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## Learning and innovating: Positioning the School Health Club for WASH & MH Action

### **WASH & Learn: a partnership beyond boundaries**

The WASH & Learn Programme is an ongoing three year WASH in Schools programme being implemented by Simavi and six local partners: CABDA in Kenya, UFUNDIKO and TDFT in Tanzania and JESE, HEWASA, and EMESCO in Uganda (see figure 1). The key objectives of the programme are: providing access to WASH service in schools and communities; ensuring sustainability of the WASH service; and facilitate learning and innovation with the local partners. The programme is funded by *Walking for Water 2016-2018, Rotary district 1570, Aqua for All and Waterloo Foundation.*

The programme has an integrated WASH approach working on water supply, sanitation and hygiene behaviour improvements in which both schools and surrounding communities are targeted. The programme is working on the demand site with communities, on creating a positive enabling environment with all stakeholders and ensure that people use the WASH services properly. The local context and the current capacities and experiences of our local partners are taken as starting point from which specific country and partner approaches are developed.

### Learning and knowledge sharing

At the heart of the WASH & Learn Programme is learning and knowledge sharing which is used to monitor what partners are doing, improving the application of the sustainability tools and approaches as well as identifying novel ways of programme implementation that will yield sustainability. Learning and knowledge sharing in the WASH & Learn programme is undertaken at planning, knowledge sharing and evaluation level by partners as well as at an interpersonal level among the partner organizations.

The learning focus within the programme is based on the following five learning themes:

1. Cost Recovery Planning, bringing WASH investment stakeholders into an agreement based on the FIETS sustainability principles.
2. Risks assessment and mitigation, for pre-project execution, mid-project operation and post project management to increase sustainability.
3. Menstrual Health, to ensure girls well-being (performance, health, acceptability) in schools, proper menstrual waste management, menstrual hygiene and better facility usage during menstrual periods.
4. School Health Clubs, to encourage other students and teachers within the school to apply appropriate WASH behaviour.
5. Water as a business, which focuses on new ways of managing water supply systems by the local partners, besides the traditional community management model.

**This paper presents the learnings on theme 3. Menstrual Health and theme 4. School Health Clubs and presents the experiences of the WASH & Learn Programme. Learning themes 1, 2 and 5 will be presented in two different papers.**

### Acronyms

<b>CABDA</b>	Community Assets Building Development Action
<b>EMESCO</b>	EMESCO Development Foundation
<b>FIETS</b>	Financial Institutional Environmental Technological Social
<b>JESE</b>	Joint Efforts for Saving the Environment
<b>HEWASA</b>	Health through Water and Sanitation
<b>MH</b>	Menstrual Health
<b>SDGs</b>	Sustainable Development Goals
<b>SHCs</b>	School Health Clubs
<b>TDF</b>	Tabora Development Foundation Trust
<b>UFUNDIKO</b>	Kongwa Technical Development Association
<b>VHT</b>	Village Health Team
<b>WASH</b>	Water Sanitation and Hygiene
<b>W&amp;L</b>	Water and Learn

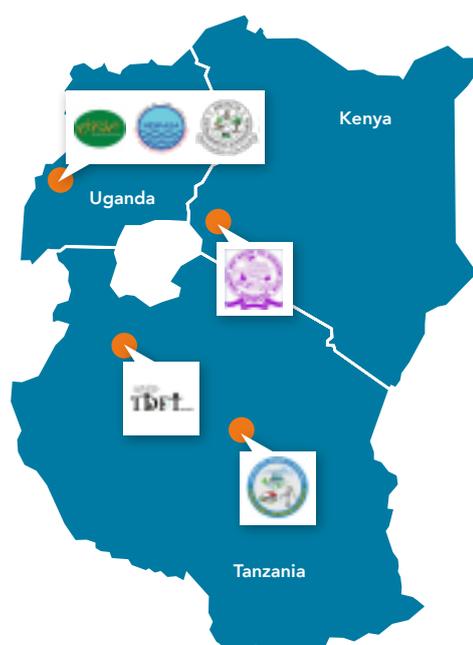


Figure 1. Map region and organisations involved.



