

April 2026 Tanzania Site Visits and WASH in Healthcare Facilities Meeting in Rome

April 7 - 24, 2026

TRIP REPORT

by Peter Fant



Water Engineers for the Americas & Africa
Making connections. Empowering communities. Improving lives.

APRIL 2026 TRIP REPORT - Tanzania Site Visits and Rome WASH Meeting



Trip Dates: April 7-24

- April 10-15: Songea, Ruvuma Region, Tanzania
- April 16-20: Musoma, Masanga, Mara Region, Tanzania
- April 21-24: Rome, Italy

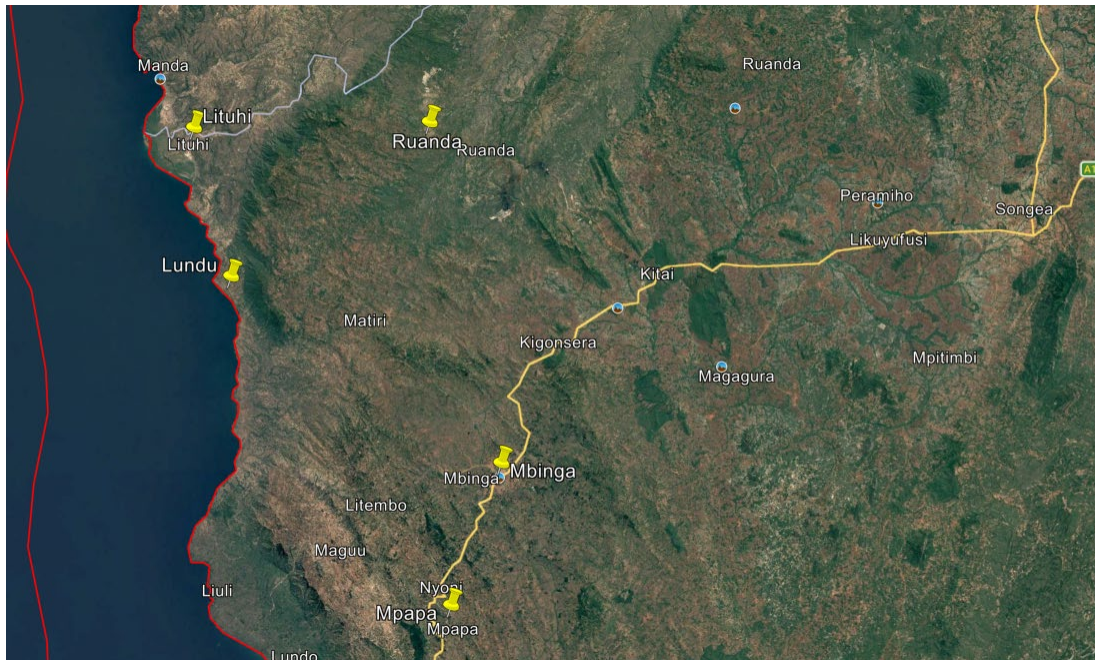
Visiting Team:

- | | |
|-------------------------|-------------------------------|
| 1. Peter Fant | WEFTA President |
| 2. Charles Zacharia | SAWA Executive Director |
| 3. Muganyizi Ndyamukama | SAWA Board Member |
| 4. Daniel Masubo | SAWA – IT specialist |
| 5. Franco Kaduma | SAWA – Circuit Rider Engineer |

Attachments:

- Feb 2026 - SAWA WASH Assessment Report for IHSA Musoma – Immaculate Heart Sisters of Africa
- April 2026 - SAWA Site Visit Report – Ruvuma and Mara Regions

April 10-15: Songea Region



High-level Summary First Half:

It is hard to communicate the impact WEFTA, working with the team we've pulled together, has made in the communities we have been fortunate enough to work with. At Ruanda, while Charles, his team, and I were nonchalantly walking the project and talking about what the plans were, the priests, doctors, and sisters were practically ecstatic because they had all seen or heard about the transformations at Mpapa, Lundu and now Lituhi. They couldn't believe their good fortune. The Hospital Director, Edema, said "Any place Mr. Peter and Mr. Charles pass becomes better. We hope for Mpapa here!". I recognize my role of "finding the money!", because we, Charles, his team, and myself, knew we had about half the money needed for SAWA to use its full range of skills to transform this community. And the transformation is not just water and sanitation, it is the ripple effects that this brings. The community thrives, kids don't have to bring 5 gallons of water to school every day (and not show up if they don't have it to bring), girls stay in school, doctors accept assignment to the clinic, the sisters grow gardens and vegetables,...it is a big deal.

SAWA Summary:

The more we work with SAWA, the more impressed I am. The first trip in 2023 revealed that they not only executed the work better than we expected (Mpapa), but they had systems that any engineering company would be jealous to have (contracting, accounting, hiring local, etc). I also got to see the "before" versions of what would be the second project (Lundu).

The second trip in 2025, I had seen the “before,” but now got to see that they not only did what we talked about but also constructed additional sanitation facilities to get to the heart of the community's needs. On that trip, we looked at the “before” version of Lituhi and speculated how hard it would be.

On this third trip (2026), I got to watch them refine their scope and communicate what they saw and what they were thinking to myself and to the community. While I had marveled at how they, in fact, had easily handled the “hard” aspects of Lituhi, breaking through rock for pipelines, digging soakaway pits in rock, building a retaining wall for their solar pumphouse, making all of the toilet facilities as clean as new, replastering walkways, etc. And then walking the next project, Ruanda, listening to their thinking and vision of what could be built without flinching at the reality that this could never be built by hand in the USA. No laborers would do this; it would all be heavy equipment at a rate of 20X what it would cost to construct these improvements. And, best of all, one year from now, this will all be done (and more). They will build it, find ways to save money as they go, and then produce a product better than promised.

April 9: Dar es Salaam, meet with SAWA and Schneider Electric, Prince Innocent

We introduced SAWA to Schneider Electric. Prince Innocent, Charles, Muganyizi, Malima, and Pete reviewed potential collaborations focused on the water supplies that need wells and solar. We talked about WEFTA working with Schneider and DOC on a project in Ghana and potentially in Ethiopia for solar to provide power on DOC projects. Noted that the systems SAWA was using were built around the Dayliff solar pumping systems, which are packages that include the hardware, panels, solar mounting frames, well pumps, and controllers. They didn't seem to include remote monitoring capabilities, water level measuring, or data transmitting equipment.



Tanzania Ruvuma District

April 10: fly to Songea

Mbinga - meet with Bishop

Mpapa

Drove to Mpapa with Bishop, Charles, Muganyizi, Franco, and Peter. Greeted by the community, new priest, Father Johannes Ndunguru, and the Curate Manfred Machunti, toured the clinic, saw the completion of the work that was started a couple of years ago, but interrupted by the tragic crash of the supply truck bringing materials. Also, met the doctor, who has now taken over the operation of the facility. This is great news because, prior to the water and sanitation improvements, no staff would stay at the dispensary. The floors, walls, rooms, and bathrooms were all completed, with new beds in the rooms. Toured the WW facility, which was put online last summer but has not filled up the holding tank yet, so not started using the drainfield/ET beds. Very good though, no smell at all. They were very happy with that. Toured the incinerator and noted all the corn planted in professionally laid out rows. Sister Elvira Nikungiteke has gotten a contract to produce corn and sell it with government-controlled prices to the corn buyers. The country has four buyers with the government contracts. This is a good revenue source for the community. Incredible looking corn stalks, the area cultivated is probably viewable on Google Earth.

Mpapa is a success story, like Lugarawa, where getting water and sanitation improved living conditions dramatically, allowing social improvements such as watering flowers.

In the future, fencing is needed to keep livestock out of areas that they damage. Additional funding for waterline extension to unserved homes would enhance the value of the system.

The community meeting described progress and efforts made for collecting fees from community members and working with SAWA during their circuit riding services. The community requested help with funding the construction of a fence largely to protect the water supply areas from damage by cattle, goats, and even people.

Also during the meeting, it was relayed back to the community how proud we were of the efforts they have made and that this project was one of the Vatican 150 and would be presented in Rome in the next two weeks to Cardinal Peter Turkson and maybe even Pope Leo! We expressed how the success here and built confidence that others could do the same and hence we have received funding for, and moved forward with construction at Lundu, Lituhi, and now Ruanda.

The community presented gifts that included baskets, blankets, a scythe, eggs, a chicken, and a goat! But I think they were communicating the things that the water system had brought them, rather than intending for us to take the goat.

Drove back to Mbinga, night spent at Bishop's house.





Lundu

April 11: Drove to Lundu, received a report about how the community was getting people to pay.

Lundu is another success story. The community was very involved in building the system, and I used pictures from the community and the project in my fundraising efforts. The Lundu community had set four objectives with the project and, together, we met them all.

- 1) Ensure that residents of Lundu have constant access to clean and safe water.
- 2) Reduce the prevalence of waterborne illnesses in the community.
- 3) Establish sustainable water infrastructure that can be maintained locally
- 4) Empower the community to take ownership of the project through training and participation.

All accomplished!

With that said, Lundu should stay on the circuit ride for the WEFTA engineer, and WEFTA can even help out with supplies needed for maintenance. For example, we can see that some of the valves have begun to leak (ie., can't shut them off). SAWA has said they have improved the design in Lituhi using globe valves with metal parts instead of ball valves that seem to have plastic parts. And, building the tap stands inside bollards and with less concrete because the concrete pads constructed at Lundu did not seem to be adding value significant to their cost.



Lituhi

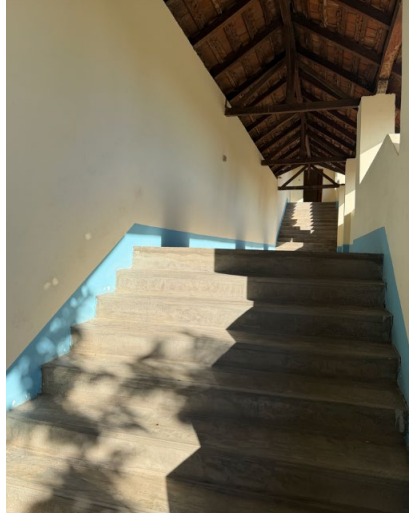
April 12: Drove to Lituhi, greeted by kids singing, toured the system, went to the well, toured the hospital, the priest's house, sisters' house, water tanks, WW tanks. Inquired as to how much it would cost to build one bathroom with a shower and toilet, as they did for support staff. Answer \$2,800. 10X12 brick construction, plastered, painted, doors, sink, shower, toilet, septic tank, soakaway pit. \$2/sf cost.

We inspected the solar well installation.

Hospital Director: Fr. Deogratias Nditi wrote a nice letter included in the attachments noting the project's accomplishments.

Lituhi is still looking for help with fencing and solid waste management facilities (ie., incinerator).







Ruanda

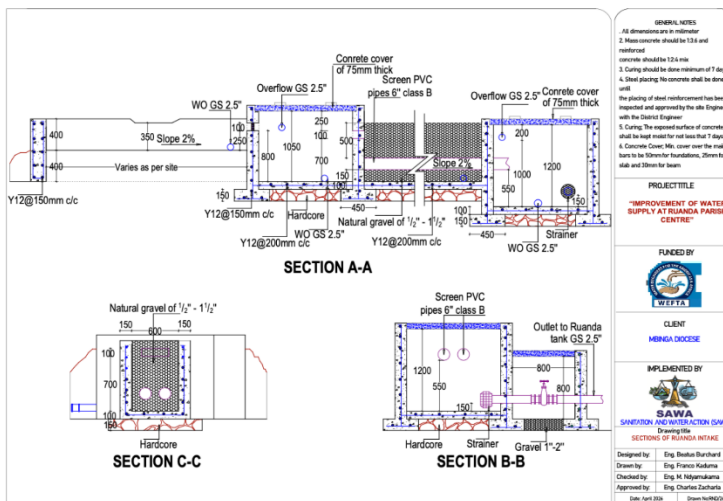
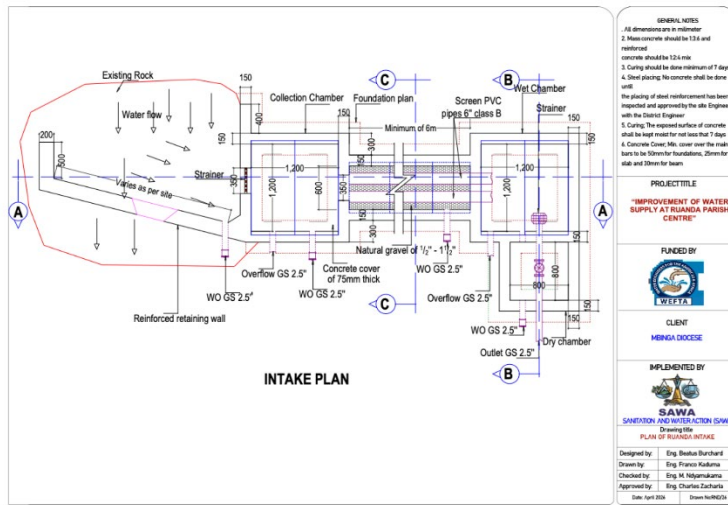
April 12 afternoon: arrived in Ruanda, reviewed the project with the priest. We will walk it tomorrow, starting with the source. SAWA has done a good job with their recent assessment and with their approach to the phasing of the project.

Father Eden Komba Hospital Director



The morning started with a quick hike to where the water intake structure will be. A funny side note, as we hiked through the tall grasses and corn stalks, we unknowingly walked through a section that had biting ants. Almost at the same time, each of us started grabbing at our legs because the ants had worked their way up inside our pants to about

our knees and were biting! We were all hopping around, shaking out our pants and grabbing our legs...on the way back to the vehicle, we ran through this section of the trail. But, back to the intake structure: The site is very good, and the development of it will be an upgrade to similar intake structures installed at Mpapa and Lundu. There is a lot of bedrock that the water cascades down. Muganyizi has laid out a system where a trench is dug, and water is collected in that trench in a buried pipe that will have gravel pack with sand filter and collected into a series of chambers that will allow coarse sediment to settle and later be purged by flushing of the chamber. As we stood there and Muganyizi explained his design, it was an eye-opening understanding that the structure would be built, up and running, before either of us would return. Franco would figure out a way to get it done, including getting a path cleared running downslope along the gradual grade, 3.5 km back to town.



At the church, we were shown the location of the tank that will be constructed, similar to the one in Lundu. The tank overflow will feed two existing tanks and distribution systems, resulting in the reuse of much of the existing infrastructure.



