



# 2021

## 2021 Program Report



A Detailed Analysis of  
Maji Safi Group's  
Programs in 2021

Rorya District, Mara Region,  
Tanzania

## Contents

Maji Safi Group Overview .....	2
Maji Safi Group's 9-Year Impact .....	3
2021 Overview.....	7
1. Community Health Educator Program .....	7
2. Learning Tools.....	8
3. WASH in Health Care Facilities .....	9
4. Hotline .....	11
5. Outreach .....	12
6. ICT, Radio Program, and Social Media .....	16
7. Female Hygiene and Male Hygiene Program (Menstrual Hygiene Health Program) .....	17
8. The Oboke Water Project .....	19
9. COVID-19 Response .....	20
10. WASH Hubs.....	21
11. Conclusion .....	22

## Maji Safi Group Overview

Maji Safi Group (MSG), “Clean Water Group” in Swahili, operates in the Mara Region of Tanzania, an area consisting of farmland and villages on the shores of Lake Victoria. In the Mara Region, 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 Mara Region 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, and other community events (e.g., local radio stations, places of business, and 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 supported a district-wide COVID-19 prevention campaign. MSG has directly taught WASH lessons and the importance of improving personal and community WASH behaviors to approximately 363,800 Mara Region residents – or to approximately 2,212,000 Mara Region residents, when including radio shows.

*Table 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



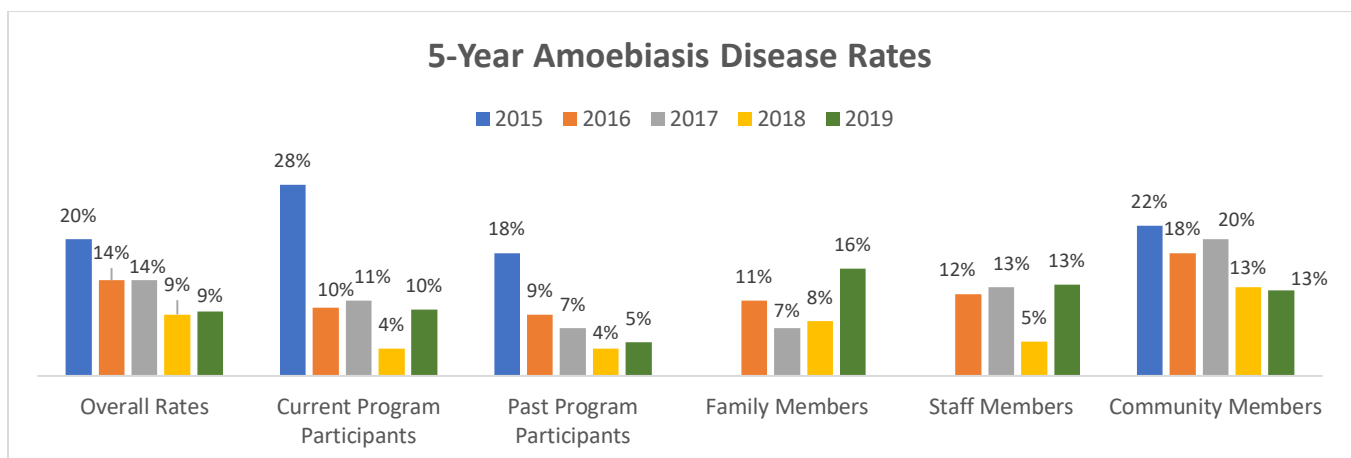
*MSG's Management Team and Community Health Educators.*

## Maji Safi Group's 9-Year Impact

### Measuring Our Impact – Health Screening Campaigns

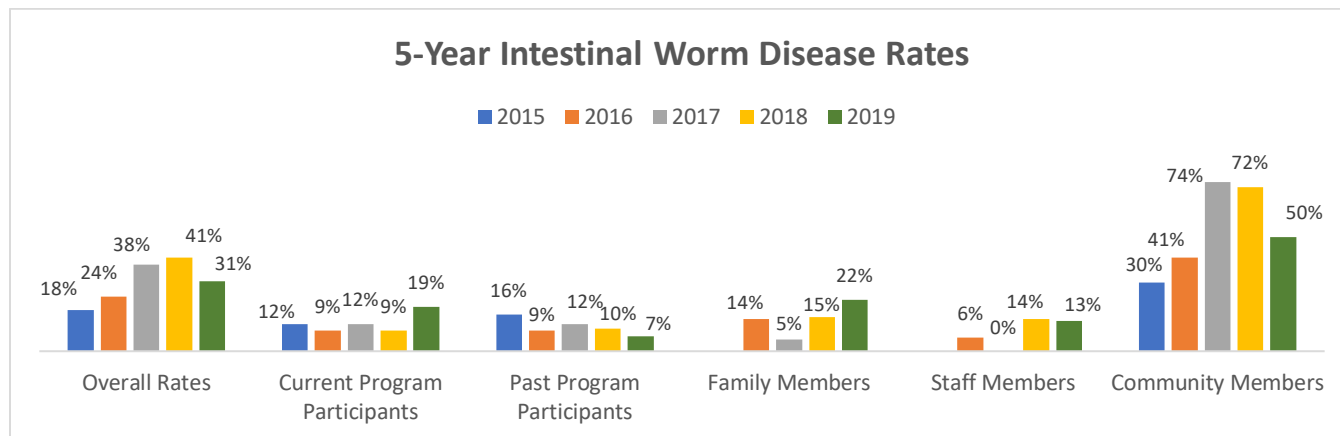
Since MSG started operations, we have conducted over five years of health screenings and have found a consistent pattern: People who have been exposed to MSG's WASH education are healthier than those who have not received such education, and when MSG is running programs in a community, overall public health improves. During the five years of MSG's Health Screening Program, we tested 26,650 participants and provided free treatment as needed! Data shows 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.