# 1 | The rationale for School Health Club (SHC)

Many School WASH programmes use School Health Clubs as vehicle to improve the WASH situation at schools and even within the surrounding communities. School Health Clubs are groups formed with a membership of pupils interested in improving the health/WASH situation in their schools and communities. School children tend to like to be practically involved and not only be taught about water, sanitation and hygiene issues. Pupils can be powerful advocates for change within their peers and their surroundings. Through School Health Clubs the children are organised to be involved in practical issues like keeping the toilets, class rooms and school surroundings clean and they also take part in public campaigns through performing songs, poems and drama's related to WASH issues. Competitions and games can stimulate discussion on the subject and help to make it fun to learn about WASH.

Within the WASH & Learn Programme, a child-centred approach is used where the pupil is the driver of WASH transformations and not the sole implementer of WASH interventions. These interventions are not limited to schools but can also target the surrounding community. Teachers play a supporting role in mentoring children to put WASH interests first. Through mentorship sessions for teachers they are trained to effectively guide the pupils in the development of school health club work plans and action initiatives, both within the school and outside the school.

The objectives of the WASH & Learn School Health Clubs can be summarised as follows:

- + To mentor club members in best WASH practices and engage them in WASH advocacy
- + To motivate the pupils to avoid bad WASH hygiene behaviour and adopt good ones
- + To influence WASH behaviour of surrounding communities through outreach activities



## Case of Wengazi Primary School

Wengazi Primary School did not have a school health club until UFUNDIKO under the WASH & Learn Programme introduced one. This has since led to the growth of the club to include 40 girls and 40 boys empowered with handwashing, latrine hygiene and menstrual management skills that they apply in the school as well as in their homes.



### Case of Kyabasaija Primary School

Kyabasaija Primary School is a school supported by EMESCO under the WASH & Learn Programme. Before the programme the school had a school health club comprising of two members (leaders) per class. It was not sustainable and after the pupils left the school, the School Health Club remained weak because it had no membership. Following the intervention when the school learned that the club should be self-sustaining by recruiting members and having annual elections for leaders. Today the club boasts of 26 active members with a strong leadership representation from each class. This has helped change the hygiene situation in the school, with handwashing, consumption of safe drinking water and ensuring clean latrines as well as classrooms, being done.



### Case of Kitere Primary School

Kitere Primary School in Uganda is one of the schools where the WASH & Learn Programme partner HEWASA implements. The school has an active School Health Club where the pupils take lead in advocating for WASH. At the school, pupils plan WASH related activities including ensuring safe water consumption, handwashing, proper waste management, counseling on personal and menstrual hygiene as well as environmental beautification, gardening and community outreaches supported by a senior female and senior male teacher. The pupils also conduct mentoring sessions for pupils in the school. This has led to improved hygiene practices in the school with more pupils observing personal and environmental hygiene as well as safe water drinking. Also partly due to the efforts of the school health clubs there was an increase in latrine coverage based on the findings from the VHTs and the Sub county Health office.



Figure 1. School Health Club engagement at Kizigo Primary School in Tanzania



## 2 | The rationale for the focus on Menstrual Health

Field visits conducted by the programme's Knowledge Sharing and Learning Officer showed that a number of schools within the WASH & Learn Programme noted absenteeism caused by menstruation as a challenge. Although menstruation is a natural and normal part of the reproductive cycle for all women, it is not considered as such in most of the communities where the WASH & Learn programme is implemented.

Lack of knowledge has been identified as a major issue (Sommer et al., 2014)<sup>1</sup> and this leads to a culture of silence among the communities when it comes to menstruation as well as numerous taboos which in turn cause women the feelings of exclusion, shame, and stigma. Most girls before menstruating are not informed about what it is, whether at home or at school, and are not given proper knowledge, skills and opportunities to manage their period well.

