



2024 Program Report



A Detailed Analysis of
Maji Safi Group's
Programs in 2024

Rorya District, Mara Region,
Tanzania

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BACKGROUND AND INTRODUCTION

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 predominately taken from unprotected sources and can be contaminated with human, animal, and industrial waste. As a result, 99% of all drinking water is contaminated with dangerous levels of pathogens, leading to high levels of water-related diseases and widespread water-related outbreaks. According to the Chief Medical Officer at the Shirati KMT District Hospital, Dr. Chirangi, 50% of illnesses in the Mara Region are the result of water-related 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 water-related diseases.

MSG was formed to develop and implement sustainable and effective programs through participatory methods. To achieve this, MSG builds and trains teams of local, mostly female, Community Health Educators (CHEs), who lead disease prevention outreach and interventions. Through this model, MSG targets four community intervention pillars focused on water, sanitation, and hygiene (WASH): WASH in Schools and Menstrual Hygiene Health (MHH), Health Care Facilities Programs (WASH, NUTRITION, NCDs), Climate Resilient WASH Development, and Information Communication Technology and Learning Tools. Programs for each pillar are carefully designed to reach strategic objectives and interventions and touch a wide spectrum of stakeholders, such as parents, teachers, health care providers, government leaders, and youths. Each MSG program is created to reduce the occurrence of preventable diseases that would otherwise challenge the development of communities and perpetuate poverty. MSG does this by empowering women, youths, and vulnerable groups to be change makers of their community’s health and by addressing the root causes of recurring preventable diseases through 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 WASH behaviors.

Since the beginning of 2013, Maji Safi Group has taught WASH lessons and the importance of improving personal and community WASH behaviors to various populations in the Mara Region, helped local health authorities fight four cholera outbreaks, and supported a district-wide COVID-19 prevention campaign. In 2021, MSG added WASH infrastructure in schools and health care facilities to its repertoire, including boreholes, rainwater catchment systems, latrines, handwashing stations, and incinerators. In 2023, MSG started building its first WASH Hub, a community center that encompasses multiple programs and services.

Table 1: Beneficiary Population and Facts

Maji Safi Group Facts	
Country	Tanzania
Region	Mara, Simiyu, and Kagera
Population by region (2022 PHC):	
Mara Region:	2,372,015 total population (1,139,511 males and 1,232,504 females)
Simiyu Region:	2,140,497 total population (1,034,681 males and 1,105,816 females)
Kagera Region:	2,989,299 total population (1,459,280 males and 1,530,019 females)
Districts MSG works in and their populations	Bunda District = 243,822 residents Butiama District = 281,656 residents Rorya District = 354,490 residents Busega District = 282,167 residents Karagwe District = 385,744 residents
Year Established	2012

IMPACT TO DATE (12 YEARS)

Cumulative Impact

Over 12 years, Maji Safi Group has learned so much and reached millions with life-saving WASH education. Year over year we learn, adapt, and adjust programs to generate increased impact in the communities we serve.

Overall, including our social media and radio program, we have cumulatively reached **5,741,146** listeners and followers, and directly engaged **512,994** people through WASH education (*Tables 2 and 3*).

Table 2: MSG's 12-Year Impact (Cumulative numbers from 2013-2024)

*Columns from 2013-2019 are not visible; the last five years plus a cumulative all-time total are reflected in the table below.

Program/ Activity	Number Reached January 2020 – December 2020	Number Reached January 2021 – December 2021	Number Reached January 2022 – December 2022	Number Reached January 2023 – December 2023	Number Reached January 2024 – December 2024	All-time Total Number Reached Per Program (January 2013 – December 2024)
Home Visit	-	-	-	-	-	11,358 Family Members
After School	-	-	-	-	-	10,812 Students
Disease Prevention Center (DPC)	347 Visitors to DPCs	1,915 Visitors to DPCs	1,745 Visitors to DPCs	1,145 Visitors to DPCs	891 Visitors to DPCs	13,161 Visitors to DPCs
Singing and Dance Group (including performances)	-	-	-	-	-	22,894 Community Members
Maji Safi Cup	-	-	-	-	-	26,711 Participants
Outreach (events, market visits, stores, salons, and restaurants)	6,986 Community Members	7,780 Community Members	4,881 Community Members	10,426 Community Members	13,311 Community Members	113,678 Community Members
Female Hygiene	1,916 Participants	-	-	-	-	28,366 Participants
Hotline*	686 Participants	2,010 Participants	3,746 Participants	4,292 Participants	5,916 Participants	28,366 Participants
Radio Show Listeners	508,800 Listeners	372,400 Listeners	360,000 Listeners	180,000 Listeners	600,000 Listeners	2,987,100 Listeners
Radio Show Callers	109 Direct Callers	92 Direct Callers	116 Direct Callers	55 Direct Callers	0 Direct Callers	1,134 Direct Callers

Radio Show SMS Messages	562 SMS Messages	586 SMS Messages	186 SMS Messages	139 SMS Messages	0 SMS Messages	2,598 SMS Messages
Social media	-	-	2,239,927 People	-	-	2,239,927 People
Health Screenings	1,200 Screened	-	-	-	-	27,701 Screened
Cholera Outreach	-	-	-	-	2,500	97,330 Participants
Male Hygiene	1,573 Participants	-	-	-	-	6,226 Participants
Menstrual Hygiene Health (Female and Male Hygiene)	-	3,161 Participants	6,568 Participants	10,818 Participants	26,521 Participants	47,068 Participants
Toilet Project	-	-	-	-	-	8,138 Users
Water Project	7,210 Users	-	-	5,500 Users	50,000 Users	68,310 Users
Total reached each year (excluding radio show, but including callers)	20,589 Community Members	15,544 Community Members	21,405 Community Members	32,375 Community Members	99,639 Community Members	512,994 Community Members
Total reached each year (including radio shows)	529,339 Community Members	387,944 Community Members	2,621,332 Community Members	212,375 Community Members	699,639 Community Members	5,741,146 Community Members

Notes:

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

**Radio Show is estimated to reach approximately 15,000 listeners per show at Bunda FM and 8-10 million listeners at RFA FM. These numbers may include repeat listeners.