*Figure 1: 5-Year Amoebiasis Disease Rates*



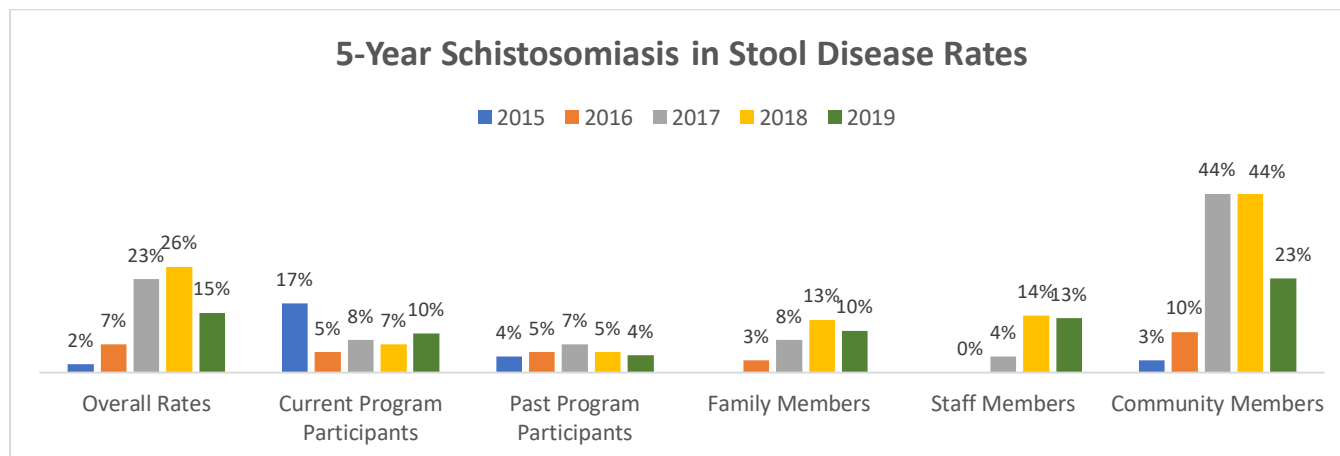
*\*Note: Family members and staff members were not tested in 2015. (Community Members = Non-program participants).*

Figure 2: 5-Year Intestinal Worm Disease Rates



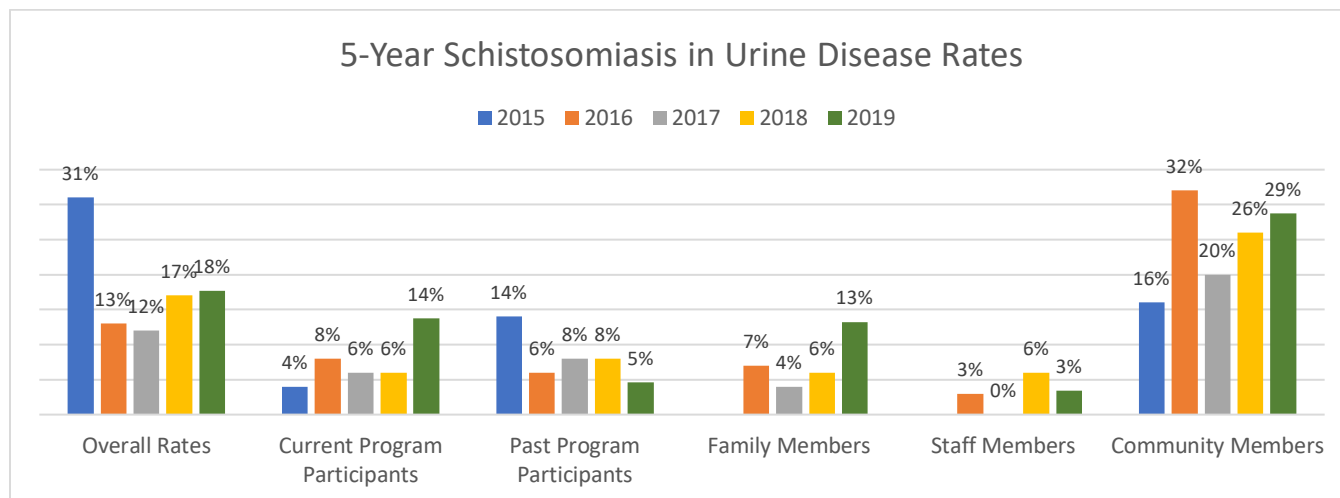
\*Note: Family members and staff members were not tested in 2015. (Community Members = Non-program participants).

Figure 3: 5-Year Schistosomiasis in Stool Disease Rates



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

Figure 4: 5-Year Schistosomiasis in Urine Disease Rates



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





*Team of medical officers during MSG Health Screening in the Rorya District community.*

### **Cumulative Impact**

Over the nine 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 2,212,023 residents and have directly taught 363,980 people WASH lessons (Figure 5).