We toured the boys' school and dormitory, the sisters' house, and the girls' school and dormitory. The report from SAWA does a good job of describing them.



Just to convey the reality, the boys' “showers” consist of tiled stalls with drains, but no running water; instead, there is a tap stand with buckets. We assume you get a bucket of water (not hot or warm, of course) and dump it over your head.

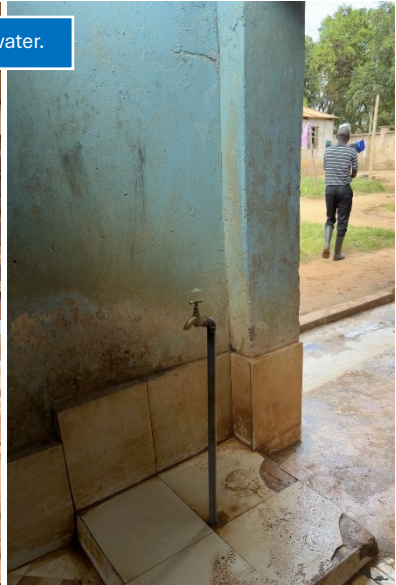


IMG_9067.JPG

Boys' bathroom for 85 students: 5 shower stalls, three "toilets".



Boys' shower stalls, buckets, tap stand for water.



Sisters' House: 3-4 sisters live here. The Sister in charge is Sr. Yohanna Conformatha Fussi OSB. They work at the hospital, at the schools, and in the community. The house was built in about 1940. The roof leaks, poor wiring, poor plumbing, etc.



Roof leak damage, plus stash of buckets to get deployed when it starts raining.

Girls Dormitory: 36 girls, but they do have a washing station!



Washing Station

As we toured the facilities, this being my third visit to projects with SAWA, I could see their thinking of how to make improvements as they walked and talked about cracks, leaking roofs, soakaway pits, etc. The reality is that the reports they produce don't do justice to the improvements they actually make. What is also clear is their collective ability to scope and then execute the improvements using either their own resources, or resources from the community, that they identify while doing the work.

Hospital:



April 13: end of day, drove back to Songea

April 14: spent the day in the hotel working on this report!

April 15: fly back to Dar.

Second Half: Mara Region April 16-20



April 16: Fly to Mwanza - Left Hotel at 5am, arrived in Mwanza 8am, Charles, Muganyizi, Daniel, Franco, and Peter, picked up by the Sisters' driver, drove to Issenye, arrived 1:30 pm. (long drive, bumpy, potholey roads).

Issenye, Daughters of Charity

Met Sr. Stella Maris Mgaya, Sr. Marie Regine Josette, and Sr. Paskaline Sulle Mayali. Issenye Centre is engaged in social outreach, supporting vulnerable and disadvantaged members of the community.

We talked about IPS and what an application might look like. We encouraged them to think about the community and improvements that might make an impact outside their needs. This is what Masanga has done, and the Sisters at Issenye work back and forth with Masanga. In fact, at the end of the day, two Sisters drove over to Masanga behind us.

A water supply well was a definite need. They did have a shared well with a neighbor, but it was locked off over a disagreement when the neighbor demanded a 10K L tank be constructed as a part of the deal. Now they only have rainwater and get water from the Government sporadically. Rainwater runs out in the dry season, Nov/Dec until Feb/Mar.

The sisters do social work in the community, visiting the elderly, the handicapped, bringing food, soap, clothing, and medicine. I think they had a preschool.

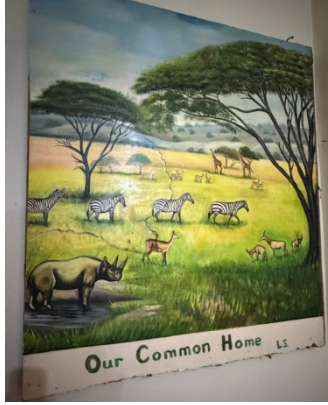
Importantly, they will be moving houses from one owned by the diocese to one they own themselves. So, the well and RWH improvements will be more important at their new house.

SAWA will send an engineer to walk their site and the surrounding community, and develop a scope of improvements needed.

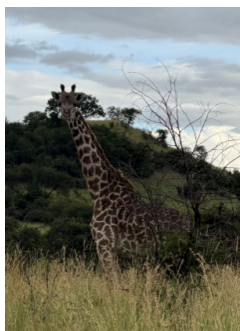
SAWA Issenye wrap-up meeting summary

- 1) Issenye will be included in the circuit ride trip for the geophysical and infrastructure inventory team. The objective is to identify the best area to drill a well
- 2) Soakaway pit needed
- 3) Water tank needs reinforcement and security strap-downs on tank for when it's empty, and wind blows... keep it secured.
- 4) The kitchen in the new house needs a water supply
- 5) Entrance needs small improvements
- 6) Roof needs replacement
- 7) Maybe has sufficient tanks, but placement to be evaluated based on the situation that the Sisters are moving to the new Sister-owned house.





Left around 5 pm, drove to Masanga, saw a giraffe, and monkeys of some sort



Arrived in Masanga around 8:30 pm, dinner, introductions at Sisters' house, headed to bed 10pm

Masanga:

April 17: Masanga

Morning – stayed in one of two guest houses, each with 3 or 4 bedrooms and kitchen areas. Breakfast at Sisters' house, tour of hospital, schools, travel to well, travel to community watering point, visit to high school. Wow, very big, clean, community-oriented facilities. The Masanga campus is probably twice as big as the Songea region projects. The hospital has what looks like modern equipment. Trash cans properly labeled, rooms for prep, changing, male, female, white mud boots for rainy season. Met with the community at the end of the visit - schoolteachers, people who used the watering points, and hospital staff.

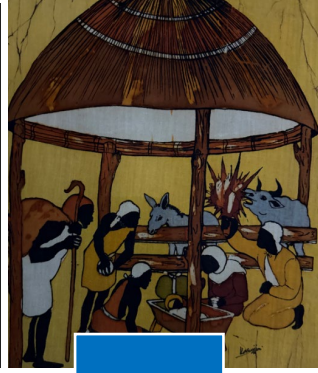
Sr. Jacqueline: overall in charge

Sr. Mary Mukui: running the hospital

Sr Constantine: runs the schools

SAWA Masanga Visit Wrap-up meeting notes:

- 1) Incinerator needs to be bigger version: \$7K requested, \$18K needed for a hospital-sized system
- 2) Sr Constantine requested funds for land to grow food (connect with IHSA?)
- 3) Requested (I think) new school bus
- 4) Requested Fencing and security cameras.
- 5) Underground storage tanks need to be cleaned and sealed up. (funded already?)
- 6) One tank tower needs piping repaired because it had sharp corners on the tank stand that punctured the tank.
- 7) Operating Theatre needs water supply,
- 8) Maternity Ward needs hand washing station (govt requires flowing water, even though govt facilities don't have it). Taps would include doctors' offices
- 9) Another Septic tank, along with soakaway pit needed
- 10) Had requested 4 stance near OPD, instead, renovate the existing and repair doors
- 11) IPD combine septic tanks
- 12) Spring needs valves to replace broken ones.
- 13) Letter from Sisters appears to request additional watering points for the community

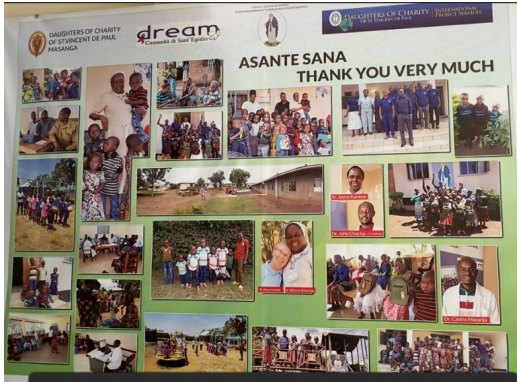


Black Jesus



Sr. Mary and Sr. Jacqueline





Ride to the community pumphouse and community watering point





Sr. Mary giving the tour



District: Facility Name: Year: 2023

Number of Major Surgeries, including C-Section (Shade the bar at the appropriate level)	Surgical Safety Checklist Utilisation Rate for all Major Surgeries (Plot with an 'X' and join the lines to form a line graph)	Surgical Site Infection Rate for all Major Surgeries (Plot with an 'X' and join the lines to form a line graph)
Project Plan Objectives 1. Reduction of client waiting time from 100 to 30 minutes by conceptualisation 2. 3. 4.	Definitions Surgical Safety Checklist (SSC) utilisation rate: Percentage of number of SSCs completed for major surgeries, including caesarean sections. A complete checklist is defined as SSC that is completed during the actual use of the SSC (Sign in, Time Out, and Sign Out) and at appropriate completion. Description: Total number of major surgeries performed (e.g., caesareans, open fractures, orthopedic amputation, hysterectomy). 45 (total completed SSC) / 50 (total major surgeries) x 100 = 90% Surgical Site Infection Rate for all major surgeries: Description: Number of surgical site infections (SSI) diagnosed for all major surgeries, including caesarean sections. Description: Total number of major surgeries performed (e.g., caesareans, open fractures, including caesarean section hysterectomy). 1 (SSI diagnosed for major surgeries) / 50 (total major surgeries) x 100 = 2%	Contact Information 1. Facility in-charge: _____ 2. focal Person: _____ 3. Data Person: _____





St Catherine Laboure School

April 17: Lunch in Masanga, leave around 3pm, travel to Kitenga secondary school, arriving 6:30 pm. Spent the evening reviewing Malima's report on Kitenga, Baraki, and Musoma. Have dinner, and overnight stay in Kitenga.

Kitenga

Refer to Malima's report for an outstanding overview (Attachment: Feb 2026 - SAWA WASH Assessment Report for IHSA Musoma – Immaculate Heart Sisters of Africa)

School: The school is situated at a distance from Baraki in the Rorya district council (previously Tarime before division of the district). The school has a total of 249 girls from form I to IV. There are 10 sisters at school, two dormitories, the first one is St Ritha of Cacia dormitory, which accommodates 113 students, where 49 students are form IV and 64 are form II, and the second dormitory, St Philomena, which accommodates 136 students with 81 form I and 55 form III.

Sisters' Convent: Accommodates eight sisters who are working at girls school, the house is in good condition. Sisters depend on water from well #2 directly. There is no storage tank. One of their requests is for an elevated storage tank.

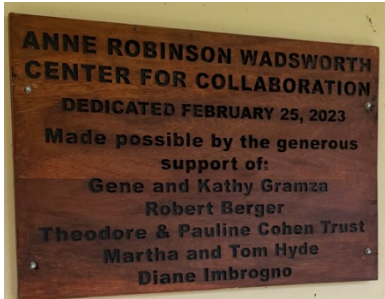
Dispensary and Maternity: An institution managed by IHSA serves around 4320 people from its catchment of four villages of Nyanduga, Kwisalala, Kitenga, and Buguta. The dispensary attends an average of 10 deliveries per month. The delivery room has one squatting toilet.

April 18: 7:30am breakfast, 8am tour the system and compare to Malima's report, meet with Sr. Flavia Willbroad

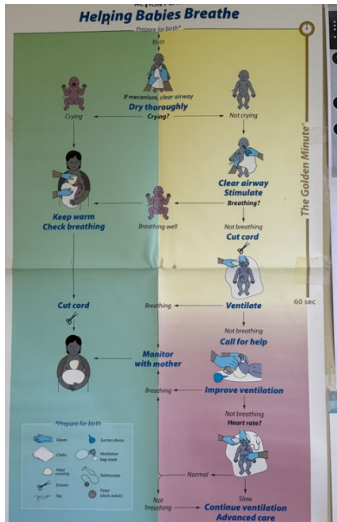
Summary of needs from visit with SAWA:

- 1) Dispensary needs toilet improvements, incinerator and placenta pit. \$7K version
- 2) Solar batteries need to be evaluated by Schneider Electric: 9-year-old lead acid batteries
- 3) Maternity ward needs water, tiles on the walls need to be brought up higher (they are 1 meter up but need to be higher up the wall),
- 4) Newborn toilets need privacy (and water), squatting pan, shower
- 5) Rainwater harvesting, bigger underground tank needed
- 6) Convent toilets and showers need repair
- 7) The above-ground tank needed to be repaired, including the floor and walls of tank
- 8) Request new storage, rainwater ground water underground storage,
- 9) Two staff toilets need rehab
- 10) Retest two bore holes for quality and quantity. If they can get funding for a new well, they would do the retest while the crew is out there.
- 11) Dining Hall - connect Septic Tank to dormitory and soakaway pit
- 12) School staff requested fencing and security

13) RO Treatment for water possible solution for brine water, right now, they have carbon filter type treatment.







1.8 Job Aid Apgar Score

	2 points	1 point	0 points
Appearance (Colour)	Completely pink body and extremities	Body pink, extremities blue	Pale or blue
Pulse (Heart rate)	> 100 bpm	< 100 bpm	No heartbeat
Grimace (Response to stimulation)	Crying, coughing or sneezing	Grimace or puckering of face	No response
Activity (Muscle tone)	Active movements, waving arms and legs, flexion	Some movements, some flexion	Limp arms and legs, no flexion, no movement
Respiration (Breathing)	Strong cry, regular breathing	Slow/irregular breathing or chest withdrawing or grunting	No breathing

MoHCDGEC (2019) National Guidelines for Neonatal Care and Establishment of Neonatal Care Unit

1.5 SOP Care for newborns delivered outside the health facility

If the newborn was born before arrival to the health facility the following should be done on reaching the facility

- Maintain hygiene, e.g., hand washing with running water and soap
- Keep the newborn warm by keeping him skin-to-skin with the mother
- Dry the newborn with a clean, dry cloth
- Wrap the newborn with another clean, dry cloth
- Re-clip the cord if not well clamped
- Don't apply anything on the cord
- Take care of the mother, e.g., complete placenta delivery and keep the mother clean
- Initiate breastfeeding as soon as possible (within 1 hour after birth)
- Take all measures of essential newborn care, e.g., physical examination, eye care, Vitamin K, observation with Newborn Triage Checklist
- Observe mother and baby for at least 24 hours

1.5 SOP Care for newborns delivered outside the health facility

If the newborn was born before arrival to the health facility the following should be done on reaching the facility

- Maintain hygiene, e.g., hand washing with running water and soap
- Keep the newborn warm by keeping him skin-to-skin with the mother
- Dry the newborn with a clean, dry cloth
- Wrap the newborn with another clean, dry cloth
- Re-clip the cord if not well clamped
- Don't apply anything on the cord
- Take care of the mother, e.g., complete placenta delivery and keep the mother clean
- Initiate breastfeeding as soon as possible (within 1 hour after birth)
- Take all measures of essential newborn care, e.g., physical examination, eye care, Vitamin K, observation with Newborn Triage Checklist
- Observe mother and baby for at least 24 hours



DECONTAMINATION PREPARATION OF CHLORINE

1. Kwa chloini mara pua
 2. Unapate ya kupata sekona ya maji ya kuchomanga
 3. Stop. Read the label
 Unapate Percentage 1
 Unapata maji

$$\frac{3.5 \times 1}{0.7} = 7 - 1 = 6$$

Down 1
 maji 6

1.4 Job Aid Decontamination of Instruments









Baraki

See Malima's report (Attachment: Feb 2026 - SAWA WASH Assessment Report for IHSA Musoma – Immaculate Heart Sisters of Africa)

Baraki is the main farming area and other activities that raise funds to support sisters on institutional operations. There is a constructed dam that serves rice farm irrigation and is used by the community. Sometimes, during high water scarcity, children at school fetch water from the dam.