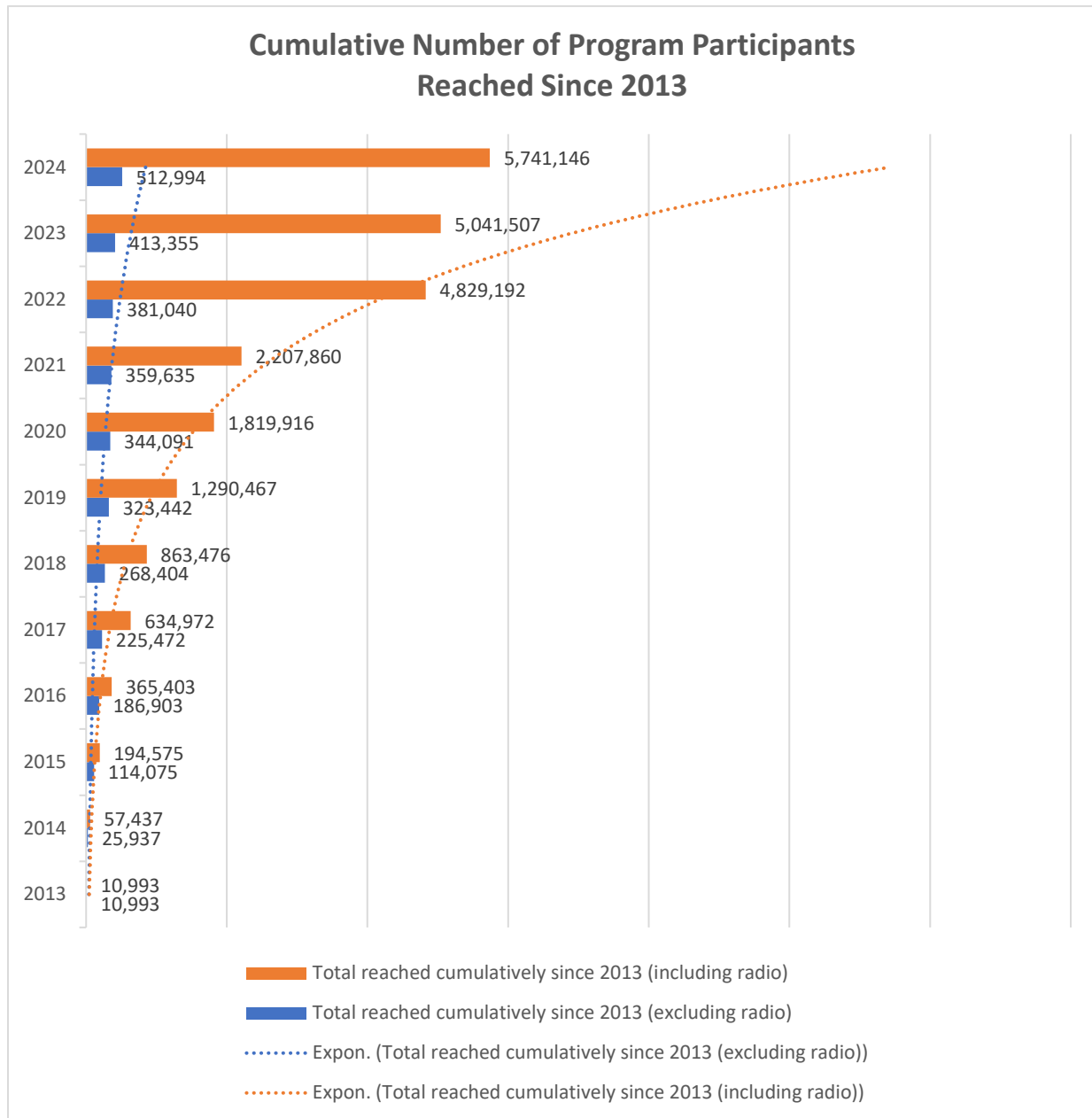
*** Social media includes Facebook and Instagram.

Table 3: Total Number of Program Participants Reached Cumulatively/Annually (2013-2024)

Year	Total cumulative number reached after each year (excluding radio)	Total cumulative number reached after each year (including radio)
2013	10,993	10,933
2013-2014	25,937	57,437
2013-2015	114,075	194,575
2013-2016	186,903	365,403
2013-2017	225,472	634,972
2013-2018	268,404	863,476
2013-2019	323,442	1,290,467

2013-2020	344,091	1,819,916
2013-2021	359,635	2,207,860
2013-2022	381,040	4,829,192
2013-2023	413,355	5,041,507
2013-2024	512,994	5,741,146

Figure 1: Total Number of Program Participants Reached Cumulatively/Annually (2013-2024)

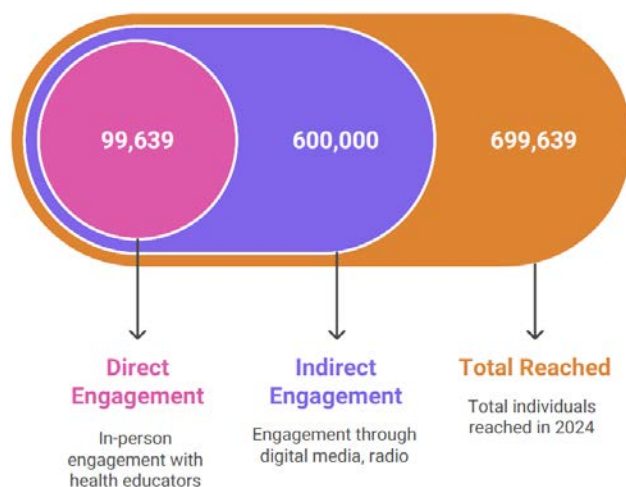


OVERVIEW OF THE YEAR (2024)

In 2024, Maji Safi Group Tanzania (MSG TZ) significantly enhanced its health and sanitation initiatives across the Mara, Simiyu, and Karagwe regions, as well as in other parts of Tanzania, through its core program pillars: Menstrual Hygiene Health (MHH), WASH in Health Care Facilities, Information Communication Technology (ICT) and Climate Resilience. These four focus areas highlight our work in disease prevention, behavioral change, and community empowerment.