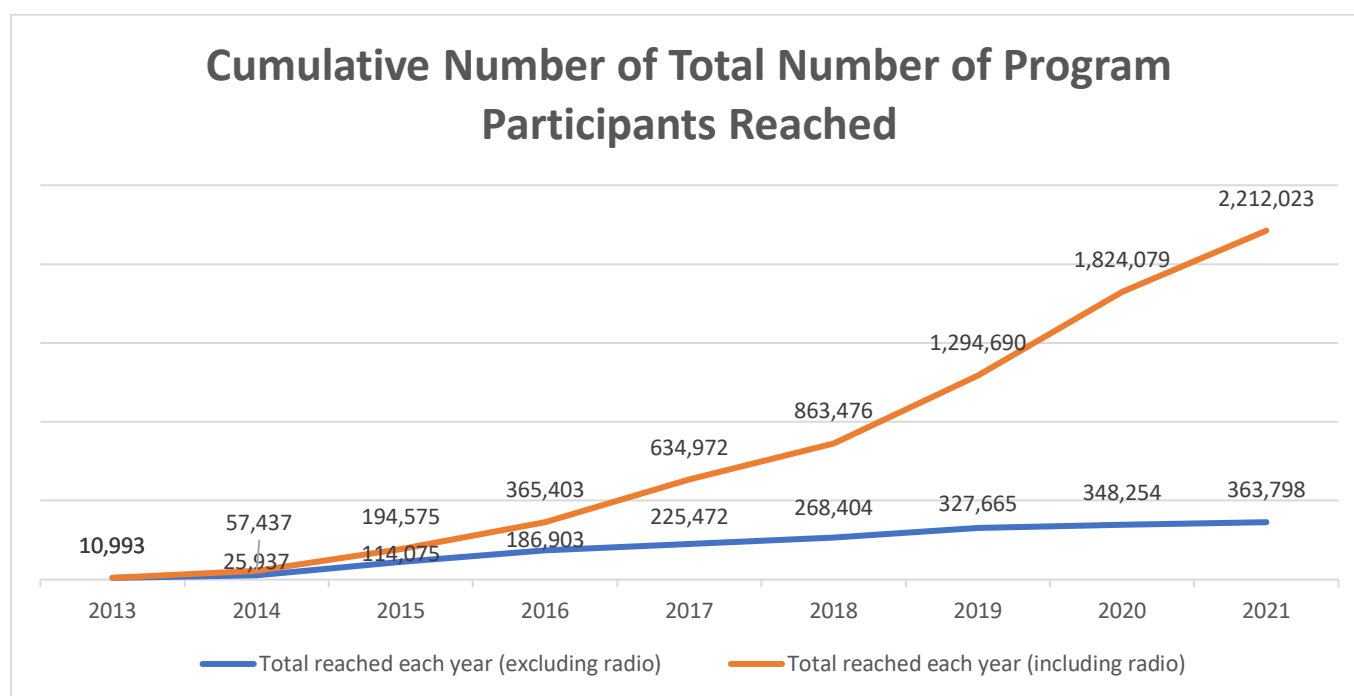
*Table 2: MSG's 9-Year Impact (Cumulative number from 2017-2021)*

Program/ Activity	Number Reached January 2017 – December 2017	Number Reached January 2018 – December 2018	Number Reached January 2019 – December 2019	Number Reached January 2020 – December 2020	Number Reached January 2021 – December 2021	Total Number Reached Per Program All-time (August 2012 – December 2021)
Home Visit	2,755 Family Members	1,323 Family Members	885 Family Members	-	-	11,358 Family Members
After School	2,575 Students	405 Students	262 Students	-	-	10,812 Students
Disease Prevention Center (DPC)	1,445 Visitors to DPC	1,193 Visitors to DPC	645 Visitors to DPC	347 Visitors to DPC	1,915 Visitors to DPC	9,380 Visitors to DPC
Singing and Dance Group (including performances)	7,858 Community Members	4,015 Community Members	4,221 Community Members	-	-	22,894 Community Members
Maji Safi Cup	8,054 Participants	3,822 Participants	-	-	-	26,711 Participants
Outreach (events, market visits, stores, salons, and restaurants)	7,278 Community Members	13,022 Community Members	24,540 Community Members	6,986 Community Members	7,780 Community Members	84,560 Community Members
Female Hygiene	2,502 Participants	4,876 Participants	7,558 Participants	1,916 Participants	-	28,366 Participants
Hotline*	1,830 Participants	1,513 Participants	1,305 Participants	686 Participants	2,010 Participants	14,740 Participants
Radio Show Listeners	231,000 Listeners	185,200 Listeners	371,200 Listeners	508,800 Listeners	372,400 Listeners	1,847,100 Listeners
Radio Show Callers	254 Direct Callers	144 Direct Callers	158 Direct Callers	109 Direct Callers	92 Direct Callers	963 Direct Callers
Radio Show SMS Messages	-	372 SMS Messages	753 SMS Messages	562 SMS Messages	586 SMS Messages	2,273 SMS Messages
Health Screenings	3,071 Screened	6,911 Screened	8,299 Screened	1,200 Screened	-	27,701 Screened
Cholera Outreach	-	-	-	-	-	94,830 Participants
Male Hygiene	772 Participants	2,485 Participants	1,048 Participants	1,573 Participants	-	6,226 Participants
Menstrual Hygiene Health (Female and Male Hygiene)	-	-	-	-	3,161 Participants	3,161 Participants
Toilet Project	175 Users	3,223 Users	4,740 Users	-	-	8,138 Users
Water Project	-	-	5,600 Users	7,210 Users	-	12,810 Users
Total reached each year (excluding radio show, but including callers)	38,569 Community Members	42,932 Community Members	59,261 Community Members	20,589 Community Members	15,544 Community Members	363,798 Community Members
Total reached each year (including radio shows)	269,569 Community Members	228,504 Community Members	431,214 Community Members	529,339 Community Members	387,944 Community Members	2,212,023 Community Members

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 5: Cumulative Number of Total Number of Program Participants Reached



## 2021 Overview

Overall, MSG reached over 387,840 community members in 2021, 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 15,550 Mara Region community members with lifesaving WASH education.

MSG continued to maintain organizational partnerships during 2021 despite the pandemic. Our major partners included TAWASANET (Tanzania Water and Sanitation Network), the Tanzanian Menstrual Hygiene Health Coalition, TAFIRI (Tanzania Fisheries Research Institute), village and district councils, regional and district level governments, the Shirati KMT District Hospital, Washington University in St. Louis, LUSH Charity Pot, Friends of Tanzania, Posner Center for International Development, UNICEF, National Institute of Medical Research, Africa School Assistance Program (ASAP), Afripads, Anuflo Industries, ELEA Pads, and SAALT Cups.

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

MSG uses a participatory Community Health Educator model as an effective strategy for delivering WASH lessons to individuals, families, schools, health care facilities, and whole communities. MSG trains and certifies Community Health Educators (CHEs), also known as *Mabalozi wa Maji*, to promote proper water, sanitation, and hygiene (WASH) practices.