Therefore within the programme activities are added to improve the management of menstruation in order to:

- + Eliminate absenteeism in schools.
- + Alleviate menstrual cramps for girl's better performance.
- + Eliminate menstrual stigma by engaging boys in supporting girls.
- + Give girls insight of the reproductive component related to menstruation.

The WASH & Learn programme works towards creating an enabling environment in which menstruation is seen as a natural and normal part of life of women and girls, by fostering conversation at all levels, including men and boys, within families, schools, communities and the governments. As proper management of the menstruation process is critical to the health of women and girls, Menstrual Health (MH) is one of the most vital learnings contributing to the success of the WASH & Learn programme.



### Assessment

JESE carried out a MHM Rapid Assessment in 2018 to assess the common practices and understanding of MHM issues by school girls, teachers, parents and school committees and look at the factors affecting menstruating girls at schools. This assessment showed that a positive psycho-social environment at schools contributes to a free interaction by girls with their age mates, head teachers, and teachers. Physical sickness, related to menstruation, is noted in the research as one of the problems faced by girls at school. Challenges included limited availability of materials, such as pads and painkillers. Furthermore it is noted in the research that lack of safe WASH changing rooms affects the girls at the schools during their menstruation.

1. Sommer, Marni & Ackatia-Armah, Nana & Connolly, Susan & Smiles, Dana. (2014). A comparison of the menstruation and education experiences of girls in Tanzania, Ghana, Cambodia and Ethiopia. Compare: A Journal of Comparative and International Education.



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## 3 | The School Health Club process



Figure 2. the process

### 3.1 Baseline

Before the programme interventions begin a baseline survey /assessment in each schools to establish the current WASH status is conducted. This includes an assessment on how the schools water supply, sanitation and hygiene activities are organised. Follow up meetings are conducted with the staff, School Management and School Health Club leaders if the club already exists or with School classroom/pupil leaders) in the schools to share the findings from the baseline survey and to forge a sustainable solution to the challenges that had be identified.

### 3.2 Formation

In several schools a type of basic School Health Club is present already, however many SHC's were assessed as not very active or effective in improving the WASH situation at the school and surrounding communities.

The programme then aims to improve the effectiveness of such an existing club. Important aspects are that each class (from primary three to seven) needs to be represented within the Club. Girls and boys with positive attitude towards WASH and knowledge to act on WASH concerns in the school and community, are stimulated to become members. The members will choose the club president or chairperson, secretary, mobiliser and others from amongst themselves, based on the leadership potential with keen interest and the qualities to guide others, express themselves and mobilise others to attain the club goals. The leadership includes both boys and girls with the President and Vice President especially showcasing gender sensitive considerations however priority is given to girls who demonstrate such capacity. A number of teachers (women and male) are appointed, based on interest, by the school to mentor the SHC.



## Baseline survey at Kitere and St. John's Nsongya Primary schools

by HEWASA, indicated that the WASH status was poor and as there were no functional organisational structures within the schools focusing solely on WASH. The schools had teachers tasked with handling the sanitation and hygiene of the schools but they were inactive, their roles were not clearly defined and their tenure was short lived because it was on a weekly basis. Basing on the findings from the baseline survey, it was prudent to establish child led WASH structures in the schools in order to directly tackle the outstanding challenge in school. Introducing School Health clubs in these schools that were made up of pupils but monitored and supervised by the teachers was seen as an opportunity by the teachers.



## Case of Kinoni Primary School

Kinoni Primary School in Uganda, supported by JESE. The school streamlined the recruitment of school health club class representatives by making it a school-wide activity where all classes elected the health club class representatives. The representative selected the Chairperson, Vice Chairperson, Mobiliser and Secretary among themselves. The representatives and leaders form a team which discusses WASH concerns in the school and makes interventions. Such interventions including making sensitization presentations during health parades have changed other children's hygiene behaviors in the school and this is seen in practices like handwashing in the school.