Health Center, functional with ongoing construction of theater

The facility serves the population of 4,864 people from the surrounding communities. The facility has Outpatient services and Inpatient where it can accommodate eight people per

day. Delivery services are available, about 30 deliveries are managed per month. Have RCH, Laboratory, and CTC services. Theater is under construction.

St Consolata Pre and primary school

Location provides for boarding, has a few day scholars, and is an “English Medium School”. The school has 175 pupils (86 boys and 89 girls). Day scholars are 10, with six boys and four girls. Boarding scholars are 165, with 98 boys and 67 girls. Pupils come from within the Mara region and outside like from Mwanza. The school has classrooms, toilet facilities, kitchen, dining hall, and dormitories for girls and boys situated in different places.

Baraki Farm

At the farm, there is the sisters’ house that accommodates 12 sisters. The house was built in 1981. They depend on water from the lake through an existing tank, which is pumped by a solar-powered system. The water system within the building requires rehabilitation. Toilets and bathrooms in sisters’ house are shared, they are dilapidated. Sisters’ preference is to look into the possibility of converting the rooms to self-contained for the old wing. The other wing has internal toilets. The house had a solar-powered hot water system, currently not functional. For wastewater management, they have a septic tank without a soakaway pit, when full they have to call a truck to empty at least once within three years. They paid TZS 255,000 for three trips.

A total of 65 workers for Baraki institutions reside at the farm. These include farm workers, health center, school, and guards. All existing houses have independent sanitation systems.

From SAWA/WEFTA visit

- 1) Sisters house toilet conversion for self-contained outside drains needs p-traps, doors need to be upgraded
- 2) W and WW Pipes exposed on wall to tanks, need to be buried with p-traps
- 3) Water is pumped from lake, no water treatment
- 4) Extend building, add new toilets. Add RWH tanks (Rain Water Harvesting)
- 5) 50 cu meter tank rehab. Can receive RWH water
- 6) Soakaway pit needed at one house
- 7) Hand-washing station needed by the health center
- 8) Big ferrocement tank needs cover, lake water pumped to tank, but leaves get in because of the open top
- 9) Boys toilet tap stand is too low for buckets to fit under it, no p-traps, direct from Septic tank
- 10) Add teachers' toilet
- 11) Need to scope pump station and solar for lake water source.

April 18: 10:30 am, drive to Baraki water project (lake source), tour it until 3 pm and travel to Musoma, overnight stay in St Justin in Musoma.













Musoma, Mokoko IHSA Sisters' Motherhouse and St. Justin's

See Malima's report (Attachment: Feb 2026 - SAWA WASH Assessment Report for IHSA Musoma – Immaculate Heart Sisters of Africa)

Musoma Makoko IHSA Motherhouse

The site is broad with several institutions within one large compound. Has the convent-Holly Family with 8 sisters, Novitiate with 20 students and 2 sisters, has Elderly house that accommodates 10 sisters who are old or sick, and St. Justin Samba Disability center that accommodates children with disability with about 100 children and youth, and a vocational training center for youth accommodating seven boys and 11 girls both with disability. There are farming activities and gardening, which are stalled by the sustainable water availability.

From WEFTA/SAWA visit to do list:

- 1) Geophysical survey to locate the best spot for one well that can make it through the year and fill a tank to be placed at top of property
- 2) Map out tank locations, sources of water (RWH vs boreholes) and elevations of each
- 3) Wash area for kids
- 4) Sisters' convent rooms to convert so they can extend out

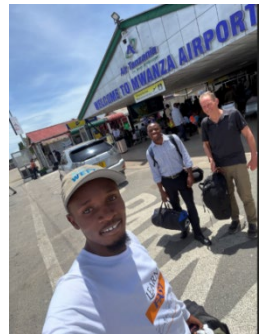




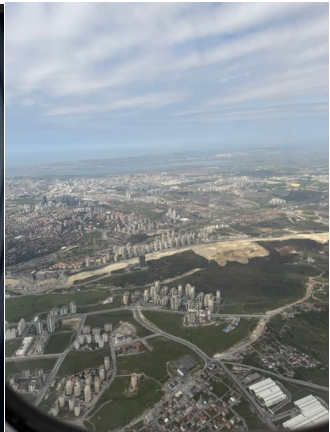


April 19: Breakfast in Musoma, tour water system, travel to Mwanza, afternoon-

April 20: fly back to Dar es Salaam



April 21: Fly to IST and to FCO





April 22: meeting at Vatican

April 23: Vatican meeting

Rome









Archbishop and Pope support faith-led campaign for clean water worldwide

It aims to improve global health by providing hospitals and clinics with clean water, sanitation, and hygiene (WASH)



The gathering in Rome, April 22-23, 2026

<https://www.washinhcf.org/cop-fbo/>

<https://www.churchtimes.co.uk/articles/2026/1-may/news/uk/archbishop-and-pope-support-faith-led-campaign-for-clean-water-worldwide>

April 24: fly home

SAWA Summary:

The April 2026 field visit confirmed that WASH interventions implemented by SAWA with support from WEFTA are generating significant and visible benefits across communities and institutions. Improved access to clean and reliable water has strengthened healthcare service delivery, enhanced hygiene and sanitation practices, reduced the incidence of waterborne diseases, and improved dignity, wellbeing, and productivity, particularly for women and children. Projects such as Mpapa and Lituhi clearly demonstrate the transformative impact of integrated WASH investments, together with encouraging levels of community ownership and participation.

Despite these achievements, several challenges remain. Financial sustainability is still uneven, as low user-fee collection in some areas threatens the long-term operation, maintenance, and sustainability of water systems.

The assessment further identified critical needs for improved water supply infrastructure, including the development of new boreholes, as well as enhanced sanitation and hygiene facilities such as improved toilet blocks and handwashing stations in the communities visited of Issenye, Kitenga, Baraki, and Makoko in Mara Region. The promotion and expansion of rainwater harvesting systems is essential to ensure a reliable and sustainable water supply, particularly in areas such as the Mara Region that experience two rainy seasons annually.

Moving forward, continued investment in resilient and scalable WASH infrastructure, strengthened community management structures, improved financial accountability, and enhanced operation and maintenance systems will be essential to sustain and expand the positive impacts already achieved.

WEFTA Summary:

The need is infinite and diverse. The first part of the trip we worked on projects and with communities identified by Bishop John Ndimbo, assisted by the Benedictine Sisters. Each community was unique, with people in the communities really lacking outside help to make and build the infrastructure that we all take for granted. When given the opportunity, they shine. They work hard. Charles, from SAWA, did say they had to work to find different people to help out on different parts of the project. The people in Lundu, a fishing village, didn't so much like digging ditches. So, people from the surrounding communities were recruited and hired for the effort. In Lituhi, they found one wiry old man who was very good at breaking rocks and digging pits. He had his own man-made tools that allowed him to do this. But all the communities are participating in helping fund and keep the systems running. With that said, WEFTA is certainly needed to help find resources (money) to help with the upgrades and improvements.

Up in the Mara region, we had the opportunity to work with both the Daughters of Charity and the Immaculate Heart Sisters of Africa. Neither organization reports back to a bishop or diocese (in other words, neither reports to men). They are independent but foundational in the community. They were driven, as a community of sisters, to take care of the people. Being introduced directly to these sisters helped create the visualization of what drives them every day. They take the ball and run with it.

Our biggest challenge is finding the money. The DOC and IHSA sisters can work with SAWA and handle anything that is needed. The communities down south, with support from SAWA, can handle anything.

The trip ended, appropriately, in Rome, where we got the chance to tell our story to the Vatican and to many other Faith Based Organizations (and secular ones). I gave a shout out to the sisters, saying that maybe WEFTA was morphing from Water Engineers for the Americas and Africa to Water Engineers for the sisters. What becomes obvious on this trip is that if we focus on the sisters, they will take care of the people. They will make our job easier. They will ensure that organizations like WEFTA and SAWA are successful.

February 2026 - SAWA's WASH
Assessment Report for IHSA
Musoma – Immaculate Heart
Sisters of Africa

WASH RAPID ASSESSMENT REPORT FOR IHSA MUSOMA Immaculate Heart Sisters of Africa



Sanitation and Water Actions (SAWA)

Tel: +255 2863537/ 754 621265

Email: sawatz2009@gmail.com, or info@sawatanzania.org

Web: www.sawatanzania.org



21st February 2026

WASH ASSESSMENT TEAM

S/N	Name	Title	Organization	Contacts
1	Eng. Wilhelmina Malima	Team Lead	SAWA-TANZANIA	07754327987
2	Maximillian Rugembe	Water Technician	Musoma	0754852121
3	Sr Lucy Magumba	Director of Makoko Spiritual Center and project manager for ongoing construction projects	IHSA Makoko	0785361236
4	Sr Theresita Dah'at	Treasurer of HCF	IHSA Baraki	0782414411
5	Sr Maria Bernadetta Beda	Administrator	IHSA Baraki	0784376901
6	Mr Joseph Mendo	Head Teacher	St Consolata School Baraki	0623241863
7	Sr Felister Ernest	School Treasurer	St Consolata School Baraki	0767580418
8	Sr Josephina Bhakita	Superior Formation House	IHSA Baraki	0759432390
9	Sr Flavia Willbroad	School Manager	IHSA Kitenga	
10	Sr Veneranda Fulgence	Headmistress Kitenga Girls school	IHSA Kitenga	0688810088
11	Sr Veronica Bitu	Incharge dispensary Kitenga	IHSA Kitenga	0787498380

1.0. Introduction

SAWA has been partnering with WEFTA to support the implementation of Water, Sanitation and Hygiene (WASH) projects in Health Care Facilities (HCFs) managed by Catholic Churches.

This time WEFTA have received a request for support from the Immaculate Heart Sisters of Africa , a congregation with about 180 sisters, all in Tanzania, with 28 houses in northern Tanzania. SAWA was requested by WEFTA to conduct rapid assessment to get the clue of areas that have been submitted for support. To implement that Wilhelmina Malima from SAWA and Mr Maximillian Magembe technician managed to visit three key areas that are managed by sisters in Musoma Makoko,,Baraki and Kitenga in Rorya Tarime. In each place sisters have different activities which help the living and support to surrounding communities. Main challenge is water supply almost to all sites for effective service provision at health care facilities, schools and farming as well access to improved sanitation. This rapid assessment report provides some insights for each visited area. Main challenge observed during the visit is that all water wells drilled do not have data in present. It was agreed that Sr Lucy would try to check with a person who drilled the wells if the might have any information. Sisters need support for proper assessment and advise on how to improve situation, to have reliable water sources. There is connection from utility water, however only for Prayer house they pay about TZS 300,000 per month and for mother house they spend about TZS 400,000 this is too expensive, as they need water for domestic use as well for farming both animals and gardens. Some facilities have rain water harvesting systems although not fully functional in all places. There is a need to support on improving storages for RWH and reassessment of the wells to establish data and quality.

2.0. Observations from visited sites

2.1 Musoma Makoko IHSA Mother house

The site is broad with a number of institutions within one large compound. Has the convent- Holly Family with 8 sisters, Novitiate with 20 students and 2 sisters, has Elderly house that accommodates 10 sisters who are old or sick and **St Jastin Samba Disability center** that accommodates children with disability with about 100 children and youth, and a vocational training center for youth accommodating seven boys and 11 girls both with disability. There are farming activities and gardening which are stalled by the sustainable water availability.

Water supply:

There are three wells powered with solar, said they are not such deep, data are not available.

Well 1- bore hole is serving The current Mother house which is situated across the road about 500m from the main compound (old Mother house) and other three areas, this is said to have good yield. There are two water tanks @10,000lts receiving water from Well 1 to supply to mother house.



Well No 1 at Makoko Main compound

Well 2 – bore hole solar powered serving the disability center hostels and sisters convent (this convent is specific for sisters working at the center) . There are three tanks@5000lts receiving water from this well. The center is also served by rain water with only two tanks of 5000lts. The center has enough catchment that could serve to harvest more water to support farming activities and for domestic use.



Well number 2 at the St Jastin Center for disability

Well 3 - bore hole situated at the Elderly house, salinity is high, dries out during dry season. Serves IHSA St John Paul II house (elderly house) and the Novitiate. During these periods of shortage of water

sister depend on the water from the shallow well (**Well 4**), they have to carry using buckets as well for domestic uses they get water from the utility water when it is available.



Well 3 at the St John Paul II (well is protected in a small hat)

Well 4- shallow well (data not available). The well is fixed with NIRA 85. This well serves cows, have not experienced shortage of water, although at some point the water from this well has bad smell. They have not managed to identify the reason for stinking water. During critical water shortage sisters draw water from this well using buckets.



Shallow well at Makoko Sisters Compound

Utility water from Musoma Water Supply and Sanitation Authority (MUWASA)- there is a concrete tank with about 50,000lts that receives water from the utility and from well 3. **The tank needs**

rehabilitation, as well either separate from mixing of water as the water from well 3 has no data on the quality.



RWH – is partially set at different buildings, there is potential of using RWH, with much improvement on the catchment and storage, as some buildings have gutters without tank, some the gutters are falling apart with no storage e.g the conference hall.