For more than nine years, our CHEs have been the face of Maji Safi Group in the Mara Region. They are responsible for facilitating and leading all of MSG's interventions. 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 and teaching disease prevention methods, such as correctly filtering and treating water, cleaning and preparing food, thoroughly washing hands, and practicing proper menstrual hygiene management.



*CHE delivering WASH education to a community member during our Outreach Program.*

MSG's decision to hire local residents 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 full-time 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.

In 2021, Maji Safi Group continued to use its 13 full-time Community Health Educators (CHEs) to implement our lifesaving programs. To ensure quality WASH education, MSG conducted internal refresher trainings with all CHEs and tested their knowledge across all MSG WASH lessons to make sure they possess the knowledge and skills required for their work. They also received training on basic computer applications and mobile data collection through the mWater platform as part of a personal development program to facilitate production of quality work and collection of accurate and reliable program data for decision making for the organization.

## 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, and using the toilet, as well as 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.

In 2021, we painted murals at Bwiri Primary School, Bubombi Primary School, and Kinyenche Secondary School. They illustrated growth and body changes for girls and boys, gender balance, and Menstrual Hygiene Management (MHM) products.



*Educational mural at Bwiri Elementary School.*

Furthermore, MSG uses leaflets designed by our CHEs. The leaflets are given to program participants after WASH and Menstrual Hygiene Health (MHH) lessons have been taught. The leaflets are used to fill in information if lessons were missed, to refresh knowledge, and as a guide for teaching other community members about WASH-related diseases and MHH. In 2021, we revised our leaflets and distributed 20,780 of them to MSG program participants.

MSG continued to use its innovative approaches to attract a wide range of community members into its program activities. In 2021, MSG used a number of educational and entertaining games as well as live performances of dialogues, dramas, songs, and dances to teach WASH lessons.

### 3. WASH in Health Care Facilities

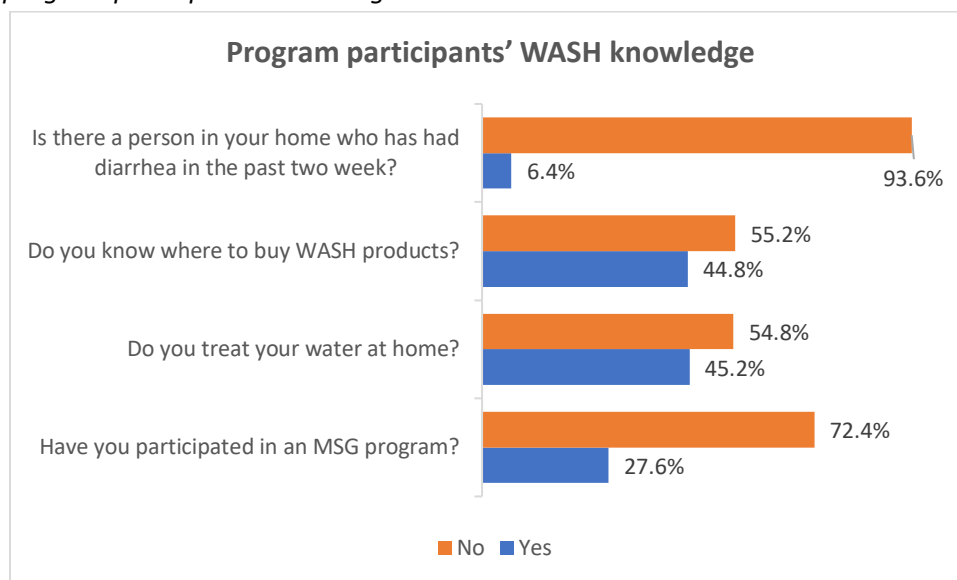
#### Disease Prevention Centers (DPCs)

In 2021, MSG continued to work with DPCs at the Shirati KMT District Hospital, the Masonga Health Center, SHED, and the Sota Dispensary, and we started new DPCs at the Sokorabolo, Nyambori, Raranya, and Bubombi dispensaries. This program is crucial to improving WASH-related disease prevention education. During the year, we provided 1,915 visitors,

patients and staff members with lessons, demonstrations, and learning materials on proper WASH and MHH practices, such as water filtering and treatment with WaterGuard chlorine tablets, handwashing, and the use of feminine hygiene products.

Most of the time, the DPC program involves participants from different areas in the Mara Region who are new to Maji Safi Group’s WASH education. Our 2021 program assessment indicated that 72.4% of program participants had never participated in any MSG program before. This lack of knowledge explains the frequent occurrence of diarrhea in homes, not knowing where to buy WASH products, and lack of water treatment – see *Figure 6*. The results speak loudly to the importance of and need for MSG WASH lessons in the Mara Region to empower people with lifesaving WASH knowledge.

*Figure 6: 2021 DPC program participants’ knowledge on WASH-related issues*



In 2021, MSG created and started a new program: WASH in Health Care Facilities (WHCF). The essence of this program is to improve WASH infrastructure and education at hospitals, health centers, and dispensaries – more specifically water supply, sanitation, hygiene, environmental cleaning, and disposal of infectious waste. Health care facilities of various sizes, including the HCFs where we run a Disease Prevention Center, will be eligible for this program. Prior to establishing the program, MSG conducted a baseline assessment to gauge the general WASH conditions to 20 health care facilities, using the JMP essential indicators developed by UNICEF and the WHO. The results revealed a tremendous need for improving HCFs in Tanzania – 70% of the surveyed health care facilities lacked quality WASH services. In response, MSG started its first WHCF project by building six SAFI/SATO latrine stalls at the Masonga Health Center: three latrine stalls for females, two latrine stalls for males, and one latrine stall for persons with disabilities and menstrual hygiene management. We also installed piping for a water-treatment system and started the construction of an incinerator.

