see Figure 13).

*Figure 13: Number of Male Hygiene Program Participants per School*

### Snapshots of Male Hygiene Program in 2020

- Reached 1,573 people through Male Hygiene Program.
- The program was conducted in 6 schools (Bukama, Bukura, Kinyenche, Ngasaro, Raranya, and Sarungi secondary schools) and at Maji Safi Group’s office.
- Reached 1,480 boys through the school health clubs and attracted 30 new members to join the clubs.
- 44 lessons were taught about male and female anatomy, puberty, body changes, personal hygiene, respect for women, and the importance of breaking the silence about menstruation.
- Opened school health clubs at Bukama, Ngasaro, and Kinyenche secondary schools; 93 participants attended these events, including teachers, students, and community members. MSG goals and male health club goals in schools were introduced.
Conducted a school health club graduation at Bukura Secondary School; 29 participants were present at this event; 11 students graduated and were given certificates and other gifts – shirts for boys and kangas for girls – to recognize their participation in a health club while at school.

9. Water Project

Based on thorough needs assessments conducted by MGS in the Rorya District, Maji Safi Group opened its first water project in the Shirati community in June 2019. Providing clean water from a solar-powered borehole addresses the issue of most households collecting water from unprotected and therefore highly contaminated water sources. In 2020, the project reached 7,210 residents with clean and safe water. We sell water at the water point and connect individual households to the system.

10. COVID–19 Response

Local COVID-19 Response

As COVID-19 spread across the world in early 2020, MSG responded immediately. With eight years of experience in disease prevention, behavioral change, and rapid response to local disease outbreaks, we knew we could play a crucial role in stopping the spread of COVID-19 in rural areas of Tanzania. To adapt to teaching about a novel respiratory disease, we followed guidance from the World Health Organization and Tanzanian Ministry of Health when educating our Community Health Educators. We quickly developed an educational pamphlet on COVID-19 with strong consideration given to local context and languages. This tool was in high demand as we distributed the pamphlets to homes, schools, health care facilities, and markets. In collaboration with the District Medical Office, MSG then co-hosted a two-day workshop for all 123 frontline health workers in the Rorya District to inform them about government protocol during the pandemic. Frontline workers learned about the disease and the proper ways to protect themselves and others when receiving a suspected COVID-19 patient. Due to safety concerns for staff and participants, MSG was unable to provide our normal face-to-face health education, so we recorded a five-minute public health announcement, hooked loudspeakers on top of our Land Cruiser, and hit the road. We reached over 100 village centers in the Rorya District and gave out over 5,400 educational handouts after playing the PSA in multiple languages.

Regional and International COVID-19 Response

Our efforts did not stop there! To respond to the scale of the global pandemic and to help public health stakeholders come together in Tanzania, MSG also brought our life-saving education about disease prevention and proper hygiene to social media. In collaboration with the Tanzanian Ministry of Health’s Hygiene Promotion Section and the National Sanitation Campaign, MSG ran a hugely successful social media campaign that reached approximately 40,000,000 viewers, received 3,600,000 engagements (likes, comments, and shares), and had over 15,400,000 people view our videos. These fun, factual, and engaging posts truly brought disease prevention education to large numbers of people across East Africa. In addition to our efforts on social media, MSG broadcast radio shows at two regional radio stations: Sachita FM and Bunda FM. These two stations cover 38 districts in five regions with an estimated population of approximately seven million people. In collaboration with the Regional Medical Office, our shows broadcast information about the virus, how to prevent its spread, and what to do if a household member was suspected of having COVID-19. During these tumultuous and difficult times, our shows also gave listeners the opportunity to ask experts questions.

MSG’s versatile model was very well suited to respond to the pandemic, and our close relationship with the government and development partners helped us make a huge impact on a local, national, and international level as our information reached Swahili speakers throughout East Africa. Even though our normal approach of face-to-face education was not
possible due to safety concerns, we responded with force, pivoted our initiatives to safe socially distanced communication methods, and impacted millions of lives!

Our thoughts and condolences go out to those who have been severely affected by COVID-19 or lost loved ones.

11. Health Screening Campaign

On February 14, 2020, in collaboration with a MAMA Project team of 15 medical professionals, comprised of MDs, RNs, and Nurse Practitioner Professors, as well as students from DeSales University and volunteers from Pennsylvania, we screened 1,200 people in the Rorya District. We collaborated with staff from the Shirati KMT District Hospital to provide technical assistance based on Tanzanian health guidelines, assist in the screening of patients, and help with referrals to local hospitals. The team treated common illnesses, distributed reading glasses, dewormed community members with albendazole and praziquantel, assessed malnutrition in children through physical exams and anthropometric evaluation, screened for and treated high blood pressure, and did nutritional counselling. We referred patients to the local hospitals and clinics for follow-up and donated our leftover medication to the Shirati KMT District Hospital.

12. Conclusion

With the financial support from our generous supporters, Maji Safi Group was able to directly teach over 11,617 people life-saving WASH information in 2020. When we include the radio shows, we taught 520,979 people. Although the COVID-19 pandemic caused a decline in the number of the people we taught in rural areas and an inability to reach program goals due to school closures and safety precautions taken to protect our staff and participants, we grew MSG’s reach by expanding to new areas within the Rorya District and beyond. We enter 2021 with a strong management team and 13 Community Health Educators, and we are confident that we can accomplish many of our new goals. In 2021, it is our aim to continue expanding our WASH programs to other areas of the Mara Region, to keep demonstrating that Maji Safi Group’s programs continue to be effective in preventing disease, and to maintain our collaborative relationship with the government and the community. Additionally, we anticipate making an even larger decrease in waterborne and water-related diseases evident among MSG participants.