We reached a total of **699,639 individuals** during the year — **99,639 through direct in-person engagement** with our Community Health Educators (CHEs) and **an additional 600,000 through digital media and radio programming**.

Individuals Reached in 2024



MHH Programs: The MHH program expanded into five districts, engaging 26,521 participants through hygiene clubs, school-based programs, and public awareness events.

Disease Prevention Centers (DPCs): Disease Prevention Centers (DPCs) educated 891 individuals, and 2,403 children under five were screened for malnutrition at 11 health care facilities, with 133 cases identified and referred for further treatment.

WASH Hub: Access to clean water was expanded through the distribution of over 1 million liters via MSG's water truck and the WASH Hub pipeline in the Rorya District. At the same time, climate-resilient agriculture was promoted through demonstration plots featuring sustainable crops, such as collard greens, carrots, and amaranth.

ICT Programming: The ICT program significantly boosted public access to health information through 10 radio shows, 5,916 hotline interactions, and 184 social media posts focused on WASH education.

CHE Outreach: Community outreach events, held in markets and villages, reached over 16,000 people and supported observances of key global days, including World Toilet Day and Menstrual Hygiene Day.

Economic Empowerment: We prioritized economic empowerment by training 45 female entrepreneurs in business and financial literacy through collaboration with the Street Business School.

Partnerships and Networks: Strategic partnerships with government institutions, local organizations, and international bodies — including RUWASA, TAWASANET, CAWST, and academic partners — further amplified the reach and effectiveness of MSG TZ’s work.

Despite these successes, MSG encountered ongoing challenges related to resource constraints and coordination among multiple stakeholders. Additionally, climate change continues to present serious risks to water access and community health.

Nonetheless, MSG’s participatory, data-driven, and inclusive programming model continues to deliver sustainable health improvements. Moving forward, the organization plans to expand high-impact initiatives, foster local ownership, strengthen cross-sector collaboration, and invest in knowledge sharing to improve the health and resilience of communities in Tanzania.

COMMUNITY HEALTH EDUCATOR (CHE) PROGRAM

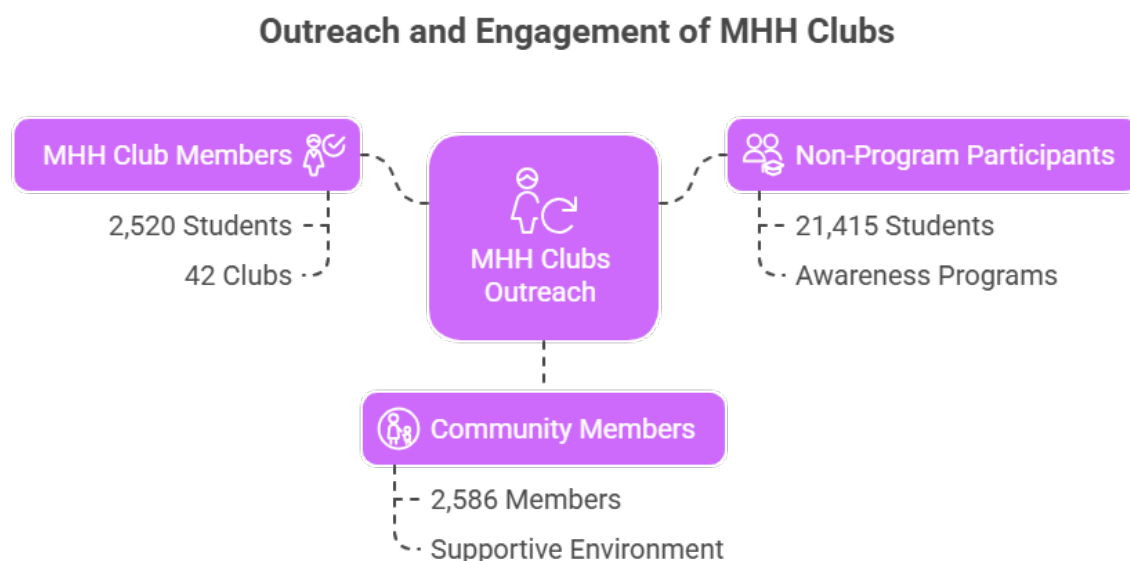
The Community Health Educator Program focuses on training and subsequently employing people from the communities where we work to disseminate essential health information. The program emphasizes capacity-building to ensure that communities have access to accurate and timely health education. To ensure that the MSG team has the appropriate knowledge and skills to serve the community, 13 CHEs and four members of our management team received training in several areas, including nutrition, gender-based violence, MHH, malaria, cholera, mpox disease, and facilitation skills. MSG also provided the necessary materials for the team to ensure that it does good work for the community, including gloves, helmets, and uniforms. Staff appreciation took place on Workers’ Day (May 1st), International Women’s Day, and our end-of-year party.



MSG’s 2024 team at our end-of-year party.

MENSTRUAL HYGIENE HEALTH PROGRAM

This program provides education and resources to improve menstrual hygiene health (MHH). It includes distributing feminine hygiene kits, conducting awareness sessions, and addressing social stigmas associated with menstruation. In 2024, our MHH program operated in five districts: Rorya, Butiama, and Bunda in the Mara Region, Busega in the Simiyu Region, and Karagwe in the Kagera Region. In total, **we reached 26,521 people** in these districts: 2,520 members of 42 MHH Clubs, 21,415 non-program participants (students), and 2,586 community members, including parents and teachers.