Maji Safi Group started this WHCF program in collaboration with the Shirati KMT District Hospital and the Rorya District Council through the District Medical Office (DMO). We hope this collaboration will lead the effort to improve the WASH conditions and disease prevention capacities among HCFs, first at a district level and then at the regional level. The two parties signed a memorandum of understanding and believe that through long-term collaboration, we can pave the way for sustainable solutions to improving WASH in HCFs and thus become an example for other districts in the Mara Region and beyond.



In this collaboration, the Shirati KMT District Hospital will bring their medical expertise, staff capacity, and a wide range of resources to support the project and will serve as an exemplary health care facility with proper WASH facilities and protocols. Additionally, the Shirati KMT District Hospital will play a key role in coordinating the project. Maji Safi Group will bring their public health and health education expertise to the table, play a key role in coordinating the WASH in HCFs effort in the Rorya District, and use their international relationships to mobilize resources and make sure that grants are appropriately managed, implemented, and accounted for.



*SAFI/SATO latrine block built by Maji Safi Group at the Masonga Health Center.*

Given the huge need, we plan to keep expanding this program in 2022 and beyond. We will work with both government and private health care facilities, no matter how remote, and focus on meeting a variety of needs, including WASH infrastructure, hygiene education, environmental cleaning standards, and waste management. By using our collective networks to mobilize resources, we will bring dignity and safety to medical treatment for as many people as possible.

#### **4. Hotline**

Maji Safi Group has now run a Hotline Program since October 2013. The program plays a key role in providing community members with lifesaving WASH education that focuses on general health and disease prevention methods. The hotline numbers are also used to clarify information and answer WASH-related questions. The Hotline Program lends itself beautifully to educating people in hard-to-reach areas and offers an effective and easy way to reach people, especially men, who are often engaged in the workplace during delivery of MSG WASH lessons in their areas. They can call MSG for the lessons at their convenience.

In 2021, we had 1,040 contact phone calls. Participants in several areas received WASH education 1-2 times. Most participants called from nearby wards or wards that our Outreach Program had previously visited. WASH-related SMS messages were sent 970 times. In total, MSG taught 2,010 WASH-related lessons through a phone call or text message.

## 5. Outreach

Designing and implementing various approaches for reaching a wide variety of community stakeholders with WASH lessons has always been key to MSG's programming. Over the years, MSG has targeted markets, village centers, restaurants, stores, salons, community groups, and community meetings to help prevent WASH-related diseases and promote health education in the Mara Region. In 2021, we reached 7,780 community members through full-day or half-day outreach activities in the Rorya District.



*Community Health Educator teaching food hygiene at market.*

### Market and Village Center Days

In 2021, our CHEs spent 71 days teaching WASH lessons at over 50 markets and village centers in the Rorya District. Market/Center days are either half or full days of work, depending on the size of the market/location. 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, various feminine hygiene products, and soap to help increase the availability of WASH products in the communities. In 2021, we reached 453 people with WASH education through community groups and meetings and 6,047 people on market/center days, averaging 55 people per day.



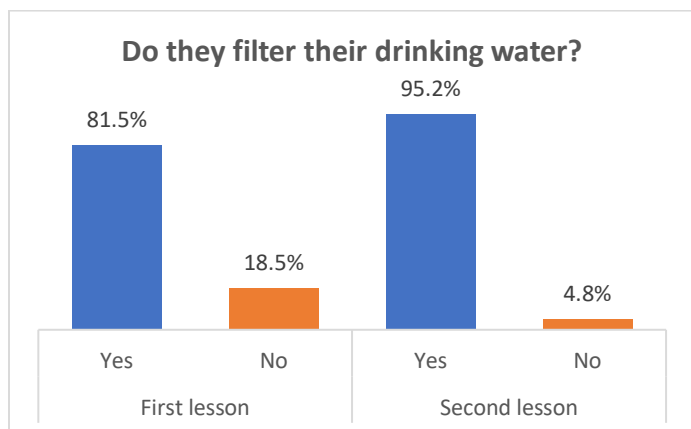
## Shops, Restaurants and Salons

In 2021, MSG visited and taught WASH lessons at 22 salons, 51 shops, and 29 restaurants for two days each. The purpose of teaching restaurants, shops, and salons is to ensure compliance with WASH best practices to protect the health of staff and customers. WASH lessons include handwashing, water filtering, treatment and storage, food preparation, and toilet facilities. On the first day, the owners and staff were tested on their WASH knowledge before lessons, and on the second day after lessons, they were tested again. Participants who scored 75%-100% correctly on their final evaluations were awarded certificates to recognize their WASH knowledge and their role as WASH ambassadors in their communities. The average score was 76%, the highest score was 100%, and 86 establishments received certificates.

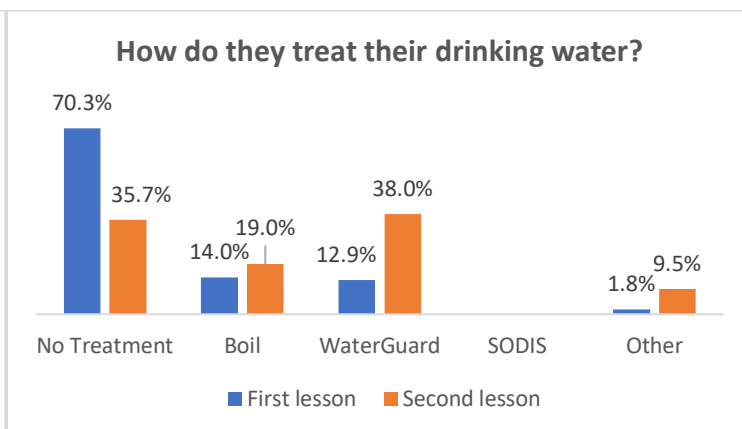
### *Restaurant Assessment Highlights:*

In MSG's Outreach Program, restaurants are taught twice by our Community Health Educators. In all cases, restaurants are assessed on the shift in WASH knowledge and behavior between the first and second day of lessons. In 2021, the restaurant assessment results showed an increase of 13.7% from 81.5% to 95.2% for filtering drinking water (*Figure 7*). Additionally, there was a significant decrease from 70.3% to 35.7% in the percentage of restaurants that did not treat their drinking water (*Figure 8*). MSG was thus hugely successful in changing the mindset of restaurants owners. They changed from being spread agents of WASH-related diseases by serving their customers with untreated water to being prevention agents, who are now treating their drinking water by using WaterGuard or boiling it to protect their customers from WASH-related diseases.