Broken gutters at the conference hall

Sanitation situation:

Key gap was observed at the First Mother house of 1955/56 now called Marybowels house (Seniors house). The original house with eight rooms has two shared toilets and one bathrooms. They need to improve rooms to make them self-contained. Four sisters are currently living in a new constructed with self-contained rooms.

At the St Jastin Center for disabilities building as are new, although the dormitory for boys and girls is just one building which is not as per required regulations. Sisters are in the progress of looking for support to work on that matter.

All structures are connected to septic tank and soak away pits independently. **It is advised to look on the possibility of introducing DEWATS so that the effluent can be used for irrigation at the center.**

2.2 Baraki Sisters Farm



Baraki is the main farming area and other activities that raise funds to support sisters on institutional operations. There is constructed dam that is serving for rice farm irrigation and use by community. Sometimes during high water scarcity, children at school fetch water from the dam.

Main source of water for the place is the lake (lake Victoria); they manage pumping system from the lake to the tank of about 75,000lts at 3km distance from the source. The system is run by solar power. the water however does not suffice the needs of all habitats and farming. Separate institutions are served by independent water well which also is not enough as each one has beside needs for domestic and human beings, they have economic activities particularly farming.

The four main institutions at Baraki Farm include:

2.2.1 Health Center, functional with ongoing construction of theater

The facility serves the population of 4864 people from the surrounding communities. The facility have Outpatient services and Inpatient where it can accommodate eight people per day. Delivery services are available and manages about 30 deliveries per month. Have RCH, Laboratory and CTC services. Theater is under construction.

Water supply for the HCF- they depend on the main supply from the lake through the main tank, however the pressure is low this water is collected to the 2000lts tank for other uses. The facility has rainwater harvesting system with six tanks @5000lts.



RWH tanks at the HCF Baraki

The points of care are fixed with handwashing basins, however they are not working due to lack of water. The available water does not fully support facility needs, the water has low pressure so does not reach any handwashing basin.



Dry handwashing basin at the Baraki HCF

To support the facility- may require additional storage elevated so that can supply to the in facility system and the new theater (operating room).

Sanitation: The facility building has toilets, as well pit latrines outside. The pit holes are wide so cannot allow children to use. These have been left to exist because of unguaranteed water supply. If the systems will have reliable water, then these toilets can be demolished or improved using SATO pans. (these are plastic pans with cover to protect smell). The structures seem to be strong although might need checking.



Pit latrine
outside the
Health care
facility

Waste management system: the facility is using constructed burning chambers, as shown in the picture. There is new burning chamber the round one and constructed placenta pit. Ash is managed in an open pit. The area is not well protected; there is no handwashing facility as required by the regulations. There is a need to support to have an improved incinerator as per national guidelines for health care waste management.



Left photo the site for waste management. Constructed round burning chamber –, the rectangle is not in use, the placenta pit is functional. Right photo works house at Health center

For improvement option at Baraki, there is a need to assess if DEWAT can work, then the reuse of effluent is possible. They can support irrigation of animal feeding grass, banana plantains, fruit trees and any other plants that are allowed to use effluents.

2.2.2 St Consolata Pre and primary school – Boarding and few day scholars English medium school



The school has 175 pupils (86 boys and 89 girls). Day scholars are 10 with six boys and four girls. Boarding scholars are 165 with 98 boys and 67 girls. Pupils are coming from within the Mara region and outside like from Mwanza. The school has classrooms, toilet facilities, kitchen, dining hall and dormitories for girls and boys situated in different places.

Water Supply: the school depend on water from the well with solar powered pump, which is salty. Data . Have storage for the borehole could not be found tanks 2@5000lts raised. Also, have RWH system with storage of two tanks with 10000lts each.

Water is not enough for the institution especially in dry season. The well sometimes dries out. There is one standpipe that brings water from the main tank that gets water from the lake at one of the dormitories. During difficulty periods, children have to fetch water from the dam.

There is potential of increasing access to water using the RWH systems. As well through improving storage of the water from the lake by setting independent storage facilities for school.

Sanitation for this school: There is existing one block with partition for girls and boys with 3 stances for boys and 4 stances for girls. For preprimary, there are 3-drop holes for boys and 3 for girls. **Not all toilets are as per national SWASH guidelines; therefore, there is a need to support improvement of sanitation and water facilities for the school.**



Right photo is showing a school toilet block for girls and boys with its waste pit behind, right is the inner look of the toilet

2.2.3 Baraki Farm

At the farm there is sisters house that accommodates 12 sisters. The house was built in 1981. They depend on water from the lake through existing tank which is pumped by solar powered system . The water system within building requires rehabilitation. Toilets and bathrooms in sisters' house are shared , they are dilapidated. Sisters' preference is to look on possibility of converting the rooms to self-contained for the old wing. The other wing has internal toilets. The house had solar powered hot water system currently not functional. For wastewater management, they have septic tank without soak away pit, when full they have to call truck to empty at least once within three years. They paid TZS 255,000 for three trips.

Total of 65 workers for Baraki institutions reside at the farm. These include farm workers, health center, school and guards. All existing houses have independent sanitation systems.

The only tank that receive water from the lake is there to supply water to all institutions and the farm, which have been allocated a stand pipe. One would expect for enough supply as the water comes from the lake and the pump is run by solar power; this is not the case , sometimes water cannot suffice the needs, especially in periods where there is no sun light it means the function of the pump goes down. Therefore, when it works every one wants to get water. Others reasons may be in case of breakdown on the lines it also causes the limited supply.

According to Sr Bernadeth at the farm, previously they used to have electric pump, but it was difficult to put the pump on and off because of the distance to the source, also there were times they had power cuts so they decided to opt for change to solar system.



Water Tank that receives water from the lake. It is raised on the base of about 2m



Photo showing solar system for hot water at sisters house Baraki farm built on top of the septic tank



Shared toilet and bathrooms at Baraki Sisters house



A toilet at the farm used by visitors attending the church services

The sanitation status will require specific attention , first there is a need for thorough and detailed assessment at sisters house at the farm to see the options to improve sanitation for their rooms, at the surroundings and different workers houses also to determine the options, and lastly to see if the fecal sludge could be managed collectively.

2.2.4 Baraki Formation house

There are 53 girls and two sisters who are taking care of the formation center.

Water supply : There is one drilled bore hole with salty water , run using solar powered pump to the raised tank at the formation house two tanks of 5000lts. Again, there is no data for the well.

There is RWH at this house with about 25,000lts, the tank is leaking, another plastic tank is set for RWH although the gutters are broken. There is one standpipe getting water from the main tank with water from the lake. The main need for the house is to have enough water storage for rainwater harvesting. **They have good space to construct underground tank for the purpose.**



Water source Borehole for the Formation house at Baraki with solar system



Left photo is the leaking RWH tank supported by Rotarians, right raised tanks that receive water from the well serving the Formation House.



Girls accessing water from the standpipe.

Here is the area where underground tank for RWH could be constructed

Sanitation : There are three toilets and three bathrooms for the house. Not connected to the water system. Sisters have self-contained rooms. The handwashing basins are available but not functional due to lack of water to flow to the system. (photo below)



2.3 Kitenga Girls Secondary school



The school is situated at a distance from Baraki in Rorya district council (previously was Tarime before division of the district). The school has total of 249 girls from form I to IV. There are 10 sisters at school, two dormitories, first one is St Ritha of Cacia dormitory accommodates 113 students , where 49 students are form IV and 64 are form II and second dormitory St Philomena that accommodates 136 students with 81 form I and 55 form III.

Sanitation situation: The school has main dining hall , kitchen and independent toilet which is in good condition.



Toilets at the dining hall, they have water that flows from well 1 through 10000lts tank

The first dormitory (St Rita of Cacia) has four toilet stances and four bathrooms all functional with need for minor rehabilitations. The challenge is that water does not reach to the toilet facilities. There is ongoing construction of additional six toilet stances and six bathrooms for students in this dormitory to increase access. The second dormitory (St Philomena) has seven toilet stances and seven bathrooms. Wastewater is collected through septic tanks.

At the administration area and classrooms, girls have two toilet blocks with 10stances in total, and one additional new block with three stances.

Water supply: There are two boreholes, Well 1 is pumping water to raised 5000lts tank at the site and 10000lts raised tank to serve the dining hall. This is powered by solar, there are 10 solar panels. The second well with seven solar panels and two tanks with 5000lts each supplies direct to the dormitories, school administration area, teachers houses, two sisters convent and Kitenga dispensary. The wells have salty water. Data for the wells are not available. There is existing old hand pump is not functional situated at teacher’s house.

Source of water	tanks	Source of power	of service area
Well 1	5000 and 10000lts in different places	Solar	Dining hall
Well 2	Two tanks together @5000lts	Solar	Dormitories, administration, teachers house ,sisters convent and dispensary

The St Rita of Cacia dormitory has two RWH storage tanks underground of size about 2.5mx6x4=50,000lts. Water is not pumped girls have to draw directly using buckets. But for St Philomena dormitory there is no storage tank for rainwater harvesting, although the **space is available**. The school generally depend on water from well 1.



Underground
RWH tank at the
St Rita of Casia
dormitory

Sisters convent accommodates for eight sisters who are working at girls school, the house in good condition. Sisters depend water from the well 2 directly there is no storage facility. **The support is required to have elevated tank.**

2.4 Kitenga Dispensary



An institution managed by IHSA serves around 4320 people from its catchment of four villages of Nyanduga, Kwisalala, Kitenga and Buguta. The

dispensary attends an average of 10 deliveries per month. The delivery room has one squatting toilet.

OPD is using two stances and one bathroom. Staff toilet is not working there is no water. Septic tanks are broken.

Waste management: The dispensary is using an old burning chamber that does not comply with the National Standards. This will require attention.



Left photo is .

Waste disposal site for Kitenga dispensary. The burning chamber and placenta pit. Right is the washing place at the dispensary.



OPD toilet at Kitenga dispensary

Water supply at the facility is a challenge, there is no storage facility, they depend on water from the well 2 (refer table), which is not providing water full time. So when the water stops, the facility does not get water. The water becomes problem when there is no sun, the only collected water has to serve a number of places so it becomes a problem for the dispensary as they do not have independent storage capacity. **The facility however has a potential for rainwater harvesting.**



Well 2
serving a
number of
facilities

Sisters convent convent accommodates four sisters who are supporting the farm and dispensary. Their toilets in the building have no water. They do not have solid storage for water, they get water directly from the source well 2. There is an existing ferrocement tank for rain water storage, however it has cracks. The house has part of the roof broken requires repair.



Ferrocement
tank for RWH at
sisters' convent
who are working
at Kitenga
dispensary

Conclusion

Through this visit to all three sites, major problem is as documented. All sites from Makoko to Kitenga there is no concrete solution to address the needs for sustainable water supply for their use, which are domestic, and mainly for farming activities and services at schools and HCFs.

Sisters have tried to get solutions especially by drilling wells, however due to limited knowledge on the systems they did not demand for reports for all wells, thus it will be important to support to establish the real data. However, this has to be measured against the option of developing RWH systems which may be sustainable as the areas especially Baraki and Kitenga have reliable rain falls. Also consider on improving the lake water system for provision of water for human consumption.

In most of places storage is a problem, therefore it is recommended to revisit the system as during detailed assessment to establish the options for increasing storage for convents and institutions.

For sanitation improvement, at different places work out possibility of having common system to manage waste water while also looking for solutions for specific institutions.

SAWA appreciates WEFTA's call to conduct this initial assessment and for all efforts made by Sr Lucia to make the visit possible, providing transport and ensuring that all responsible Sisters are there to provide required information.

April 2026 - SAWA's Report for Site Visits with WEFTA President

WEFTA PRESIDENT'S VISIT

Ruvuma and Mara Regions

Mpapa, Lundu, Lituhi, Ruanda, Isenye, Masanga, Kitenga, Baraki and Makoko



9th to 20th April 2026

Visiting Team:

- | | |
|-------------------------|-------------------------------|
| 1. Peter Fant | WEFTA President: |
| 2. Charles Zacharia, | SAWA Executive Director |
| 3. Muganyizi Ndyamukama | SAWA Board Member |
| 4. Daniel Masubo | SAWA – IT specialist |
| 5. Franco Kaduma | SAWA – Circuit Rider Engineer |

9 April 2026

Peter visited the SAWA office, held a meeting with the SAWA Director together with a representative from Schneider Electric¹ East Africa. The discussions focused on exploring potential collaboration in Solar powered projects, particularly in areas of technical support, including predesign, piloting and knowledge sharing based on SAWA's ongoing and completed solar initiatives. Specific reference was made to projects such as Lituhi in Nyasa district, which could serve as learning site for assessing performance, monitoring outcomes, and strengthening implementation approaches for solar systems in WASH facilities. The Shneider representative expressed interest in the proposed collaboration and committed to engaging with his management team to further review the partnership opportunity and outline the next steps towards establishing a formal relationship.

10 April 2026

- Travel Dar es salaam to Songea.
- Courtesy call to Bishop John Ndimbo at Mbinga Bishopric

Mpapa Visit:

Accompanied by Bishop Ndimbo, we visited Mpapa project site where we received a warm and vibrant welcome from the Mpapa community. The reception included four traditional dancing groups, children, community leaders and project committee members, all expressing their sincere gratitude and joy to WEFTA President for his generous support in improving WASH services in Masanga village and its institutions. During the visit, we toured the health centre and the CTC facility, followed by a community meeting attended by Parish leadership, Water committee members, Village Government and Ward councillor.

Key highlights from the community feedback and observations include:

- The community presented project progress report, expressing deep appreciation for improved access to clean and safe water close to their homes and public facilities.
- Reliable water supply at the health centre has significantly enhanced sanitation and hygiene standards while also reducing the burden on women and children, including expectant mothers who previously had to walk long distances to fetch water.
- The improved access to water has contributed to a noticeable reduction in waterborne and water-related diseases.
- The installation of wastewater treatment system has enabled the health centre to meet the government standards and compliance requirements.
- Cleanliness at the health center has greatly improved, allowing services to run more efficiently, something that would not have been possible without a consistent water supply.