MHH in Schools:

- Rorya District: The MHH program was implemented in 19 schools, each with an established MHH Club, reaching a total of 1,000 students (600 girls and 400 boys). Each club had an average of 50 members, including 30 girls and 20 boys. These clubs were active in the following secondary schools: Ngasaro, Nyamtinga, Adam K. Malima, Shirati Sota, Kirogo, Tai, Sarungi, Katuru, Kinyenche, Roche, Nyambogo Hill, and Bukama and in the following primary schools: Shirati, Ryagati, Mharango, Nyabikondo, Nyambori, Bwiri, Bubombi, and Omoche. Additionally, 30 girls and 15 boys participated in the MHH sessions hosted at MSG's office two Saturdays a month. Through peer education and participation in events, such as Dining for Female Hygiene, MHH Day, and International Women's Day, club members reached 9,186 non-program students (4,573 girls and 4,613 boys) in their respective schools.
- Butiama District: The MHH program operated in 10 schools with established MHH clubs, reaching a total of 600 students (400 girls and 200 boys). Each MHH Club had 60 members (40 girls and 20 boys) at the following secondary schools: Kyanyari, Kiabakari, Kukirango, Butiama, Butuguri, Mmazami and the following primary schools: Bumangi and Kigori, Makore and Butiama 'A'. A total of 2,078 non-program participants (806 boys and 1,272 girls) were reached

through MHH Club members teaching non-members in their schools and participation in events, such as Dining for Female Hygiene and International Women's Day.

- Bunda District: The MHH program operated in 7 schools with established MHH Clubs, reaching a total of 420 members (280 girls and 140 boys). Each MHH Club had 60 members (40 girls and 20 boys) at the following secondary schools: Nyeruma, Chisorya, Nansimo, Chitengule and Mwibara and the following primary schools: Kisorya and Mwibara. A total of 867 non-program participants (452 boys and 415 girls) were reached through MHH Club members teaching non-members in their schools and participation in events, such as Dining for Female Hygiene and International Women's Day.
- Busega District: MSG partnered with the NGO Peace for Conservation to implement the MHH program in five schools. While Peace for Conservation focuses on WASH infrastructure improvements, MSG has established MHH Clubs, comprising a total of 300 members (200 girls and 100 boys). Clubs are based at the following secondary schools: Kijeleshi, Mwabasabi, Lamadi, Mkula, and Anthony Mtaka and include 60 members at each school (40 girls and 20 boys). Through peer-led education and participation in events, such as student bonanzas, club members reached an additional 52 non-program students (33 girls and 19 boys) within their schools.

A total of 203 certificates were awarded to Form Four and Standard Seven graduates who participated in MSG's MHH Clubs. In the Rorya District, 128 certificates were given to 87 girls and 41 boys. In the Butiama District, 75 certificates were awarded to 50 girls and 25 boys.

MHH Events: MSG hosted two Dining for Female Hygiene events, engaging a total of 1,754 participants across the Rorya and Butiama districts. These events brought together local government officials, parents, women's groups, religious leaders, influential community members, teachers, and students. The primary goal was to break the silence surrounding menstruation and encourage greater male involvement in supporting girls through safe menstrual hygiene practices, including access to necessary materials.

- In the Butiama District, MSG co-organized an event with Butiama Secondary School, held on the school compound. The event was attended by 5 MSG staff members, 17 teachers from Butiama, 60 club participants (20 boys and 40 girls), 1,256 students (583 boys and 673 girls), and 24 community members (6 men and 18 women), including 5 parents and 3 government officials.
- In the Rorya District, the event was held at the Tai Secondary School and included 50 club members (20 boys and 30 girls), 348 non-club students (160 boys and 188 girls), and 44 community members (28 men and 16 women).

MSG also commemorated World Menstrual Hygiene Day on May 28 at the Tai Secondary School in collaboration with our longtime partner REACH Shirati. The event drew 1,000 attendees, including 36 program participants (14 boys and 22 girls), 927 non-program students (364 boys and 563 girls), 37 community members (31 men and 6 women), and 50 participants from REACH Shirati.

Additionally, MSG joined other MHH Coalition members in the national Menstrual Hygiene Day commemoration held in the Arusha Region.

MHH Clubs – Monthly and Quarterly Support: In the Rorya District, MSG provided quarterly supportive supervision to eight existing MHH clubs based at the Tai, Katuru, Sarungi, Kinyenche, and Bukama

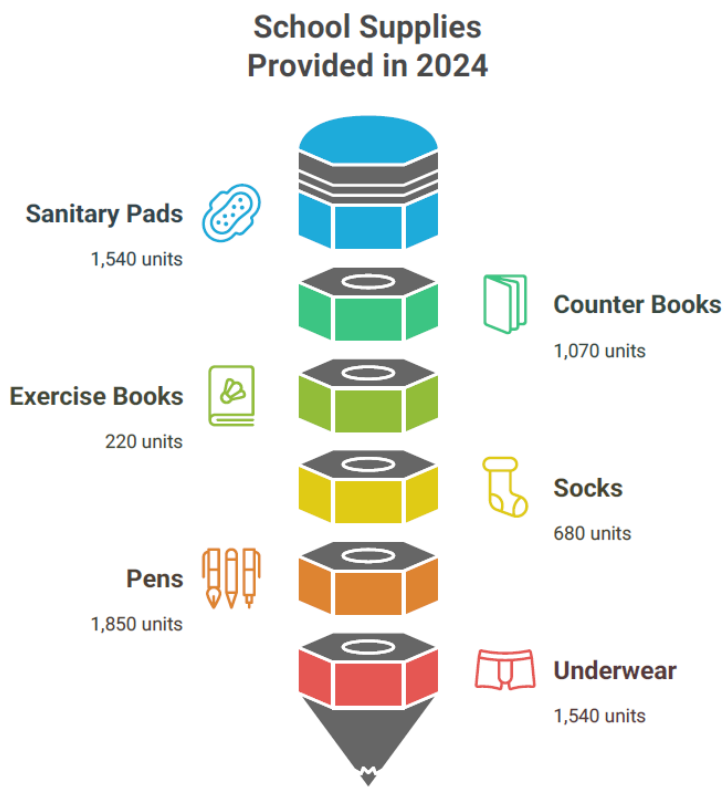
secondary schools and the Bwiri, Bubombi, and Omoche primary schools. In 2024, monthly technical support was also extended to three newly established clubs at the Roche and Nyambogo Hill secondary schools and the Nyabikondo primary school.