### 3.3 Capacitating

Teachers (members of school management, club patrons, senior women and men teachers) are trained to effectively guide the pupils in the SHC on best hygiene practices. SHC leadership's capacity is built by the teachers with support from the implementing organisations. In the clubs pupils learn skills including good anal cleansing habits, hand washing, safe water chain and how to make tippy taps as well as reusable menstrual pads.

### 3.4 Planning

The leaders then set the activity agenda for the SHC with guidance from the club patrons (mostly a male and female teacher) and consultation of the club members. The consensus built has seen school health clubs working together in schools to attain WASH goals including ensuring clean facilities, environment, personal hygiene, effective Menstrual Health and peer to peer WASH related counselling.



## Case of Kisomoro Primary School (Supported by JESE)

The school health club patrons of Kisomoro primary schools received training on child-to-child methodologies, and on Behavioural Change Communication strategies including drama, debates and quiz competitions among children. They have also been trained on how to develop action plans for the school health clubs as well as prepare a monitoring and supervision plan. This greatly improved the support they offer to the school health club in establishing activities as well as peer education.



## Case of St. John Nsongya Primary School (Supported by HEWASA)

The School Health Club leaders at St. John Nsongya Primary School have a plan set per term, comprising of the activities to be done. These include cost recovery projects to be undertaken, environment improvement initiatives, monitoring safe water chain processes with the water filters in the school and drinking containers as well as latrine hygiene. The School Health Club leaders have a file in which their records are kept and regularly shared with the club patrons.



*Figure 3. SHC leaders at St. John Nsongya Primary School show off their records.*

### 3.5 Activities

The WASH & Learn School Health Clubs undertake the following actions to achieve sustainable WASH in school:

- + Regular WASH related meetings to discuss WASH needs in the school.
- + Promotion of Menstrual Health and Hygiene Management, see pages X –X for details.
- + Monitoring WASH related concerns in the school as well as pupils' hygiene during school weekly health parades where the club members pay attention to fellow pupil's hygiene and sensitize them on WASH.
- + Making WASH related presentations (drama, poetry, music and motivational talks) linked to health behaviour and the promotion of using WASH infrastructure and maintaining them, during the health parades and on community organized events as well as other school events for instance teacher/parents meetings.
- + Advocate at school, within the community and at other relevant levels / structures for more efforts to improve on WASH and clean environment.
- + Support local governments in their efforts to improve WASH by conducting outreach and sensitization through music dance and drama particularly on events like the international water week, international menstrual hygiene day and international hand washing day.
- + Participate in training and mentoring other pupils and community member in good WASH practices and activities such as making manual hand washing facilities (Tippy Taps), liquid soap for hand-washing, Menstrual Health, safe drinking water chain, hand and body hygiene, environmental as well as WASH facility hygiene.
- + Engage in FIETS sustainability discussion, see WASH & Learn programme paper on Learning and Innovating: sustainable WASH services in schools and surrounding communities.
- + Be involved in cost recovery planning together with teachers, parents and community to preserve the WASH investments made in school and set up and grow the WASH fund. This is done by club leaders who then share with the members and peers. During the cost recovery planning operation and maintenance costs and cost recovery income strategies are discussed.
- + The school health club is also brought on board in discussing and acknowledging potential risks and mitigation measures in sustaining the WASH investment in the school.



### Case of Kyabasaija Primary School

Kyabasaija Primary School in Uganda is supported by EMESCO under the WASH & Learn Programme. The school has a WASH anthem often sang by the health club members. The Health Club members also have music, dance and drama initiatives used to increase WASH awareness within the school and community. They also participate actively in the school health parades, sharing updates on school WASH. This has led to the increased awareness of best WASH practices by pupils, who not only share the information but practice good WASH practices such as cleaning their environment and their WASH facilities.