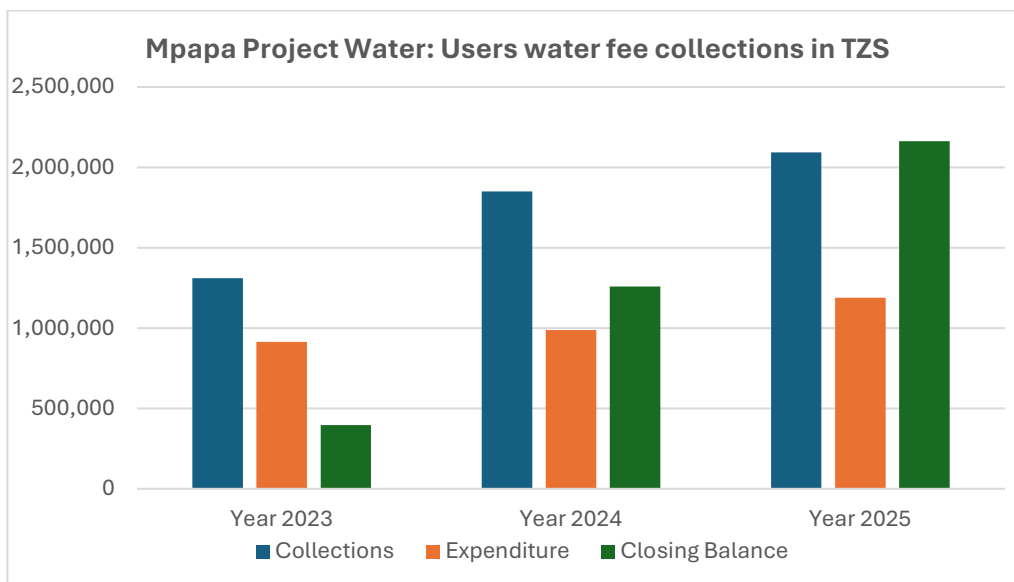
¹ Schneider Electric is a global energy technology leader, driving efficiency and sustainability by electrifying, automating, and digitalizing industries, businesses, and homes.

- Availability of water at household level and improved hygienic sanitation facilities in schools have contributed to better school attendance and improved academic performance among children.
- Religious leaders, including sisters and priests, have also benefited through improved nutrition and health, supported by vegetable gardens irrigated using water from the scheme.
- Improved water availability has enhanced dignity at the community level. With water sources now closer to households, time previously spent fetching water from distant locations is being redirected toward productive economic activities and social engagement.
- The community highly appreciates the capacity-building support in project management. The presence of locally trained scheme caretakers has proven valuable for effective operation, routine maintenance, and ongoing monitoring of the system.

Community financial report, summarised below, shows a steady increase commitments in contributions towards operational and maintenance. Over the past three years, there has been a notable progress in both fund collection and the growth of reserve funds. Expenditure is also gradually rising, reflecting increased operational activities and service demands.

Financial report (figures in TZS)²

Year	2023	2024	2025	2026
Opening Balance	0	396,000	1,259,000	2,163,000
Collections	1,311,000	1,850,000	2,093,000	
Expenditure	915,000	987,000	1,189,000	
Closing Balance	396,000	1,259,000	2,163,000	



Bishop John Ndimbo:

The bishop urged the community to take collective responsibility for sustaining the project, including contributing to water service fees.

He emphasized that the Mpapa project is a gift of God's grace and should be valued by ensuring its long-term sustainability for future generations. Reflecting on the Easter season, he noted that the community has moved from a period marked by loss of life due to water

² For USD equivalents - Exchange rate \$1 = TZS2,600

scarcity to renewed hope and improved well-being. With reliable water now available in homes and institutions, the community is experiencing a form of renewal, “rising to life again,” as symbolized by the resurrection of Jesus Christ (Bishop Ndimbo).

WEFTA President:

- Expressed sincere gratitude for the warm welcome, noting the joy shared both locally and supporters in America who contributed to the project.
- Extended appreciation to the partners and individuals whose efforts made the project possible.
- Acknowledged the government’s support in mobilizing the community and enabling the project’s success
- Thanked the community for their heartfelt appreciation and the gifts offered to him.

Opportunities and Areas for Improvement

- Growing demand for additional household tap stands, indicating the need for network expansion
- Rising costs of spare parts, requiring sustainable budgeting and procurement strategies
- Delays by some users in honouring agreed contributions for water services, highlighting the need for strengthened payment compliance mechanisms
- Need for construction of a perimeter fence around the health centre to prevent animals from entering and to safeguard the environment
- Upgrading of the theatre room to support expanded health centre services, including the provision of essential operational equipment



Welcome dances – tree leaves representing the blessing of the land and a peaceful, harmonious arrival.



Mpapa health centre – with beautiful gardens watered from the scheme



Inspection at the wastewater treatment system



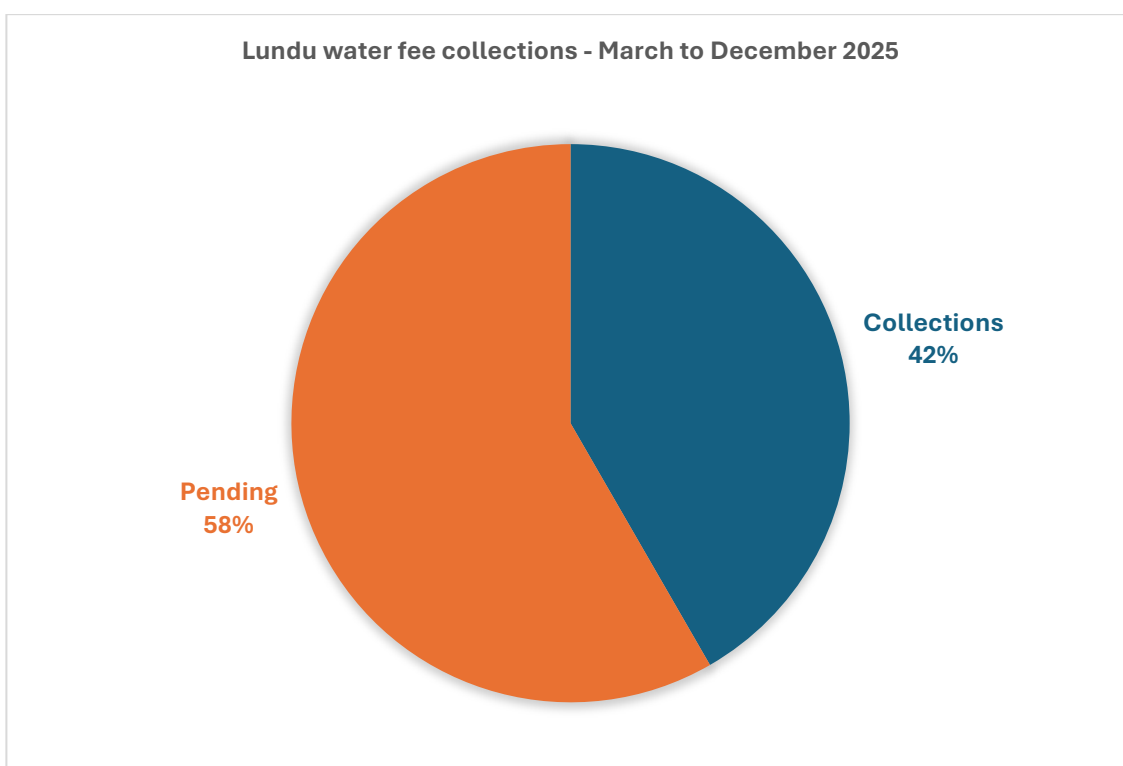
Happy faces: Mpapa Health centre incharge and Peter

11 April 2026 – Lundu

- Visited key sanitation facilities, including the incinerator, and maternity Ward at the health centre
- Had a meeting with water project management committee, which presented a report covering financial performance from March to December 2025. The committee expressed appreciation for the significant improvements observed over the past two years, attributed to the availability of reliable, clean and safe water. These improvements include better community health through a reduction in waterborne diseases, strengthened community cohesion, and an overall enhanced quality of life.
- Collection of agreed water user fee remains low. Against an annual target TZS2,330,000, only TZS971,000 (42%) has been collected, leaving a balance of TZS 1,359,000 outstanding. Total reported expenditure for the same period was TZS676,800³



Overflow from Lundu Storage tank



- The water committee was encouraged strengthen collaboration and intensify efforts to ensure timely payment of agreed contributions. This will help build adequate financial reserves while the project is still new and before operation and maintenance costs increase.

³ For USD equivalents - Exchange rate \$1 = TZS2,600

11 April 2026 - Lituhi

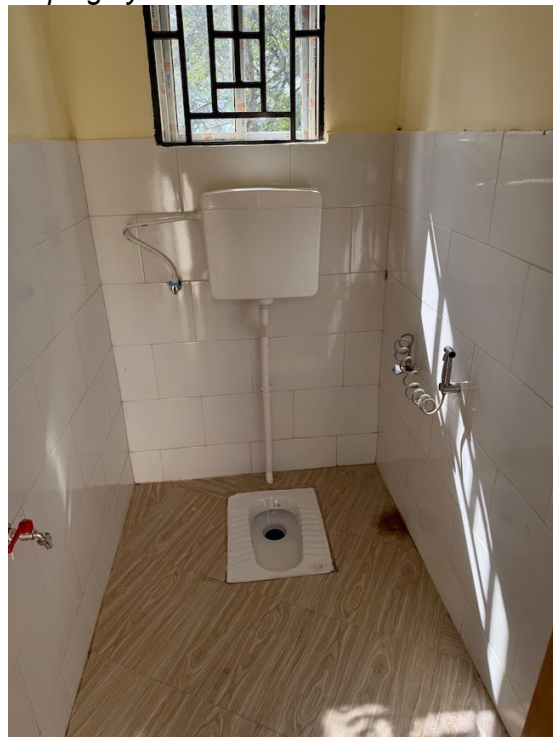
- Visited all sites where improvements have been implemented, including the priests' compound, the church, the water source powered by solar system and various areas within the hospital



Lituhi Solar pumping system



Toilet at Lituhi Church



Toilet at Lituhi Church

- The hospital administration and project management committee expressed their sincere appreciation to WEFTA and SAWA for their collaboration in delivering water and sanitation improvements, which have significantly enhanced health outcomes, dignity and overall quality of life for beneficiaries.
- Heald a meeting with water committee members., during which strategies for sustaining the project were discussed and emphasized.



Peter washing hands at OPD entrance hand washing station

12 April 2026

- Travel from Lituhi to Ruanda.
- Held a meeting with parish priest and Fr. Aden Komba at Ruanda parish

13 April 2026 Ruanda:

- Visited the proposed water intake site and the current collect point, which is a pipe tied to a tree root.
- Inspected key areas targeted for proposed interventions, including St. Luke Secondary school, St. Luke secondary school boys' and girls' hostels, the sisters' convent, and Ruanda Hospital.
- Presented the assessment report to the Ruanda Parish priest and the hospital director. Both expressed strong appreciation for the proposed interventions, noting that their implementation would significantly transform the church and its institutions.
- Identified potential for establishing a centralized wastewater treatment system to serve St. Luke secondary school, the sisters' convent and Ruanda Hospital. However, further technical assessments and feasibility analysis are required, and implementation will depend on availability of funds.



13 April 2026

- Travel from Ruanda to Songea.

15 April 2026

- Travel from Songea to Dar es salaam.

16 April 2026

Travel – Dar es salaam to Mwanza to Isenye

Isenye Centre

- Isenye Centre is engaged in social outreach, supporting vulnerable and disadvantaged members of the community.
- The centre has a pre-primary (English media) school, which is currently closed as the management reviews and plan for its future operations.
- Water supply at the centre relies on rainwater harvest and an intermittent water supply from RUWASA connection, leading to critical shortage during dry season.
- A nearby private borehole had been verbally donated to the Centre. The Centre invested in a submersible pump and pumped water into a 10 m³ plastic storage tank serving both the Centre and the surrounding community. However, access was later withdrawn when the owner reclaimed the borehole.
- The Centre is strategically located among five villages, with several government and private schools that could potentially benefit from improved water services at the facility.
- Sanitation facilities at the sisters' convent are generally in good condition, except for a workers' toilet, which is a pit latrine with a cement squatting slab and requires upgrading.
- The Centre has significant water storage capacity, including one 10 m³ tank, five 5 m³ tanks, and three 3 m³ tanks. Meanwhile, construction is ongoing at a new site where the pre-primary school is located. The Sisters plan to relocate there and expand services, including establishing a primary school



Proposed Next Steps:

- Conduct a hydrogeological survey to identify a suitable site for drilling a new borehole.
- Undertake detailed needs assessment and mapping to define service coverage and guide intervention design.
- Repair and optimize the existing rainwater harvesting system.
- Construct a soak away pit for improved wastewater management.
- Extend water supply to the kitchen.
- Improve the entrance area of the Centre.
- Support the sisters in repainting the roof of their house.
- Renovate the 10 m³ tank tower to ensure structural integrity and functionality.

16 April 2026 - Masanga

- Visited the Hospital, primary and secondary schools and community spring water source. At each site, the team reviewed WASH improvements implemented by SAWA with funding from the daughters of Charity funding. Key issues identified include some leaking underground rainwater harvesting tanks requiring repair, a plastic storage tank tower at the hospital with a weak base needing reinforcement and the need to strengthen the management of protected springs alongside new improvement works.
- The Daughters of Charity has raised funds for rehabilitation works and the construction of a new incinerator. However, Masanga hospital is in the process upgrading to a district level facility, which requires a higher capacity incinerator suitable for increased medical waste. The initially budgeted TZS 19,500,000 - (USD 7,950) incinerator was designed for a health centre and is not appropriate for a hospital setting. A hospital grade incinerator budget is estimated at TZS 45,000,000 (USD 18,400), leaving a funding gap of TZS 25,500,000 (USD 10,450.) It was agreed that the current incinerator budget will not be utilized under the ongoing rehabilitation plan until additional funds are secured. This decision aims to prevent inefficient use of limited resources on an incinerator that does not meet government standards.
- Held a meeting with the Masanga community, during which members expressed their sincere gratitude for the generous support in improving water and sanitation services at the hospital, surrounding institutions, and nearby communities. They highlighted that the ongoing improvements have brought significant relief and joy, especially when reflecting on the past severe water shortages that disrupted hospital and school operations and increased the risk of waterborne diseases, including frequent cholera outbreaks.
- Community members from Mohomoni, Kemchange, and Ngonche also testified to the benefits of improved water services in their areas, particularly noting the reduced burden on children who previously had to walk long distances to fetch water.