*Figure 7: Filtering Drinking Water*



*Figure 8: Treating Drinking Water*

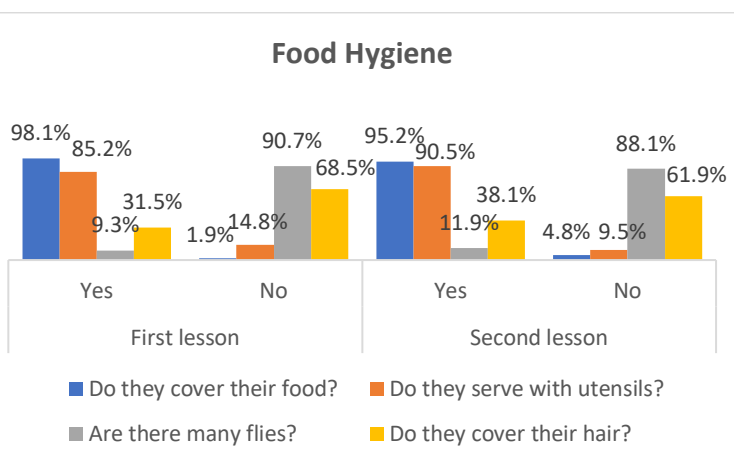


A decent improvement in handwashing practices at the restaurants took place from one lesson to the other (*Figure 9*). Treating handwashing water increased to 57.1% from 44.4%. In a similar fashion, the use of soap for handwashing increased to 95.2% from 85.2%. (*Figure 9*). As seen in *Figure 10*, food hygiene and other hygienic issues were in focus during WASH lessons, too. For no apparent reason, proper food storage by covering declined 2.7% from 98.1% in the first lesson to 95.2% in the second lesson. Ensuring that restaurants remain clean and attractive to customers includes efforts to keep away flies. The presence of flies declined 2.1% from 90.7% in the first lesson to 88.1% in the second lesson. A slight increase was observed in using utensils for serving food from 85.2% during first lesson to 90.5% in the second lesson, and the practice of covering hair in the restaurants increased from 31.5% in the first lesson to 38.1% in the second lesson assessment. These improvements clearly indicate that MSG's WASH education is still a key factor in improving people's health in the Rorya District.

Figure 9: Handwashing Practices



Figure 10: Food Hygiene



Treating water for dishwashing increased from 13.0% in the first lesson to 23.8% in the second lesson assessment (*Figure 11*). Having toilets and proper waste management at restaurants has continued to be a top priority. The results for toilets showed an insignificant negative difference between 90.7% in the first lesson and 90.5% in the second lesson. Having a designated area for disposing of dirty restaurant water increased to 45.2% in the second lesson from 39.9% in the first lesson (*Figure 12*).

Figure 11: Dishwashing Practices

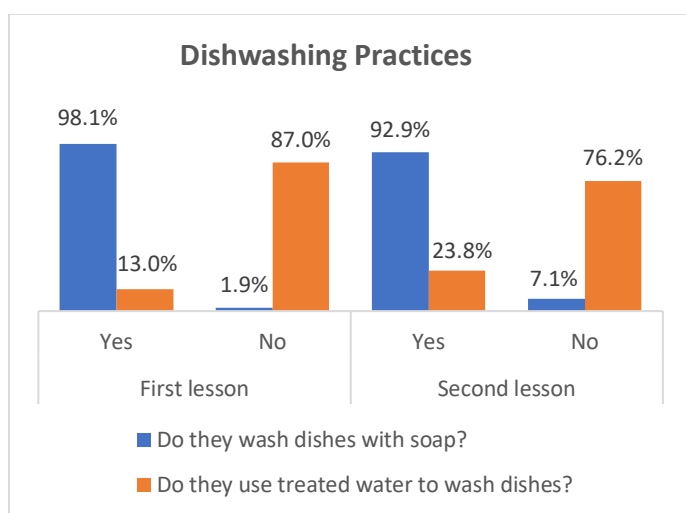
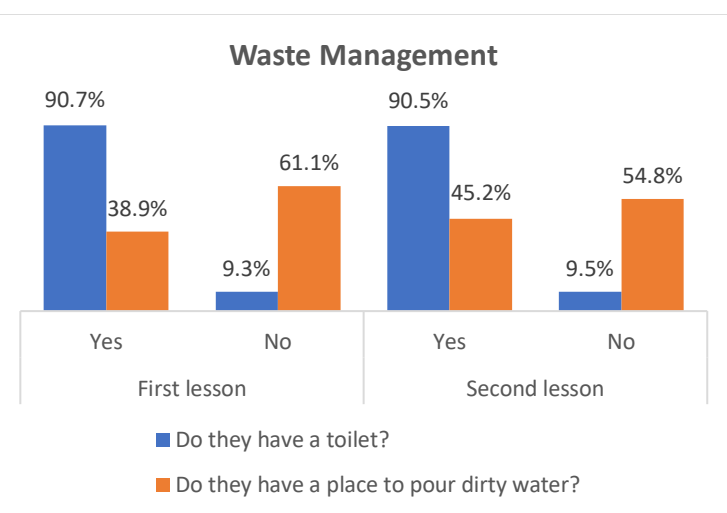