### Case of Ilalo Primary School in Tanzania and Okatekok Primary School in Kenya

Ilalo Primary School supported by TDFT and Okatekok supported by CABDA boast of school health clubs able to share WASH messages in the community using music dance and drama. They also participate in rallying pupils in the effective operation and maintenance of WASH facilities. On parents days the health club members lobby parents and participating community members to apply good WASH practices and also contribute to the WASH investment in the schools. The club at Illalo Primary School has also engaged in fundraising activities where time is given periodically for auctioning as one of the means to grow the WASH fund.

## 3.6 Evaluating / assessing progress

School Health Clubs have meetings to review their activities and plan for the next course of action. The meetings conducted include a) the club leaders meeting: in these updates are shared per class, and b) the general school club meetings: which bring all members together to reflect on their performance and ongoing activities as well as new ones. In all the meetings the club patrons are engaged to or updated to ensure proper supervision of the interventions agreed upon.



## 4 | Lessons from the WASH & Learn Programme



### Case of Kisomoro Primary School

Kisomoro Primary School in Uganda supported by JESE had pupils (School Health Club Leaders) participate in the cost recovery planning engagements with other stakeholders. The pupils with the support of the School Health Club patron developed a cost recovery plan with income generating activities such as agriculture, anticipated profits during peak and low sale seasons. As a result of their planning, they were able to generate 400,000 UGX from the sales made in the first season of their bean growing project.

- + A holistic approach to menstrual health and menstrual hygiene enhances the girl child's ability to remain in school and perform better because it tackles both menstrual hygiene concerns (flow management and sanitary material management) as well as menstrual health concerns (pain, psychosocial qualms and reproductive checks).
- + Active School Health Clubs are good at mobilizing children and communities into adopting good WASH practices including anal cleansing, hand-washing, Menstrual Health and managing the safe water chain for safe water consumption.
- + School Health Clubs activities that engage other pupils and teacher allow for the continuity of the clubs even when teachers are transferred.
- + Active School Health Clubs ensure proper maintenance of WASH facilities and participate in cost recovery to ensure the operation and maintenance costs are covered.
- + Schools with active School Health Clubs observe a routine schedule of good WASH practices not just by club members but all pupils.
- + Active School Health Clubs are health resource units that can be utilized by local government to undertake campaigns for good WASH practices.

### Conclusion

School Health Club initiatives from the WASH & Learn Programme continue to prove children are agents of change and have the capacity to transform their school and communities by advocating for good WASH practices as they also practice them. Children take lead of the whole process creating a schedule of WASH activities they engage in with teachers giving guidance. The club members share their knowledge and skills with other children in their schools and also transfer this to their homes. One of the observable transformations is in hand washing, Menstrual Health and safe water chain in the schools and communities where the schools are located.

# Specific activity of SHC: promotion of Menstrual Health and Hygiene Management

Within the WASH & Learn Programme the School Health Clubs are capacitated to undertake a holistic approach to menstrual health and hygiene management. The following steps are recommended.