Proposed next steps/requests:

- Rehabilitate leaking underground leaking rainwater harvesting tanks (existing and some previously constructed by SAWA)
- Improve the structural base of the elevated tower supporting the plastic water storage tank at the hospital
- Supply water to the theatre
- Provide additional handwashing facilities at all points of care, including the maternity ward and selected offices requiring running water. This is a key requirement for attaining district-level facility standards. However, it is not included in the current rehabilitation plan; therefore, additional funding will be required to support this intervention, estimated at TZS 12,000,000 (approximately USD 4,900)
- . Construct a soakaway pit at the existing septic tank.
- Strengthen community awareness on protection of spring water sources and proper maintenance of improved water facilities.
- Communicate proposed changes to the incinerator design/size with the Daughters of Charity, noting that the current budget of TZS 19,500,000 (USD 7,800) was intended for a health centre-level facility, not a hospital. The allocation will therefore not be implemented under the current rehabilitation plan without mutual agreement with the Daughters of Charity
- Renovation of OPD Toilets including installation of a vent pipe.
- Assess and consider utilising the existing four rooms near the IPD instead of constructing new blocks; this will be reviewed and finalized during implementation scheduled for May 2026.
- Fencing around the hospital and strengthen security infrastructure is required.
- Support school bus

- Support property protection through land mapping and preparation of formal land ownership drawings.



Protected spring at Kemchange –community need to replace taps to reduce water wastage

18 April 2026 – Kitenga

An assessment was conducted at Kitenga Secondary School, which has modern buildings and toilet blocks. However, the school is challenged by inadequate water supply, as it currently depends on two low-yield boreholes. In addition, rainwater harvesting systems are underutilized despite the availability of suitable roof catchment structures.

Within the school compound, there is also a dispensary service for students, staff, and surrounding communities. This facility requires several improvements to enhance the effective delivery of healthcare services, as summarized below:

Dispensary

- The Dispensary is operational but requires several improvements to enhance service delivery including renovation of OPD toilet with tiling and wastewater pits.
- Construction of a New incinerator, ash pit placenta pit fenced together is required to improve medical waste management.
- Replastering of dispensary foundation is required to improve structural durability
- Installation of Hand-washing stations with running water in 8 rooms within the dispensary is recommended to strengthen infection prevention and control.
- Three existing solar systems, approximately nine years old, require technical assessment as they currently provide electricity for limited hours. This presents an opportunity for potential partnership support, including Schneider.



Kitenga Dispensary

- Improvement of the labour ward is needed, including raising the tiling height by 1 meter to enhance hygiene and usability.
- Construction of a larger underground rainwater harvesting tank at the dispensary is recommended to improve water storage capacity.
- Antenatal & Postnatal toilets require doors to ensure adequate privacy for users.
- The nurses' toilet also requires installation of a door to improve privacy and dignity.
- Improvement of the delivery room toilet is needed to enhance hygiene and functionality.

OLD and New Sisters' Convents

- The toilets require a reliable water supply, along with repairs to the existing showers to ensure proper functionality and hygiene.
- There is an existing ferrocement rainwater harvesting tank of approximately 75m³, which is currently leaking and unable to store water effectively. It requires rehabilitation, including repair of the floor and replastering of the walls to restore its storage capacity.
- New sisters' convent has guttering system without storage tanks. Proposed to provide at least 3 tanks with 5m³ each.



New sisters' convent

General WASH status

The system is currently consists of two BHs supplying water to a 10m³ and two 5m³ elevated plastic tanks, which serve the students' dormitories, staff houses, and dining through solar pumping.

- However, Water does not adequately reach all toilets facilities within the secondary school
- There is ongoing construction of a toilet with 6 stances and 6 bathrooms, including provision for Menstrual Health Hygiene (MHH), which will required reliable water supply upon completion.
- Rainwater harvesting storage is insufficient, with only two 5m³ tanks and one 10m³ tank currently in use. During the visit, a water Company from Arusha was observed initiating installation of a 100m³ metal rainwater harvesting tank at the dining hall
- There is no water storage facility at sisters' convent
- There is a need for a drinking water treatment system to ensure safe water quality.
- Installation of security cameras is also required to enhance safety and protection of infrastructure.

Proposed interventions

- Undertake Hydrogeological survey to identify sites for additional borehole(s)
- Carry out an assessment of the existing solar pumping systems to determine performance and efficiency
- Strengthen rainwater harvesting systems, including exploration of larger underground tanks at the dispensary and provision of plastic storage tanks at the sisters' convent.
- Improve wastewater management by exploring the possibility of connecting the secondary school and dining hall to a centralized system.
- Construct septic tanks and soak-away pits for existing toilet facilities to improve sanitation management.

18 April 2026 - BARAKI

Water supply system:

- The centre mainly depends on water supplied from Lake Victoria, located about 3 km away, using a solar-powered pumping system. Water is stored in a concrete tank with an estimated capacity of 50m³, elevated on about 2m tower. However, the tank has no top cover, making the stored water vulnerable to contamination.
- The current water supply system serves only a few institutions due to low water pressure. As a result, institutions such as the formation house, school, and dispensary continue to rely on saline water from boreholes. In addition, water pumped directly from the lake is used without any form of treatment, posing potential health risks.
- Overall, Baraki Centre is facing serious water supply challenges that require urgent intervention. During the visit, the team was unable to assess the water source and conduct a detailed technical evaluation of the existing pumping system, including status and capacity of the pump, Solar panel array capacity, Total pumping head versus and the current pump performance and the like.
- A detailed technical assessment is therefore recommended to determine the adequacy and capacity of the existing solar-powered water supply system.
- It is proposed to construct a new raised storage tank that will receive water directly from Lake Victoria and distribute it to all institutions within Baraki Centre. In addition, a rainwater harvesting (RWH) system is recommended as a backup water supply source to improve reliability and sustainability.

Below is the summary of key issues per each institution:

Sisters' Convent

- The building requires renovation work, including remodelling spacious three rooms into self-contained rooms. The existing 5 toilets and seven bathrooms also require rehabilitation, including installation of doors, wall tiling, wall improvements, and reliable water supply connections.
- The rear side of the toilet block requires re-plastering to improve the structural condition and appearance of the building.
- The existing 4-inch wastewater pipes need replacement, together with the construction of a small embankment to protect the wastewater pipeline from damage and erosion.
- A new soak-away pit should be constructed to improve wastewater management and sanitation.
- It is also proposed to construct a new toilet block with two stances to serve visitors and workers.

Formation centre:

- The centre currently uses saline water from a borehole, which is supplied to two plastic storage tanks of 5m³ each mounted on a 4 m high tower.
- The site has good roof catchment potential for rainwater harvesting. It is therefore proposed to install two additional plastic tanks of 10 m³ each to enhance rainwater collection and storage capacity.
- The existing 50 m³ masonry rainwater harvesting tank requires rehabilitation to restore its functionality and improve water storage reliability.
- It is also proposed to construct an additional toilet block with six stances, comprising three toilets and three bathrooms, to improve sanitation services and accommodate the growing demand.

Health centre (St. Thereza)

- Install a handwashing station with running water at the doctor's room to improve hygiene and infection prevention practices.

- Construct two mass handwashing stations at the facility entrance, each equipped with two taps, to enhance hand hygiene for patients, visitors, and staff.
- Provide one 5 m³ plastic water storage tank mounted on a 3 m high tower to serve as a backup water supply system.

Primary School (Consolata)

- The school receives water from a borehole, which is supplied to three plastic storage tanks, each with a capacity of 10 m³, mounted on a 3 m high tower.
- There are two separate toilet blocks at the school: The first block, used by pre-school pupils, has six stances (three for boys and three for girls). This facility requires improvement works, including increasing the wall height for privacy, wall and floor tiling, and construction of new wastewater disposal pits. The second block, used by primary school- boys and girls, has seven stances but is currently producing unpleasant odours. Rehabilitation is needed, including improvement of the flooring, plastering, tiling, and installation of P-traps to improve sanitation and reduce smell.
- Female and male teachers currently share a toilet located close to the pupils' toilets, with inadequate privacy. It is proposed to convert the existing teachers' toilet into a Menstrual Health and Hygiene (MHH) services room.
- It is further proposed to construct a new teachers' toilet block with two stances located near the staff offices to improve convenience and privacy for teachers.



Existing storage tank on a short riser



Nonfunctional rain water harvesting tank - needs repair

19 April 2026 – Makoko

The centre occupies a very large compound comprising several institutions and facilities, including a centre for children with disabilities, sisters' convent, hostels, conference facilities, elderly care centre, and formation houses. There are also plans for future expansion, including the establishment of a vocational training centre and other related facilities.

Despite efforts to develop different water sources, the centre continues to experience significant water supply challenges. Existing water sources include boreholes and hand pumps; however, these are insufficient and unreliable, particularly during the dry season.

Current water sources and challenges include:

- Three boreholes equipped with small submersible pumps and small solar panel systems. All boreholes have 4-inch casings with 1-inch and 1.5-inch outlet pipes operating on single-phase systems. The boreholes experience low yield and often dry up during the dry season, while one of them produces highly turbid water during the rainy season.

- Two hand pumps are available and are mainly used for gardening and watering animals.



One of three existing small boreholes run by small solar power

Possible proposed interventions include:

- Conducting a detailed technical assessment and data collection exercise, including mapping of the entire compound and its boundaries, assessment of water demand, elevation survey, and preparation of a comprehensive water supply plan that considers current and future expansion needs.
- Carrying out a hydrogeological survey to identify a high-yield potential site for drilling a new borehole.
- Drilling and developing a new borehole equipped with all necessary infrastructure and equipment to provide a reliable water supply system.
- Establishing a rainwater harvesting system at the centre for children with disabilities by utilizing the roofs of three existing buildings. Subject to availability of funds, it is proposed to construct three underground rainwater storage tanks of 100 m³ each, fitted with small solar-powered pumps to transfer water into raised plastic storage tanks for distribution and use.
- Upgrade the first Mothers' House, which contains eight rooms, by converting the rooms into self-contained units with improved sanitation and water supply facilities.

Conclusion

The April 2026 field visit confirmed that WASH interventions implemented by SAWA with support from WEFTA are generating significant and visible benefits across communities and institutions. Improved access to clean and reliable water has strengthened healthcare service delivery, enhanced hygiene and sanitation practices, reduced the incidence of waterborne diseases, and improved dignity, wellbeing, and productivity, particularly for women and children. Projects such as Mpapa and Lituhi clearly demonstrate the transformative impact of integrated WASH investments, together with encouraging levels of community ownership and participation.

Despite these achievements, several challenges remain. Financial sustainability is still uneven, as low user-fee collection in some areas threatens the long-term operation, maintenance, and sustainability of water systems.

The assessment further identified critical needs for improved water supply infrastructure, including the development of new boreholes, as well as enhanced sanitation and hygiene facilities such as improved toilet blocks and handwashing stations in the communities visited of Isenye, Kitenga, Baraki, and Makoko in Mara Region. The promotion and expansion of

rainwater harvesting systems is essential to ensure reliable and sustainable water supply, particularly in areas such as Mara Region that experience two rainy seasons annually. Moving forward, continued investment in resilient and scalable WASH infrastructure, strengthened community management structures, improved financial accountability, and enhanced operation and maintenance systems will be essential to sustain and expand the positive impacts already achieved.

Letter from
The Community of Lundu Parish

PROGRESS REPORT: LUNDU WATER PROJECT

Presented by: Parish Priest of Lundu

On behalf of: The Community of Lundu Parish

INTRODUCTION

Dear and honorable Mr. Peter Fant, the President of WEFTA,

First and foremost, we, the people of Lundu Parish, extend our heartfelt gratitude to WEFTA for funding and supporting the construction of the Lundu Water Project. The Lundu Water Project, was initiated to address the pressing need for clean and safe water in Lundu. This initiative has brought transformative social change to our community by improving community health, reducing waterborne diseases, and enhancing the overall quality of life by providing reliable access to clean and safe.

PROJECT OBJECTIVES

- Ensure that residents of Lundu have constant access to clean and safe water.
- Reduce the prevalence of waterborne illnesses in the community.
- Establish sustainable water infrastructure that can be maintained locally.
- Empower the community to take ownership of the project through training and participation.

METHODS AND ACTIONS TAKEN

- WEFTA in cooperation with SAWA conducted baseline surveys to assess water needs and existing sources.
- Constructed reservoirs and distribution pipelines to reach households and public facilities.
- Organized community training sessions on water management and infrastructure maintenance.
- Formed a local water committee to oversee daily operations and sustainability of the project.

PROJECT RESULTS

- Most of the Lundu residents now have access to clean and safe water in proximity to their homes.

- Significant reduction of cases of cholera, diarrhoea, and other waterborne diseases.
- The decrease of malaria cases due to the improved of the environment
- Increased economic as community members spend less time fetching water.
- Strengthened community collaboration through active participation in water management.
- The committee is further committed to educating the community on the proper use of water and infrastructure, including modern sanitation facilities
- Up to the moment, since 2024, the committee has successfully supervised the project, even repairing various areas that were demaged. The committee also continues to ensure that citizens to have access to clean and safe water at all times.
- The project has contributed to the improvement of various infrastructure, including the Primary School toilets, Lundu Dispensary renovation, parish priest and sisters' houses and several private residences.

SUSTAINABILITY AND FUTURE OUTLOOK

The community of Lundu Parish has embraced this project with responsibility and care. The water committee, together with the villagers, continue to monitor and maintain the facilities. We are confident that with continued cooperation, the project will serve generations to come.

CONCLUSION

Dear and Honourable Mr. Peter Fant, the President of WEFTA,

The Lundu Water Project has made remarkable progress in improving access to clean water and enhancing community health. While challenges remain, the strategies adopted—particularly community involvement and sustainable practices—provide a strong foundation for long-term success. The partnership among WEFTA, SAWA and the Lundu community stands as a model for effective collaboration in rural water development.

On behalf of the entire Lundu Parish community, I express our deepest appreciation to WEFTA and SAWA for making this life-changing project possible. The water project has not only provided safe and clean water but has also strengthened our unity, improved our health, and given us hope for a brighter future.

Letter from
St. Elizabeth Hospital Lituhi

THANKSGIVING SPEECH FOR PETER'S VISIT AL LITUHI

Dear Peter, esteemed representatives of WEFTA, the representatives of SAWA Tanzania, parish leaders, sisters, hospital staff, and faithful gathered here.

On behalf of St. Elizabeth Hospital Lituhi, I warmly welcome you, Peter, and extend our deepest gratitude to you and the entire WEFTA organization and SAWA for making possible to implement the project to its present situation. Your generosity and vision have brought transformative change to our hospital, parish, and convent.