In the Bunda District, MSG established and launched an MHH Club at each of the following secondary schools: Nyeruma, Chisorya, Nansimo, Chitengule, and Mwibara and at the Kisorya and Mwibara primary schools.

In the Butiama District, unused classrooms were renovated into MHH Labs and launched at three secondary schools: Kyanyari, Butuguri, and Butiama.

To support girls during menstruation and encourage active participation in club activities, MSG distributed over 5000 essential supplies, including 1540 sanitary pads, 1070 counter books, 220 exercise

books, 680 pairs of socks, 1850 pens, and 1540 sets of underwear.



As part of the efforts to address the impact of climate change and enhance the school learning environment, MSG organized an inter-school tree planting competition. A total of 400 trees were planted by four participating schools: Kiabakari and Butiama secondary schools in the Butiama District and Nyamtinga and Shirati Sota secondary schools in the Rorya District. Each school received 100 trees to plant and nurture over three months. The school that most successfully grew all 100 trees was awarded a 3,000-liter water tank, while the

runners-up received soccer balls. The initiative also aimed to boost MHH Club members' engagement in MSG's broader health club activities.



Participants in the MHH Club tree planting competition.

MHH in the Community: Involving community members in breaking the silence on MHH is recommended and is an added value when implementing our holistic approach. In 2024, we engaged 6 women's/girls' groups from four religious institutions in the Rorya District: Obwere Mosque, Manyanyi Mennonite Church, Kabwana Compassion TZ 705, and Masonga Roman Catholic Church and two religious institutions in the Butiama District: Butiama Mosque and Kiabakari SDA Church. Five hundred and nine community members (211 females, 74 males, 137 girls and 87 boys) were reached and trained in MHH lessons, including puberty, personal hygiene, menstruation, teenage marriages and pregnancies, gender equality, and gender-based violence.

MHH Collaboration and Partnerships: To strengthen partnerships and enhance coordination of the MHH program in the Mara Region, MSG organized a reflection meeting with key regional stakeholders. Participants included representatives from the Regional Administrative Secretary (RAS), Regional Education and Health Departments, SWASH Coordinators from the Rorya, Bunda, and Butiama districts, and two partner NGOs: NETHEFOTA and Project ZAWADI.

In the Rorya District, a district-level reflection meeting brought together 23 MHH stakeholders (15 women and 8 men), including 19 teachers and 4 government officials from the Education Department. The session focused on reviewing program progress, identifying challenges, and exploring strategies to strengthen the implementation and sustainability of MHH Clubs.

MSG also expanded its partnerships beyond the Mara Region. In the Simiyu Region (Busega District, Lamadi area), MSG partnered with Peace for Conservation (PFC) to implement MHH programs in five government secondary schools: Lamadi, Mkula, Antony Mtaka, Kijereshi, and Mwabasabi. As part of the

program rollout, MSG conducted a three-day training workshop for 10 teachers and 4 district officials on MHH guidelines and club management practices.

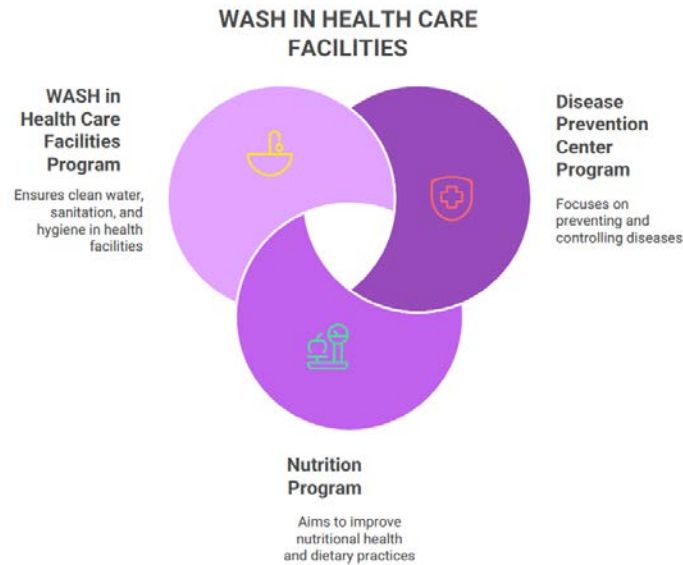
In the Kagera Region, MSG collaborated with the Mavuno Project to introduce the MHH approach in the Karagwe and Kyerwa districts. A total of 29 stakeholders (18 men and 11 women) were trained, including heads of schools, health teachers from five schools, ward councilors, District Health and Education Officers, partner organization representatives, and Mavuno personnel. The training aimed to foster shared commitment to menstrual health and hygiene and establish MHH programs in five schools to support the WASH infrastructural project implemented by the Mavuno organization and Engineers Without Borders Sweden.

In 2024, MSG expanded its implementation area to include the Bunda District within the Mara Region. A three-day training was conducted for 16 participants, including 2 government officials and 14 teachers (7 women and 7 men) from seven schools: Mwibara, Chitengule, Nyeruma, Nansimo, and Chisoria secondary schools and Kisoria and Mwibara primary schools. The training focused on giving participants the knowledge and tools needed to establish and operate MHH clubs using MSG's manual and guidelines.

WASH IN HEALTH CARE FACILITIES (INCLUDING DPCs)

Disease Prevention Center Program (DPCs): Disease Prevention Centers are established to provide WASH and disease prevention education, particularly in areas prone to outbreaks. These centers play a vital role in reducing communicable diseases through promoting proper hygiene practices. In 2024, the Disease Prevention Center Program was conducted in 14 HCFs.

- 11 were current DPCs: Shirati KMT District Hospital, Masonga, Nyamagaro, Kitembe, Sakawa, Bugire, Nyamusi, Busanga, Nyambori, Raranya, and Sokorabolo.
- 3 were newly established DPCs: SHED in Roche and the Panyakoo and Rwang'enyi dispensaries.
- A total of 891 community members (62 males and 829 females) were reached through teaching DCP clients and visitors.