Figure 12: Restaurant Waste Management



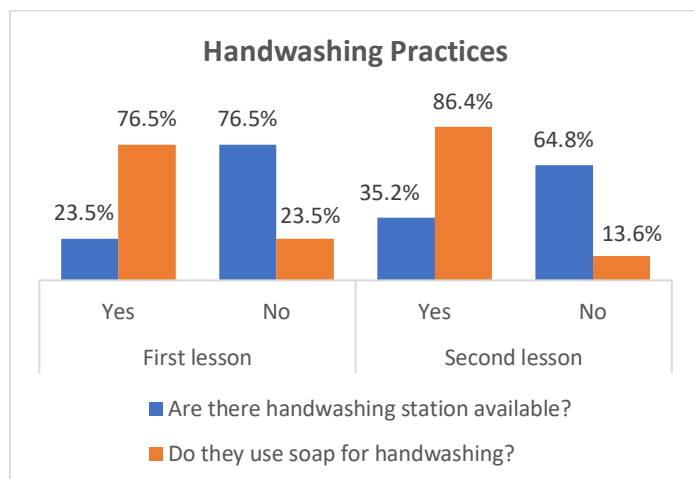


*MSG Community Health Educator with a restaurant owner during Outreach.*

### ***Salon and Store Assessment Highlights***

Like restaurants, salons and stores are taught twice by CHEs and assessed on WASH knowledge in the first and second lesson. The 2021 assessments show encouraging improvements from one lesson to the other. Availability of handwashing stations increased from 23.5% during the first lesson to 35.2% during second lesson. The use of soap during handwashing increased from 76.5% on the first lesson assessment to 86.4% on the second lesson assessment.

*Figure 13: Saloons/Stores Handwashing Practices*



*Figure 14: Saloons/Stores Waste Management*



## Other Outreach Events

MSG also organized and participated in the following outreach events:

- Menstrual Hygiene Day commemorations in Omoche Village on May 28, 2021 – reached 925 people
- Global Handwashing Day in Raranya on October 14, 2021 – reached 725 people
- World Toilet Day at Masonga Beach on November 19, 2021 – reached 320 people
- World AIDS Day in Obwere on December 1, 2021 – reached 150 people

## 6. ICT, Radio Program, and Social Media

### Radio Program

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 2021, MSG reached approximately 372,400 listeners with shows on the two radio stations (including repeat listeners) – approximately 102,400 listeners through eight shows conducted at Sachita FM and approximately 270,000 listeners through nine shows at Bunda FM. Each show was recorded and subsequently repeated later during the week. Eight shows were WASH-related lessons, and nine shows focused on Menstrual Hygiene Health (MHH) and gender equity/equality lessons.

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 92 callers and 586 people who sent SMS/text messages that were answered directly by the CHEs. The average number of callers per show was four, and the average number of messages received per show was 19.



*MSG Community Health Educators broadcasting WASH and MHH education.*



## Social Media

In 2021, Maji Safi Group hired the social media company *BB Creative* in Mwanza to collaborate on managing our social media pages. They created the content for all MSG-related international days, including International Women's Day, Water Week, International Workers' Day, Menstrual Hygiene Day, Global Handwashing Day, World Toilet Day, World AIDS Day, and posted/shared on our social media pages. They also provided visually appealing graphics for a variety of projects. MSG TZ posted health education over 350 times on different social media platforms and continued to grow our reach with engaging and factual content, primarily targeting Tanzanian audiences. In 2021, MSG had 48,250 people visit our Facebook Page, 13,000 people visit our Instagram Page, and 932,400 engagements with our posts. In addition, we gained just over 10,000 new followers across the two platforms.

## 7. Female Hygiene and Male Hygiene Program (Menstrual Hygiene Health Program)

Maji Safi Group designed its Female Hygiene Program in November 2013 as a safe place for girls and young women, ages 11-18, to learn about Menstrual Hygiene Health (MHH). The overall objective of this program is to reduce school absences/dropouts related to menstruation by educating girls and young women about MHH, providing them with sanitary materials, supporting them in their studies, and empowering them to become community leaders. MSG has continued partnerships with existing sanitary materials manufacturers and suppliers in Tanzania and the US, such as Afripads, HQ, Anuflo, Always, Softcare, Reliefpads, and SAALT cups, to ensure availability of and access to a variety of sanitary materials based on preference. The first MSG Female Hygiene lessons were created through a participatory process in collaboration with Marni Sommer's *Grow and Know* curriculum, which was developed specifically for teaching Menstrual Hygiene Management in Tanzania. Since then, MSG has continued to use and improve Sommer's *Grow and Know* curriculum for this program.

In 2017, MSG started a Male Hygiene Program after our CHEs and community stakeholders voiced a strong interest in having an equivalent program for boys and young men in schools and communities. This program provides boys and young men with education about male and female anatomy, puberty, changes in their bodies, personal hygiene, respect for women, and the importance of breaking the silence around 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 be supportive of female peers and family members.

Throughout 2021, the Female and Male Hygiene Program (MHH) operated in 10 schools: Bukama, Bukura, Kinyenche, Ngasaro, Nyamtinga, Raranya, and Sarungi secondary schools and Bubombi, Bwiri and Kirongwe primary schools, and lessons were taught at MSG's office most Saturday afternoons. We reached 3,161 students through program activities, such as health clubs for program participants and school meetings for non-program participants, and 1,610 community members through events/special activities, such as teaching women's groups, dining for female and male hygiene events, decent girl/boy contests, and celebrating Menstrual Hygiene Day.

## Events/Specific Activities 2021

- Conducted a Dining for Female and Male Hygiene event at a motel in Shirati; 43 MSG program participants (32 girls and 11 boys) and 32 community members/parents/caregivers (20 Female and 12 Male) participated.
- Conducted a Dining for Female Hygiene event at Sarungi Secondary School with 679 students (493 girls and 186 boys).