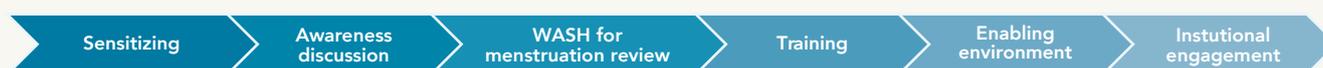


Figure 4. MH steps

- + **Sensitizing** school management, parents, health club patrons, senior women and men: This is the first step towards handling the harmful beliefs about menstruating, menstrual hygiene and menstrual management. It entails a fact finding session regarding the existing views on menstruation and discussion of solutions. The session allows the participants to recognize the challenges menstruation poses if not managed in a girl's education, health as well as in the management of the WASH facilities (toilets, disposal bins, bathrooms and changing rooms).
- + **WASH for menstruation review:** This is undertaken with both school management, parents, health club patrons, senior women and men, and school health club members. They learn more on the making menstruation a comfortable and hygienic experience. In this review they are able to identify and record existing or needed Menstrual Health hotspots like changing rooms, bathrooms, incinerators, menstrual friendly toilets, water supply, drying space, emergency responses, changing dresses/knickers, pads and storage space. They also identify and record existing menstrual health management hotspots that need attention or are being attended to like pain, psychosocial support, infections, fertility safety and nutrition.
- + **Training in Menstrual Health:** School Health Club members and teachers that mentor the SHC are trained in methods they would apply to control the menstrual cramps, the required hygiene to prevent infections, fertility safety knowledge to prevent early pregnancies and nutrition insights for girls having their periods. They are also trained on peer to peer support and equipped with the capacity to mentor other children.
- + **Training in making reusable menstrual pads:** School Health Club members, patrons, senior women and men are trained how to make reusable pads. This aims at offering a sustainable and affordable remedy for managing the menstrual flow. The club members are encouraged to train others and also employed in school health outreaches to do that.



## Menstruating explained

**Menstruating** = having the monthly flow

**Menstrual health** = managing health conditions that arise due to the flow

**Menstrual hygiene** = the required body, facility and environment cleanness to be maintained during the flow

**Menstrual management** = the handling of the flow in terms of water supply, provision of menstrual management facilities and materials as well as concerns regarding storage and disposal of materials

Reusable pads are made manually using clean cotton clothes sworn (using a thread and needle) together with a soft plastic/leather covering to prevent leakages. Inside the pad is a towel inserted to absorb the blood. Wings are created on the sides of the pad to allow the user to tie or button the pad so that it does not fall out. For hygiene purposes the used reusable pads are soaked in salty cold water and washed using soap then dried in the sun.

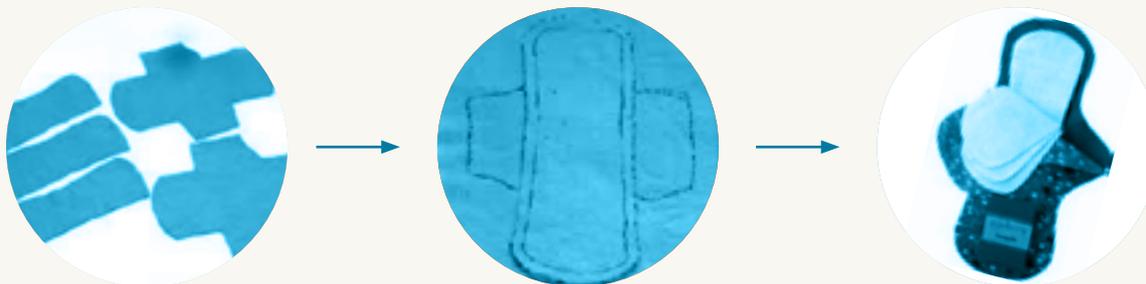


Figure 5: How to make a reusable pad

- + **Training in sanitary material management:** School management, School Health Club members, patrons, senior women and men are trained in the management of sanitary materials. This includes how best pads are disposed of using containers placed in girl's facilities or placed directly to incinerators constructed next to the girls changing rooms. Construction of user-friendly clay or metallic incinerators, storage bags for reusable pads or disposable pads which the girls may not dispose of at school. As well as how to manage reusable pads drying spaces to prevent theft or contamination and how to wash soiled menstrual wear.



Figure 6: Boys participating in the RUMPs training and showcasing their works



#### Case of St. John Nsongya Primary School and Wanganzi Primary School

St. John Nsongya Primary School supported by HE-WASA (Uganda) and Wanganzi Primary School supported by UFUNDIKO (Tanzania) have both yielded results in Menstrual Health with school health club members (both boys and girls) active in bridging the gender gap by sharing information on MHM best practices including regularizing the conversation on menstruation, how to make reusable pads, manage the pain, dispose/store menstrual pads and ensure body hygiene during menstruation.