Through your collaboration with SAWA Tanzania, we have seen remarkable progress:

- The excavation of a borehole and installation of a solar-powered pump, ensuring clean and sustainable water for our community.
- Renovation of toilets in the hospital, priests' house, and sisters' convent, as well as the construction of new facilities for the Outpatient Department, the convent workers, and the faithful in the parish church.

These improvements have uplifted health, dignity, and daily life for all who serve and live here. They are a true gift of compassion and solidarity.

At the same time, we recognize that the vision of this project is not yet complete. We still await:

- The construction of a modern incinerator, which will allow us to manage medical waste safely and hygienically.
- A security fence for the hospital, which will protect patients, staff, and property.

We look forward with hope and confidence that, through your continued support, these goals will also be realized.

Although the project was inaugurated in December 2025 without your presence, today we are honored to welcome you personally. Your visit allows us to express our gratitude directly and to show you the fruits of your organization's generosity.

We thank SAWA Tanzania for their tireless facilitation and partnership. Together with WEFTA, you have shown us the power of collaboration and the beauty of shared mission.

Challenges related to the project: The sewage pits prepared are not enough. The current pits fill quickly because of the high water table and rocky ground in Lituhi. This challenge requires a sustainable solution to safeguard health and sanitation for our growing hospital community. It needs a large sewage treatment system.

May God bless WEFTA, SAWA Tanzania, and all who contributed to this project. May He reward your generosity abundantly, and may our partnership continue to flourish for the good of our community.

Thank you.

By Fr. Deogratias Ndit,
Administrator of St. Elizabeth Hospital Lituhi

Letter from
The Community of Mpapa

A BRIEF REPORT TO WEFTA PRESIDENT PETER FAN ON

10th APRIL 2026

PROJECT: *IMPROVED CLEAN AND SAFE WATER SUPPLY AND COMPLETION OF MPAPA HEALTH CENTRE*

SITE: MPAPA PARISH IN MBINGA DIOCESE, TANZANIA

SPONSOR: WEFTA

IMPLEMENTATION PARTNER-SAWA (Sanitation and water Action)

A. Introduction

Honorable Mr. Peter, the President of WEFTA and our guest of honor; Beforehand, we would like to welcome you cordially, here in Mpapa. You are most welcome and feel at home.

Secondly, we would like to inform you that, the committee members and all the community members are very grateful to you for your coming and more so for the benefaction of the sanitation and water action project whose fruits we now enjoy. We have now safe and clean water, and improved sanitation in our Healthcare Facility. To you all, thank you very much!

B. Project objective and impact.

We planned to have buildings for our Healthcare Facility that meet the standard required by the government. The buildings had to have water supply and sanitation system. Your financial support in collaboration with SAWA helped us to meet the required standards. These enable us rendering effective service to the community around us. Thank you indeed for your generosity. For the time being staff members, patients and community around enjoy using the facility by having reliable water supply, hence our community is now saved from the challenges we faced before.

a) Health Centre Infrastructure

- It has almost reduced the water borne diseases such as typhoid, scabies, warm infection, etc.
- The project has helped very much to decrease challenges of fetching water from far distances.
- Cleaning of the clothes and equipments used in health Centre is now more effective.
- Latrines are in good condition because of the availability of water supply.

All these are attributed to your kindness and generosity; this is why we thank you very sincerely.

b) Primary school and Vocational Training Centre:

These institutions were suffering from water shortage for a long time.

At present, pupils, students and teachers enjoy this service and thus;

- i) Children attendance in schools is higher
- ii) The environment in school are attractive
- iii) Latrines are in good condition due to the availability of water.

Once again, we really appreciate the support and the work of SAWA supported by WEFTA.

c) The parish

Sisters, priests and workers admire the drastic change from water shortage sufferings to enough water supply leading to enhanced and improved living standard of the sisters, priests and other staff. Greening environment and gardening is no longer an issue for discussion around us.

d) The household nearby.

- The availability of water helps them to change their economic status.
- Water supply raised the living standard for girls and women
- Human dignity is enhanced
- Ample time for recreation to girls and women

e) Sustainability of the project.

- i) Training beneficiaries of the project on the value and the use of clean and safe water and taking care of the water system, water source catchment area
- ii) Levies contribution for the maintenance of the water system (the financial report attached)
- iii) Involvement of communities and local government management of the project maintenance, to involve the local water technicians, to buy equipment needed for the maintenance etc.

These enable the project to be sustainable.

f) Challenges

i) On water supply

- There is an increasing number of people who would like water to be connected to their houses.
- Costs of spares are getting high in the shops
- A few clients fail to pay their monthly contribution.

ii) Healthcare Facility

- Cows, goats and chicken and children and even adults cause environment distraction around the building, hence the need for fencing the area to reduce this challenge.

C. Conclusion

We would like to take this opportunity, once again, to thank WEFTA, but also SAWA for the good job done to us. We do thank you Mr. Peter Fant, the President of WEFTA, for paying visit to us for the second time.

We value you very much and ask you to feel very happy amongst us.

You are warmly welcome again at Mpapa. We hope and pray that the geography and the people of Mpapa will ever remain in your heart; we too keep in our hearts and prayers. Thank you very Sincerely.

May the Almighty God and the Risen Lord Bless you and your Mission in yours days.

On behalf of the Mpapa community,

Sincerely yours,

Fr. J. Ndunguru
.....

**FATHER INCHARGE
MPAPA PARISH
P. O. Box 94 MBINGA
RUVUMA REGION**

Fr. Johannes Ndunguru

Parish Priest

FINANCIAL REPORT OF THE WATER SUPPLY AT MPAPA

S/N	YEAR	2023	2024	2025	2026
1	Opening Balance	00	b/f from 2023 396,000.00	b/f from 2024 1,259,000.00	b/f from 2025 2,163,000.00
2	Revenue	1,311,000.00	1,850,000.00	2,093,000.00	
3	TOTAL	1,311,000.00	2,246,000.00	3,352,000.00	
	Expenditure	915,000.00	987,000.00	1,189,000.00	
	BALANCE	396,000.00	1,259,000.00	2,163,000.00	2,163,000.00

TIME TABLE OF THE VISIT OF WEFTA PRESIDENT

1. Warm Reception
2. Signing Visitors' Book in the Parish Priest's office
3. Social Entertainments (Chihoda)
4. A Brief Project Report
5. A Word from the Bishop
6. A Word from the Guest of Honor Engineer Peter Fant
7. Dinner in the Priest's Refectory

THANK YOU FOR BRINGING US
THE WATER PROJECT IN MPAA.
MPAA VIZ IS A BIGGEST
BENEFICIARIES OF THIS PROJECT.

GOD BLESS YOU VERY MUCH, MR JETER.

Letter from
The Community of Masanga

Honorable Guest of Honor, President of WEFTA, Director of SAWA, accompanying guests, government leaders, ladies and gentlemen—praise be to Jesus Christ!

Honorable Guest of Honor, first of all, we would like to express our sincere gratitude to you for organizing and accepting to visit us, and to witness the blessings that God has granted us through your hands, by joining us in addressing the challenge of water scarcity and sanitation in our service area and the surrounding community.

Honorable President, we recognize the significant contribution of WEFTA in our district of Tarime, in Gorong'a ward, specifically in the villages of Masanga and Kenyamosabi, through the construction, improvement, and rehabilitation of water tanks, wells, and other water sources.

Honorable Guest of Honor, before your support that enabled these improvements, we faced serious water shortages for patient care and surgical services at BMMT Masanga Health Center, St. Catherine School, Lindalva College, and even at camps established by ATFGM. This situation created a high risk for the spread of diarrheal diseases, including cholera. It caused great fear whenever outbreaks were reported, as it was difficult to control them without sufficient water for hygiene.

In addition to these achievements, we will not forget the improvements made in the community, particularly at the Mohomoni well, Kemchage well, Ngonche, health facility and schools have received support in the form of water tanks. As a result, students and teachers now have access to water at school. This has reduced the burden on students who previously had to carry water over long distances.

There is also the repair and restoration of a pump that had not functioned for nearly 20 years. People no longer use ropes and dirty clothes to draw water. Furthermore, according to current statistics, cases of diarrheal diseases have significantly decreased. Residents of Kenyamosabi have received training in all these areas on how to maintain the water infrastructure. Some have even become technicians capable of repairing pumps when they break down, ensuring continuous access to water services.

Honorable Guest of Honor, this work has been successfully implemented by SAWA through the support of the Daughters of Charity and we are grateful for their sustenance. Honorable Guest of Honor, despite these positive developments, water scarcity still persists, especially when the dry season lasts more than two weeks, as existing water sources begin to diminish. For example, the Kemchage source serves five sub-villages of Masanga (Nyamerama, Kemosahе, Kwigori, Tigite, and Masanga Centre), leading to overcrowding, and some people fail to get water altogether. This increases the cost of obtaining water, making it unaffordable for some residents.

Furthermore, the health centre is experiencing sanitation challenges resulting from the absence of a security fence, which has led to animals entering the compound and contaminating the area.

Honorable Guest of Honor, allow me once again to take this opportunity to thank you personally for coming to Masanga to join us and witness this life-saving work, because water is life.

Information on the WASH in HCF
Initiative Gathering in Rome for
Accelerating Progress

COMMITTED TO WASH IN HEALTHCARE FACILITIES

A Gathering in Rome of Faith-based Organizations and Allies to Accelerate Progress

Co-Conveners:

Caritas Internationalis, Catholic Relief Services, Daughters of Charity, Global Ministries/United Methodist Committee on Relief, Doctors with Africa (CUAMM), Catholic Health Association of the United States, Anglican Communion Health and Community Network, African Christian Health Associations Platform, Accord Network

Under the Patronage of the Vatican's
Dicastery for Promoting Integral Human Development

April 22 -23 2026 | 8.00AM to 5:00 PM

Jesuit Curia Conference Center,
4, Borgo Santo Spirito, 00193 Rome (adjacent to St. Peter's Square)

Objectives:

1. Secure **commitments** that will advance WASH in faith-based health care institutions.
2. Report out on the **Vatican WASH in Health Care Facilities Initiative** and shine a light on the indispensable role of **Catholic women religious**.
3. Recognize **progress and long-term engagement** of faith-based actors on WASH in health care facilities.
4. Accelerate **new faith-based initiatives** focused on WASH in health care facilities.
5. Catalyze and sustain a **global movement** on WASH in health care facilities among faith-based actors.

DAY 1 (April 22): Catholic WASH in Healthcare Facilities Initiative		
Time	Session	Facilitator/Speakers
8:00 – 8:55	Arrival & light breakfast	
9:00 – 10:15	1. Opening Prayer, Welcome and Introductions <ul style="list-style-type: none">• Welcome• Opening prayer• Opening statements• Participant introductions	Reverend Father Antoine Kerhuel, Society of Jesus Sr. Theresa Sullivan, Daughters of Charity Caritas Internationalis
10:15 – 10:30	2. Overview & scene setting	Jean Duff
10:30 – 11:10	3. The Vatican's Catholic WASH in HCF Initiative	Chair: Dr. Tebaldo Vinciguerra, Dicastery for Promoting Integral Human Development <ul style="list-style-type: none">• Secretary Sister Alessandra Smerilli, Dicastery for Promoting Integral Human Development• Dr. Tony Castleman, Catholic Relief Services

COMMITTED TO WASH IN HEALTHCARE FACILITIES

A Gathering in Rome of Faith-based Organizations and Allies to Accelerate Progress

11:10 – 11:40	Coffee Break	
11:40 – 12:35	4. Caritas Internationalis Members' Involvement in the Vatican's WASH in HCF Initiative	<p>Chair: Victor Genina, Caritas Internationalis</p> <ul style="list-style-type: none"> ● Alistair Dutton, Caritas Internationalis ● Jean-Philippe Debus, Catholic Relief Services ● Francois Kangela, Catholic Relief Services (TBC) ● Dr. Tony Castleman, Catholic Relief Services ● Father Yvel Germain, Caritas Haiti ● Roselinie Farirayi Murota, Caritas Zimbabwe. Archdiocese of Harare ● Dieudonné Arama, Caritas Mali, Diocèse de Mopti ● Sr. Mary Haddad, Catholic Health Association of the US ● Camille Grippon, Bon Secours Mercy Health
12:35 - 1:00	Inputs/Q&A Session	
1:00 – 2:30	Boxed lunch	
2:30 – 3:30	5. Advancing the Vatican's WASH in HCF Initiative	<p>Chair: Dr. Tony Castleman, Catholic Relief Services</p> <ul style="list-style-type: none"> ● Jacinta Mutegi, Kenya Conference of Catholic Bishops ● Dr. Bernard Nahlen, University of Notre Dame ● Andrea Atzori, Doctors with Africa CUAMM ● Jutta Himmelsbach, misereor ● Unoma Ononye, Cross Catholic Outreach

COMMITTED TO WASH IN HEALTHCARE FACILITIES

A Gathering in Rome of Faith-based Organizations and Allies to Accelerate Progress

3:30 – 4:20	6. Celebration of Catholic Sisters	Chair: Susan Barnett, Faiths for Safe Water <ul style="list-style-type: none"> ● Sister Toyin Abegunde, Daughters of Charity, Burkina Faso ● Elaine da Silva, Dicastery for Promoting Integral Human Development ● Jean-Philippe Debus, Catholic Relief Services ● Jacinta Mutegi, Kenya Conference of Catholic Bishops ● Sister Gina Blunck, Hilton Fund for Sisters ● Sister Mary John Kudiyiruppil, International Union of Superiors General ● Sister Theresa Sullivan, Daughters of Charity International Project Services ● Sister Irene O'Neill, Sisters Rising Worldwide ● Govinda Bilges, Medicines for Humanity ● David Douglas, Wallace Genetic Foundation
4:20 – 4:50	7. Where do we go from here? <ul style="list-style-type: none"> ● Inputs from the floor ● Recognize unmet needs ● Summarize commitments 	Jean Duff
4:50 – 5:00	8. Day 1 Close <ul style="list-style-type: none"> ● Goals for Day 2 ● Closing Prayer 	Jean Duff
5:30 – 7:00	Drinks and heavy hors d'oeuvres	

COMMITTED TO WASH IN HEALTHCARE FACILITIES

A Gathering in Rome of Faith-based Organizations and Allies to Accelerate Progress