Our CHEs visited and provided WASH education and handouts for self-paced learning to the following health care facilities: Bubombi Dispensary in the Bukura ward, Kyanyamsana Dispensary in the Baraki ward, Busanga Dispensary in the Nyamtinga ward, Komuge Dispensary and Kibuyi Dispensary in the Komuge ward, Nyanchabakenye Dispensary in the Kisumwa ward, and Chereche Dispensary in the Nyaburongo ward. Over 500 handouts were distributed on various WASH lessons, including UTIs, amoebas, shigella, and fecal-oral disease transmission. In additions, 39 community members (2 males and 37 females) were trained in menstrual products at the Busanga Dispensary through demonstrations on the proper ways of using different types of menstrual products, such as disposable pads, reusable pads, and menstrual cups.

Nutrition Program: Inadequate WASH services, substandard health care, and malnutrition are interconnected issues that require a holistic and coordinated approach. In 2023, MSG began an initiative to integrate nutritional education and frontline screening into existing WASH programs in health care facilities (HCFs). This is a crucial step towards achieving comprehensive community health improvement and maximizing MSG's partnerships with remote health care facilities.

In 2024, CHEs conducted nutrition education at 11 HCFs (Shirati KMT District Hospital and the Panyakoo, Bugire, Nyamusi, Busanga, Masonga, Sokolabolo, Nyamagaro, Sota, Kitembe, and Raranya). Over 2,400 children under five years were assessed, and 133 malnutrition cases were identified and referred to the Shirati KMT District Hospital for treatment and nutrition guidance. In addition, 702 (95 males, 517 females, 45 boys, and 45 girls) non-program participants also received nutrition lessons.

The 133 children with malnutrition signs were subsequently monitored through our Hotline Program, and their parents/caregivers received nutrition education and guidance to make sure that they followed proper nutrition procedures to help their children regain health.

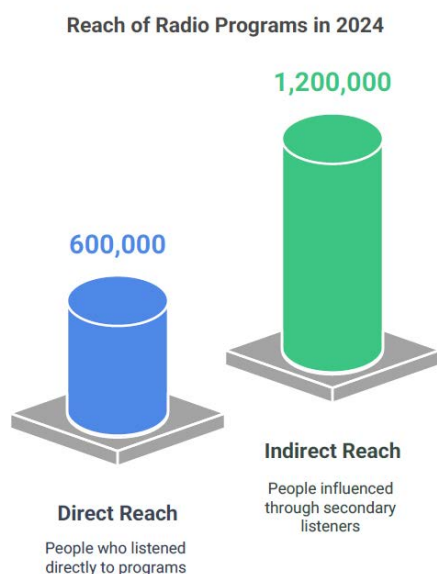


Production of peanut-based nutrition supplements at the Shirati KMT District Hospital.

WASH in Health Care Facilities Program: This initiative ensures that health care facilities have access to clean water, sanitation, and hygiene (WASH) services. The program includes infrastructure improvements, staff training, and compliance monitoring to enhance patient safety and quality of care. In 2024, we collaborated with the government to conduct an assessment and create a plan to reach over 65 health care facilities with WASH basic services. This was conducted through a Circuit Rider Program that was implemented in 14 HCFs (Shirati KMT Hospital, Masonga Health Center, Sokorabolo, Raranya, Nyamagaro, Nyambori, Sakawa, Busanga, Kitembe, Bugire, Sota, Masike, Nyamusi, and Panyakoo) to monitor compliance with standards for Water, Sanitation, and Hygiene and to offer support to the facilities identified with the most critical WASH needs to ensure access to quality WASH and healthcare services.

We supported the improvement of three-stall latrines at the Sakawa, Bitiryo, and Kisumwa dispensaries and supported the renovation of the plumbing system for 30,000-liter underground rainwater harvesting tanks at the Masike and Sakawa dispensaries.

ICT PROGRAM (INCLUDING RADIO, HOTLINE & SOCIAL MEDIA)



Radio Program: In 2024, we reached over 600,000 people directly and 1,200,000 indirectly through 10 radio programs conducted with Bunda FM in the Mara Region and Radio Free Africa (RFA) in the Mwanza Region. We hosted 6 radio programs with RFA, which has an estimated audience of 8-10 million people across Tanzanian regions. Some of the sessions were hosted in connection with international events, including International Women's Day, Menstrual Hygiene Day, World Water Week, and World Toilet Day. With Bunda FM, we hosted 4 radio programs, reaching approximately 15,000 listeners per show.

We incorporated our recorded jingles and songs before the program to create attention and invite listeners to tune in and follow our programs. We also engaged community members in running the programs, such as students from the Katuru and

Ingiri secondary schools and the Ingiri Juu Primary School, restaurant owners from the Kabwana community, and doctors from the Sakawa Dispensary. They shared their experiences about living with WASH challenges, the knowledge they had gained through MSG WASH lessons, and the importance of strengthening community capacity through leading WASH discussions on various community platforms.

Hotline: A dedicated hotline provides easily accessible health advice and information. It serves as a crucial resource for communities seeking guidance on health concerns, emergency care, and disease prevention. In 2024, we successfully reached 5,916 individuals through the Hotline Program, which we run from Monday to Friday.

Via phone calls, we reached 1,857 individuals, with 957 on initial calls and 900 on follow-up calls. On average, we educated approximately 35 individuals per week through phone calls. Additionally, we reached 4,059 individuals via text messages – 792 received messages twice, while 3,267 received messages once, contributing to an average of 78 individuals educated per week through SMS outreach. We have continued to promote our hotline phone numbers across all digital platforms, including our social media channels, such as Facebook, Instagram, and YouTube, to increase and expand our reach and attract more followers to our WASH lessons through the Hotline Program.

Social Media: This program leverages social media platforms to disseminate health information, engage with communities, and counter misinformation. Digital campaigns and interactive content enhance





public awareness and participation. In 2024, we created and shared about 185 posts, resulting in reaching a significant number of over 7,000,000 individuals. The media content developed and shared focused on showcasing MSG's work in WASH education and highlighting important global events, such as Workers' Day, Menstrual Hygiene Day, International Women's Day, Global Handwashing Day, and Global Toilet Day.