- Conducted a Decent Girl/Decent Boy event at the Kabwana Center. The event attracted 847 community members (505 females and 342 males), and 18 MSG employees participated in this event.
- Conducted menstrual hygiene event at the Omoche Center and the Omoche “A” Primary School. The event attracted 623 community members and 300 students.
- Taught four women’s groups in Bukama, Michire, Mombasa, and Minigo. Reached 85 people in all meetings.

### MHH in the Mara Region

In 2021, MSG extended its MHH program to the Butiama District after an initial needs assessment indicated that 65% of schools in the district lacked basic facilities for Menstrual Hygiene Management, such as changing rooms, sanitary materials, water for cleansing during menstruation, and facilities for disposal of used sanitary materials. In the Musoma Rural District, 50% of the schools surveyed lacked such facilities, and in the Bunda District, this was the case for 58% of the surveyed schools. The survey involved 324 female students and 23 teachers from secondary and primary schools in the Butiama, Musoma Rural, and Bunda Districts.



The expansion was preceded by a series of meetings with the District Executive Directors, District Education Officers for Primary and Secondary schools, District Community Development Officers, District Medical Officers, District Health Officers, and School WASH coordinators. They discussed the MHH situation in Tanzania, especially in the Mara Region, as well as MSG’s interventions in the region and developed a plan for collaboration during program implementation. MSG’s plan is to start implementing a full MHH program in six selected schools in the Butiama District: Butiama, Kiabakari, Kukirango, and Kyanyari secondary schools and Kigori and Makore primary schools. The program activities will include, but not be limited to, MHH lessons and distribution of sanitary materials through MSG-formed School Health Clubs.



*MHH program participant demonstrating the use of a sanitary pad during a School Health Club meeting.*

## **8. The Oboke Water Project**

Maji Safi Group started a water project to address the problem of households having to collect water from unprotected and contaminated water sources. The project started in 2019 after a needs assessment conducted by MGS in the Rorya District clearly showed a serious lack of access to clean and safe water in the area. The water project has now served over 10,000 community members and 100 households surrounding the project by providing clean and safe water from a solar-powered borehole. However, in 2021, the government revived an old water system that had not been in operation for many years and expanded it to areas serviced by our project. This is, of course, hugely beneficial to the community, but a challenge for MSG. We experienced a massive decline in water demand from the project as the public system connects to village water points and directly to many households. MSG is grateful for the government securing access to clean water for some communities in the Rorya District, but many are still without. We are now looking to move our solar-powered equipment to a new borehole in a part of the Rorya District that is not in the current government plan for getting water services. Alternatively, we could transport water from our current borehole to for example schools and health care facilities in remote communities. Regardless of the outcome, MSG will continue its mission of creating access to clean and safe water for communities to prevent water-related diseases and deaths and ease the physically damaging and time-consuming burden fetching water puts on especially women and girls.



*Community member accessing water from MSG's solar-powered borehole at Oboke.*

## 9. COVID-19 Response

In 2021, MSG continued to be vigilant in our efforts to respond to the COVID-19 pandemic and ensure the safety of our staff. When our normal approach of face-to-face education was not possible due to safety concerns, we pivoted our initiatives to safe, socially distanced communication methods and still impacted thousands of lives! We especially continued our lifesaving education about disease prevention and proper hygiene through social media platforms. In collaboration with the Tanzanian Ministry of Health's Hygiene Promotion Section and the National Sanitation Campaign, MSG ran an extensive social media campaign on preventing the spread of COVID-19 and creating awareness of the individual and community benefits of being vaccinated. The campaign reached approximately 15,000,000 video viewers and received 3,600,000 total engagements (likes, comments, and shares). These fun, factual, and engaging posts truly brought disease prevention education to large numbers of people across East Africa.



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



## 10. WASH Hubs

In 2021, MSG introduced a new innovative concept known as a ‘WASH Hub’ – a one-stop resource center for rural communities with many essential services under one roof. Services include, but are not limited to:

- Water – providing clean water for drinking and domestic use
- Agriculture – providing new agricultural technologies, inputs (seeds and fertilizers), and result-based financing to increase yields and income
- Sanitation – offering toilet options and financial support opportunities for building one (or more)
- Hygiene – using our Community Health Educators’ 10 years of experience in teaching WASH information to educate WASH Hub visitors and the surrounding communities about healthy habits, disease prevention, and MHH

A Wash Hub stands in contrast to many traditional and well-intentioned charity efforts that hand out money and give advice. We already own the land for the first WASH Hub in the Rorya District, and it is our goal to start construction in 2022. Once set up and operating, a WASH Hub has the potential to be a market-driven model that can fund itself. In addition to covering their own expenses, WASH Hubs will provide both our vendors and clients with new income-generating activities, such as produce from using irrigated agriculture, selling WASH products, and selling agriculture inputs and tools.

We believe that the best way to alleviate poverty is by providing people with technology, education, access to finance, and good WASH infrastructure and knowledge, so they can generate income to improve personal and public health. We believe WASH Hubs will serve this objective by facilitating more prosperous and healthier communities.



*Computer-generated model of MSG's first WASH Hub in the Rorya District, Mara Region.*

## 11. Conclusion

With the financial support from our generous supporters, Maji Safi Group was able to directly teach over 15,500 people lifesaving WASH information in 2021. When we include the radio shows, we taught 387,844 people. Despite the COVID-19 pandemic and the safety precautions taken to protect our staff and participants causing a decline in the number of people we taught in rural areas and an inability to reach all of our program goals, we grew MSG's reach by expanding to new areas within the Rorya District and beyond. We enter 2022 with a strong management team and 13 Community Health Educators, and we are confident that we can accomplish many of our new goals. In 2022, we will continue to expand our WASH programs to other areas of the Mara Region to keep demonstrating that Maji Safi Group's programs are highly effective in preventing disease and to maintain our collaborative relationship with the government and the community.



*MSG CHEs celebrating our 2021 achievements and showing they are ready for 2022.*