DAY 2 (April 23): Multifaith Action for WASH in Healthcare Facilities		
Time	Session	Facilitator/Speaker
8.00 – 8.55	Arrival & light breakfast	
9.00 – 9.40	9. Welcome <ul style="list-style-type: none"> • Opening Prayer • Summary of Day 1 & select participant feedback • Goals for Day 2 	
9:40 – 10:40	10. Religious Institutions Supporting Health Care Facilities	Chair: Mark Brinkmoeller, Assisi Strategy <ul style="list-style-type: none"> • Bishop Michael Beasley, Church of England • Micha Chaudhury, United Methodist Church • Joanne Beale, Salvation Army • Dr. Abdulaziz Sarhan, Muslim World League • IlhamAllah Chiara Ferrero, COREIS – Italian Islamic Religious Community
10.40 – 11.10	Coffee Break	
11.10 – 11.40	11. The Role of Christian Health Associations	Chair: Krista Peterson, Watersheds Foundation <ul style="list-style-type: none"> • Nkatha Njeru, Africa Christian Health Associations Platform • Ruth Gemi, Africa Christian Health Associations Platform • Dr. Peter Yeboah, Christian Health Association of Ghana • Dr. Ronald Lalthanmawaia, Christian Medical Association of India
11:40 – 12:50	12. Faith-Based Organizations in Support of WASH in Healthcare Facilities	Chair: Michele Wymer, Kyle House Group <ul style="list-style-type: none"> • Barak Bruerd, Accord Network • Parvin Ngala, World Vision • Louise Joachimowski, International Care Ministries • Jason Peters, Amazi Water • Jason Chandler, eMI
12:50 – 1.50	Lunch	
1:50 – 2:10	Check-in with the plenary	

COMMITTED TO WASH IN HEALTHCARE FACILITIES

A Gathering in Rome of Faith-based Organizations and Allies to Accelerate Progress

2:10 – 2:40	13. Secular Partners Supporting Faith-Based Action	Chair: John Oldfield, Global Parliamentary Water Network <ul style="list-style-type: none"> ● Peter Fant, Water Engineers for the Americas and Africa ● Dr. Nancy Gilbert, Transform International ● Dr. Boris Martin, Engineers Without Borders USA ● Steve Werner, Rotary ● Dr. José Luis Cobos Serrano, International Council of Nurses
2:40 – 3:40	14. Scaling Public and Faith-based Collaboration to Serve Local Health Needs <ul style="list-style-type: none"> ● Discussion: FB and Public facilities working together ● Engagement with the Global WASH in HCF Movement 	Chair: Bud Rock, Grandavenir <ul style="list-style-type: none"> ● Dr. Mary Ashinyo, Ghana ● Dr. Mwai Makoka, World Council of Churches ● Dr. Maggie Montgomery, WHO ● Massimiliano Sani, UNICEF
3:40 – 4:10	15. Resources to Support Ongoing Progress <ul style="list-style-type: none"> ● Tools/resources ● Community of Practice ● Circuit Riding 	Chair: Dr. Joanne Henderson, Emory University <ul style="list-style-type: none"> ● Dr. Ryan Cronk, University of North Carolina at Chapel Hill ● Dr. Braimah Apambire, Desert Research Institute ● Tertullian Mariga, Kenya Catholic Conference of Bishops
4:10 – 5:00	16. Next Steps & Closing <ul style="list-style-type: none"> ● Summary of commitments ● Reflection ● Closing remarks ● Closing Prayer 	Chair: Jean Duff David Douglas, Wallace Genetic Foundation

Burden to Blessing:

Healthcare Facilities Transform with Water, Sanitation, and Hygiene

Until 10 years ago, no one thought to measure how many healthcare facilities worldwide had water, sanitation and hygiene (WASH) because the assumption was: *of course they had these basics*. But global studies would reveal appalling conditions, and now the world knows 37% of healthcare facilities do not have basic water services and 81% do not have basic sanitation services across 60 fragile context countries.

This lack of WASH in healthcare facilities (WASH in HCF) is a serious and solvable global health crisis. Due to recent efforts, we now know the extent of the problem and how to sustainably fix it. It's time to accelerate this critical work with greater funding, advocacy, implementation, and technical assistance, as we answer the moral call to make healthcare dignified and safe for all.



“No one needs lofty theological concepts to justify proper WASH. Without it, healthcare cannot be healthy. No treatment, no surgery, no delivery can be safely performed without meeting basic WASH conditions. Providing them for all is an elementary step toward equal human dignity.”

- Cardinal Michael F. Czerny,
Prefect of the Dicastery for Promoting Integral
Human Development (Vatican)

Donkeys cart river water to a healthcare facility with no water

Faith-based organizations are leading the way

Faith-based organizations (FBOs) deliver 30–50% of healthcare services and operate a substantial share of facilities in some low-resource settings. They are often trusted members within the community who provide health services where otherwise there would be none. Now they are at the forefront of safer, more effective, and dignified healthcare with WASH.

The Catholic Church, the largest unified healthcare provider in the world, is piloting a Vatican initiative to get WASH into 150 HCFs in 23 countries, covering care for 28 million people. New pilot initiatives are being launched by Anglican and Methodist denominations. They join the thousands of Catholic sisters and scores of FBOs tackling WASH where they serve. These initiatives signal an increasingly systemic approach to WASH despite the scarcity of financial resources and the absence or limitations of national policies and standards. These initiatives also underscore that water is indeed the single symbol shared by every world religion.

Burden: Poor WASH is a toxic soup of trouble

- Healthcare is dangerous, undignified and too often, deadly
- Maternal & newborn deaths increase
- Infection prevention & control is impossible
- Frontline facilities cannot combat outbreaks & epidemics
- Preventable illness & disease are commonplace
- Health workers face daily risks
- Economic burdens increase
- Antimicrobial resistance rises

Blessing: Improved WASH transforms healthcare delivery

- Care is safer & dignified
- More pregnant women seek care
- Newborns thrive
- Deaths & diseases are averted
- Health outcomes improve
- Healthcare facilities can be effectively cleaned
- Working conditions are safer
- Greater cost-effectiveness
- Healthier & more productive families and communities
- Safer global health for everyone



Cost-Effective WASH Actions to Strengthen the Health System

Assessments: Simple assessments can identify WASH needs, priorities, and costs

Infrastructure: Upgrade infrastructure to provide basic WASH services

Staff training: From health workers and cleaners to administrators, train everyone on WASH protocols and basic maintenance

Community: Assure community buy-in and engagement

Budget & Plans: Establish a dedicated line-item budget for WASH, aligned with plans for improvement and operations and maintenance needs

Sustainability: Access to a WASH technical advisor for operations and maintenance

Prioritize WASH

Drilling for water, running pipes, installing a toilet, maintenance—it's not a high-tech challenge. It's critical public health policy that needs prioritization by donors, communities, and country leadership across ministries of health and health networks.

Join the Global Movement

Faith-based funding, advocacy and partnerships are critical because *"a healthcare facility without WASH is not a healthcare facility."*

- Dr. Maria Neira, former WHO Director for Environment, Climate Change, and Health

For tools, resources and lessons learned, visit WWW.WASHINHCF.ORG

Join the FBO community of practice at WASHINHCF.ORG/COP-FBO

TEN YEARS OF PROGRESS IN HEALTHCARE FACILITIES

CENTERS OF INFECTION BECOME CORNERSTONES OF HEALING WITH WATER, SANITATION & HYGIENE (WASH)



*Healthcare without and with WASH.
The choice is clear.*

"A healthcare facility without WASH is not a healthcare facility."

- Dr. Maria Neira, former WHO Director for Environment, Climate Change, and Health

In just 10 years, the world moved from having no understanding of the widespread lack of WASH in healthcare facilities (WASH in HCF) to forging new efforts to sustainably solve it. This timeline offers many of the key moments in this growing global movement:

2015

- **March:** WHO and UNICEF commission a landmark report by the University of North Carolina's Water Institute examining access to WASH services in HCFs. The available data reveal widespread absence: In 54 low- and middle-income countries (LMICs) 38% of HCFs lack an improved water source, 19% lack improved sanitation, and 35% lack soap for handwashing. Ongoing data collection will reveal conditions are far worse.

2018

- **January:** Several dozen public and private organizations, including faith-based organizations (FBO), meet in Washington, DC, to begin to address this neglected global health crisis.
- **March:** UN Secretary-General António Guterres issues a global Call-to-Action to get WASH into all HCFs, stating: *"We must work to prevent the spread of disease. Improved water, sanitation and hygiene in health facilities is critical to this effort."*

2019

- **April:** 40 FBOs gather to increase efforts to improve WASH in HCFs.
- **April:** WHO and UNICEF release the first global baseline assessment of WASH in HCFs and recommendations for action, also launching a global website dedicated to the issue.
- **May:** The 194 Member States of the World Health Assembly unanimously pass a Resolution to address WASH in HCFs worldwide.
- **June:** The White Ribbon Alliance releases its 'What Women Want' survey to improve reproductive and maternal health services. 1.2 million women and girls from 114 countries respond and WASH in HCFs is their 2nd highest ranking demand after dignity.
- **June:** Financial institutions, corporations, philanthropies, secular and faith-based non-governmental organizations and universities gather at the Pan American Health Organization (PAHO) in Washington, DC, to announce 100 historic commitments to WASH in HCF funding, technical assistance, research, training, maintenance, and advocacy.
- **September:** WHO and UNICEF host a Global Meeting on WASH in HCFs in partnership with the Ministry of Health of Zambia, to bolster national action and generate plans to achieve 100% coverage by 2030.

2020

- **January:** WHO cites the absence of water, toilets, soap and waste management in HCFs among the most urgent global health challenges in the coming decade.
- **March:** The world begins to shut down due to the COVID-19 pandemic. Where WASH is absent, healthcare providers cannot adequately wash their hands or clinical settings.
- **August:** The Vatican's Dicastery for Promoting Integral Human Development under Cardinal Peter Turkson reaches out to the bishops conferences, expressing a goal for all Catholic facilities to have adequate WASH, and requests bishops to lead in identifying facilities requiring WASH improvements. Bishops in low-resource countries respond with an outpouring of need and enthusiasm. The Dicastery selects 150 HCFs across 23 countries to participate. These facilities cover healthcare for 28 million people. As the largest unified health provider in the world, the Catholic Church's engagement offers important global leadership.

2021

- **January:** 150 Catholic HCFs are assessed for WASH needs and work to finance and implement WASH begins.
- **March:** Donors and partners come together to announce Vatican assessment findings and launch Vatican pilot initiative.
- **June:** A virtual gathering of FBOs includes comprehensive updates of WASH in HCF commitments.
- **October:** Emory University launches a Community of Practice to share learning and technical assistance.
- **December:** The UN Permanent Representatives of Hungary and the Philippines, in cooperation with WHO, launch the "UN Group of Friends in Support of Water, Sanitation and Hygiene in Health Care Facilities." The goal is to increase member country support for global cooperation and action to improve WASH in HCF.

2022

- **April:** Through a subsequent change in dicastery leadership, the WASH in HCF initiative continues under Cardinal Michael F. Czerny.
- **August:** Updated WHO/UNICEF data finds in the 46 least developed countries 50% of healthcare facilities lack basic water services, 79% lack sanitation services, 68% lack basic hygiene services.

2023

- **January:** USAID's Momentum project issues report on how to scale up WASH efforts by working with faith-based health networks.
- **October:** The University of North Carolina's Water Institute in the U.S. assumes responsibility for the WASH in HCF Community of Practice (COP)
- **November:** WHO estimates antibiotic resistance kills at least 1.27 million people worldwide annually and contributes to nearly 5 million deaths. The World Bank estimates additional healthcare costs due to antibiotic resistance will top \$1 trillion by 2050, and \$1-\$3.4 trillion in GDP losses per year by 2030. The connection to WASH is clear. WASH is critical for preventing infections, which reduces the need for antibiotics, and in turn helps reduce drug resistance.
- **December:** 78th UNGA adopts the Resolution for "Sustainable, safe and universal water, sanitation, hygiene, waste and electricity services in health-care facilities," calling on governments to ensure universal coverage by 2030.

2024

- **April:** World Bank and WaterAid assess the economic impacts of the lack of WASH on infection prevention and control (IPC) in HCFs. Preventable infections acquired inside healthcare facilities cost Sub-Saharan Africa a staggering \$6.5-9.6 billion a year, equivalent to the funds needed to provide universal, basic WASH services in all healthcare facilities across the 46 Least Developed Countries (LDCs). Most infections are caused by contaminated hands, surfaces, or equipment. IPC, like proper handwashing could prevent up to 70% of these infections.
- **October:** WHO/UNICEF release new WASH in HCF data which finds, across 60 "fragile context" countries, 37% of HCFs do not have basic water services, 81% do not have basic sanitation services.

2025

- **January:** End of U.S. government foreign assistance and its reorganization highlights the need for renewed WASH advocacy.
- **April:** 40 FBOs and key partners gather at Washington DC's National Cathedral, having made commitments to WASH in HCF five years prior, to report on progress, share best practices, increase collaborations, and prioritize learning around sustainability.
- **September:** WHO/UNICEF issue a global progress report on readiness to implement WASH and electricity services in HCFs for 101 countries, launched at a UNGA side event. Progress has been made but billions of people are still served by HCFs lacking in both. The report emphasizes "significant acceleration of effort and investment is urgently needed to meet 2030 global targets."

2026

- **January:** The UN issues the Global Water Bankruptcy report.
- **March:** WaterAid issues Dangerous Deliveries, a disturbing report on the impact of the lack of WASH on maternal and child health.
- **March:** The Vatican pilot initiative, well underway, upgraded WASH in 87 HCFs in 19 countries across 44 dioceses. \$3.6 million has been raised so far in private funding.
- **April:** 100+ FBOs, key partners, and donors gather in Rome one year after the National Cathedral event in Washington DC, to report on progress and plans for WASH implementation, funding, and sustainability moving forward. Statements by high-level leaders join denominations announcing new WASH in HCF pilot initiatives, adding important global momentum to this growing movement. Read about WASH work and future plans here.

WHAT'S NEXT?

In just ten years, what was an unrecognized crisis is poised to become a global movement. With increased momentum, solutions will continue to improve and more sustainability efforts will be underway. Yet much need remains. One of the lessons learned is WASH in HCF is overlooked when no one asks for it. So it's up to us. We are all advocates. We must demand WASH in HCF from leaders, policymakers, and funders so it is never just assumed again.

Find assessment tools, experts and technical assistance, sustainability initiatives, experience, collaboration, and evidence at:
WWW.WASHINHCF.ORG.

Join communities of practice:
WASHINHCF.ORG/COP and WASHINHCF.ORG/COP-FBO.