We conducted a professional photo and video shoot with FX Studio from Mwanza. This allowed us to capture high-quality visual content from our programs and events, providing comprehensive documentation of our work and sharing with our esteemed stakeholders on social platforms, eblasts, and publications.

LEARNING TOOLS

MSG uses innovative and interactive learning tools to disseminate WASH education, empowering individuals and communities with the knowledge and skills necessary to maintain healthy hygiene practices, ultimately contributing to improved well-being and quality of life within our communities. We employ a diverse range of learning tools to deliver WASH lessons effectively to community members within our programming areas. Our approach encompasses various educational techniques, artistic methods, and interactive participation. Education techniques include written documentation, such as leaflets and guidebooks; artistic methods include painted murals and songs; and interactive participation includes games and skits.

In 2024, we distributed over 6,241 leaflets on WASH lessons, including fecal-oral transmission, amoebas, malaria, shigella, ringworm, UTIs, cholera, diarrhea, typhoid, fungus, schistosomiasis (bilharzia), handwashing, water treatment and storage, personal hygiene, toilet use, and bedbugs, in communities and across our digital platforms.

CLIMATE RESILIENT WASH DEVELOPMENT

WASH HUB: Our WASH Hub continues to serve as a central resource for integrated water, agriculture, sanitation, and hygiene education. It offers training materials, research data, and best practices to support climate change adaptation. In 2024, MSG made significant progress on the development and functionality of several services at the WASH Hub.

Key achievements included the continued operation of the laundry block, which provides essential washing opportunities to surrounding communities. We also established and expanded climate-resilient demonstration fields, featuring crops, such as collard greens, carrots, amaranth, onions, Chinese cabbage, and regular cabbage. The demo plots aim to promote sustainable agricultural practices adapted to changing climatic conditions.

Construction of a community room was completed to facilitate WASH education sessions and hosting local meetings. Additionally, we improved access to the WASH Hub by excavating and developing a road, allowing easier entry for visitors and community members seeking services.

In our commitment to strengthening WASH services in healthcare settings, MSG launched a water distribution project to supply clean water from the WASH Hub to the Sokorabolo village center and dispensary. This initiative was implemented through a public-private partnership with the Rural Water Supply and Sanitation Agency (RUWASA), aiming to improve the quality of care by ensuring consistent access to safe water for patients, staff, and the surrounding community.



Our WASH Hub located in the Sokorabolo community.

WATER DISTRIBUTION PROGRAM: This program ensures equitable access to clean and safe drinking water. It includes infrastructure development, distribution networks, and community engagement to promote sustainable water management in the face of the world's pressing challenges, including climate change and diseases. With our water truck, we distributed and sold over 1,000,000 liters of water to Rorya community members and institutions, including at events and ceremonies. In 2024, our water distribution program became financially self-sustaining.

This initiative is not only reinforcing access to clean water but also bolstering the climate resilience of the Rorya community against water-related challenges. Our commitment to providing sustainable water solutions remains unwavering as we continue to prioritize the well-being and health of the communities we serve.



In 2024, MSG's water truck distributed over one million liters.

CHE COMMUNITY OUTREACH PROGRAM

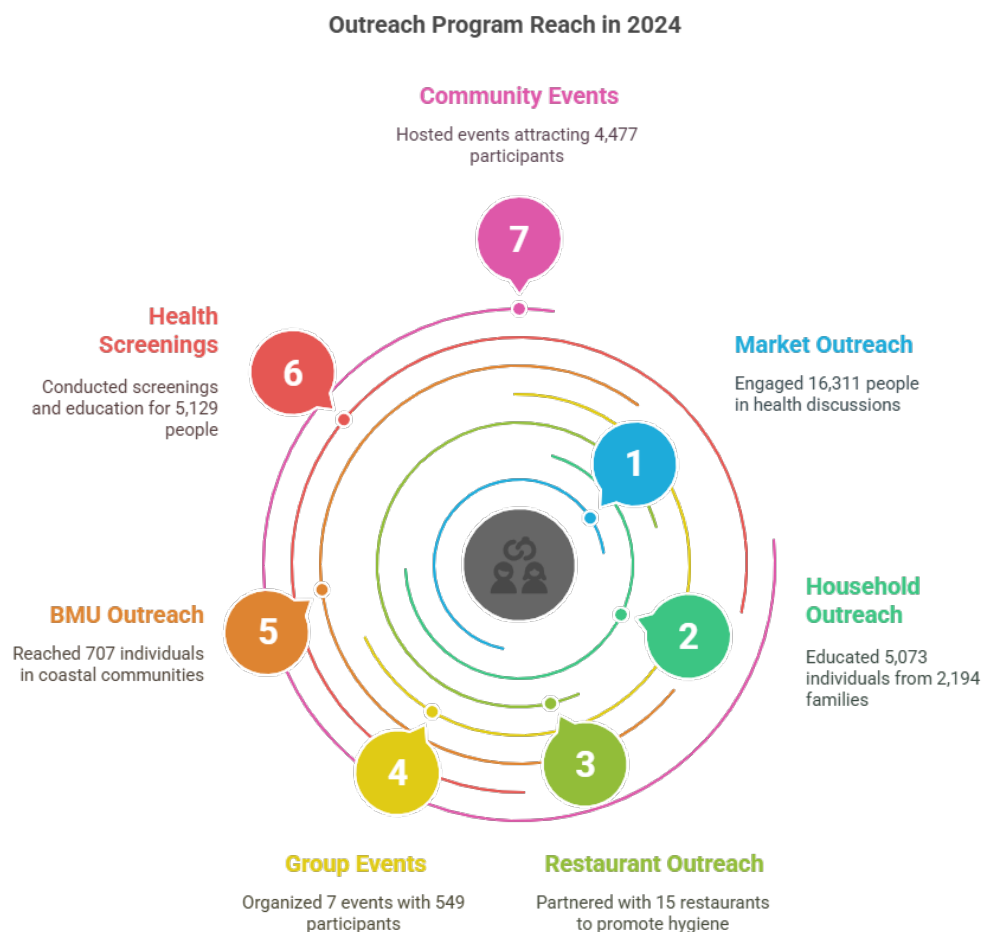
Our Community Outreach Program extends health services to remote and underserved areas. It includes mobile clinics, health awareness campaigns, and collaboration with local organizations to enhance healthcare access and education. Outreach efforts were conducted across multiple wards and villages, targeting markets, households, village centers, and schools. The activities aimed to improve awareness and practices around WASH and disease prevention. Outreach was conducted as follows:

- Wards: Baraki, Bukura, Goribe, Kyangasaga, Kigunga, Komuge, Tai, Nyaburongo, Kisumwa, Nyamagro, Nyamtinga, Kirogo, and Kyang'ombe
- Village Centers: Gabimori, Kyangasaga, Randa, Komuge, Irienyi, Sota, Masonga, Ochuna, Mori, Manyanyi, Marasibora, Nyanjagi, Nyang'ombe, Rwang'enyi, Wamaya, Ruhu, and Nyihara

- Markets: Nyanchabakenye, Rwang'enyi, Nyang'ombe center, Irienyi (Nyamaguku), Randa, and Ochuna

Outreach included the following initiatives and people reached:

- Market outreach: 16,311 people
- Household outreach: 5,073 people (2,194 families)
- Restaurant outreach: 15 restaurants visited twice and signed agreements in proficiency in WASH behaviors
- Seven group events: 549 people, including local leaders, community members, and religious institutions
- Beach Management Units (BMUs): 707 people
- Health screenings/education (in collaboration with the Shirati KMT District Hospital: 5,129 (schistosomiasis, nutrition, and health education)
- Community events: 4,477 (International Women's Day, Day of the African Child, Global Handwashing Day, World Toilet Day, Uhuru Torch Day, and Menstrual Hygiene Day). Outreach via Bunda FM and Radio Free Africa during community events.



EMPOWERING WOMEN ENTREPRENEURS

Since 2023, MSG has been collaborating with the Street Business School to train women entrepreneurs in business management skills and the resources they need to lift themselves from poverty. In 2024, we trained 66 women entrepreneurs for 6 months in the Masonga and Nyamagongo communities. Total graduates were 45 (11 graduates from the first batch and 34 from the second batch). Graduates gained knowledge and benefited from skills in getting out of their comfort zone, business identification, and conducting market research.



Our CHE delivers entrepreneurship education to women in the Rorya District.

STRATEGIC COLLABORATIONS AND PARTNERSHIPS

Throughout the year, MSG actively collaborated with the Government of Tanzania and key WASH networks to promote best practices in water, sanitation, and hygiene (WASH).

Highlights included:

- Participation in National Sanitation Week and the official launch of the "Mtu ni Afya" national sanitation campaign in Dar es Salaam.
- Participating in the Uhuru Torch Race.
- Launching a water distribution project in a public/private partnership with the Rural Water Supply and Sanitation Agency (RUWASA), extending water access from the MSG WASH Hub to the Sokorabolo village center and the Sokorabolo Dispensary.

During “Kilele cha Siku ya Elimu” in Mugumu in the Serengeti District, MSG showcased its programmatic interventions and provided WASH education to event participants. Nationally, we strengthened our involvement in the WASH Pillar with other stakeholders and partnered with the MHH Coalition and TAWASANET to amplify our impact.

At the international level, MSG collaborated with the Canadian Centre for Affordable Water and Sanitation Technology (CAWST), Aqua Clara Kenya, the Ethiopian Kale Heywet Church Development Commission (EKHCDC), and the Uganda Water and Sanitation NGO Network (UWASANET) to build staff capacity in delivering lessons on Menstrual Hygiene Health (MHH), household water treatment and safe storage, environmental sanitation, and community-based WASH promotion.

Locally in Shirati, MSG partnered with the Shirati KMT District Hospital, REACH Shirati, Mara Women Empowerment Association (MWEA), Rafiki Social Development Organization (S.D.O.), Rural Water Supply and Sanitation Agency (RUWASA), and the Rorya District Council's education and health departments to enhance community engagement and service delivery.

Additionally, MSG hosted practicum students from Swiss Midwives, Washington University, Touro University, and the University of California, Berkeley. These students contributed to research initiatives, WASH program documentation, and the development of learning materials while gaining hands-on experience in community health promotion.

CONCLUSION

In 2024, MSG TZ achieved notable progress in expanding its operational footprint and strengthening strategic partnerships with government bodies, civil society, and international organizations. These partnerships helped MSG align closely with national WASH and climate change priorities to enhance policy influence and relevance. Significant strides were made in capacity building, particularly within sector ministries through targeted technical support and policy dialogue that fostered more coherent and evidence-informed governance frameworks. MSG's commitment to data-driven decision-making was evident in its enhanced use of performance monitoring and adaptive management practices. Gender and youth integration were effectively mainstreamed across activities, promoting more inclusive participation and service delivery. However, coordination among diverse stakeholders and resource limitations, both financial and technical, remain persistent challenges, underscoring the need for sustained efforts to overcome institutional and contextual barriers.

To build on the progress made in 2024, MSG will prioritize strengthening coordination mechanisms across stakeholders by establishing or enhancing inter-agency platforms to improve alignment, reduce duplication, and foster collaboration at all levels. Scaling up evidence-based interventions is essential, with greater investment in successful pilot programs and systematic integration of monitoring, evaluation, and learning (MEL) practices to ensure sustainability and informed scaling. Deepening localization and ownership through active engagement with local governments and community-based organizations will enhance responsiveness and institutional resilience. Maintaining momentum in gender and youth empowerment remains critical, requiring sustained resource allocation and capacity-building tailored to marginalized groups. Addressing operational bottlenecks and capacity gaps through targeted technical support will improve program efficiency and impact. Finally, enhancing adaptive management and promoting knowledge sharing through cross-sectoral learning, peer exchanges, and documentation of best practices will support continuous improvement and innovation.