- + **Creating an enabling environment** in which girls and women are able to better manage the menstruation by ensuring relevant facilities such as clean toilets, clean water and soap, space for girls to clean themselves, sanitary materials, painkillers, and proper ways to dispose of used sanitary pads.
- + **Institutional Engagement:** After a micro scale engagement of MH at the local level, there is need to expand efforts to County Level /Government level to achieve societal transformation with the support of Government efforts through lobbying and activating parliament and relevant government structures to advocate for MH in schools and communities.

TDFT engaged the Woman Member of Parliament in Tabora Hon. Margaret Sita on the need to address Menstrual Health in schools in 2017. That year Hon. Sita presented this concern to parliament leading to a session on Menstrual Health in parliament. This year the parliament in Tanzania passed a bill for the provision on menstrual pads in schools and construction of girl’s wash with changing rooms attached.

Case study: power of involving boys in Menstrual Health

Lumas is a 12-year-old student at St. John’s primary school where HEWASA, one of our partner organisations, implements MH activities as part of the WASH & Learn programme. He participated in the training on making the Reusable Menstrual Pads (RUMPs) conducted by HEWASA and joyfully brought the knowledge he learned from school back home and taught his mother and sister. “My mother is a poor woman so with these skills of making RUMPs, I want her to learn to make pads for herself and reduce the cost of buying pads from the shops,” said Lumas.

When Lamus introduced the idea of making RUMPs to his mother Maureen, she was impressed by how simple it was to make one. “I have always used pieces from my old clothes without minding the hygiene issues. This has always been a challenge because the fabrics I was using are not comfortable or reliable. I now use RUMPs which are comfortable and I feel confident to not to worry about the hygiene problems,” Maureen says. She, in turn, taught five of her friends about how to make RUMPs and they would like to introduce RUMPs in their women group as well as offer counseling services to young girls in the village

Over the years, menstruation in society has always been perceived as a woman affair which is secretive and shouldn’t be discussed in public or in the presence of men. Due to this misguided perception, both girls and women have been stigmatized and segregated. Girls from poor families, who cannot afford to buy sanitary pads, often resort to the use of unhygienic rags and cloths which put the girls at the risk of infections. It is alleged that some girls engage in transactional sex in order to raise money to purchase sanitary pads, in turn exposing them to the risk of early pregnancies and contracting diseases such as HIV.

HEWASA’s promotion of good hygiene practices of MH involves sensitizing the people on the concept of menstruation and enlightening them on the role of everyone, especially men and boys, during the process of menstruation management.

Breaking the silence and the myths about menstruation and bringing boys and men on board are essential to achieving the goals that no one is left behind and everyone deserves a dignified life.



Figure 7: 12-year-old Lumas facilitating a Reusable Menstrual Pads training of a women’s group in his village

# Partners of the WASH & Learn Programme



**JESE** is an indigenous non-government, service-providing organization registered as a company by guarantee. Since its establishment in 1993, JESE, through her work in improved Agriculture Production and Natural Resources Management and long term development, has greatly contributed to improved livelihoods of target beneficiaries and provided opportunities for a better life especially for the rural poor households and communities. For more information visit [www.jese.org/](http://www.jese.org/)



**HEWASA** (Health through Water and Sanitation) Programme is one of the major social services and economic development programmes of the Catholic Diocese of Fort Portal. For over 20 years now, HEWASA has implemented a number of integrated community and school Water Sanitation and Hygiene and nutrition projects that include; WASH infrastructure development that covers bore-holes, protected springs, shallow wells, rain water harvesting tanks, gravity flow schemes, school latrines, and washrooms and Menstrual Health among others.



**CABDA (Community Asset Building and Development Asset)** (Community Asset Building and Development Asset) is a non-profit making organization that transforms the lives of majority rural poor from communities that are disadvantaged and marginalized in Western and Nyanza regions in Kenya through strong and committed leadership with community service at heart. It began on a Christian foundation way back in 2005 through one-person initiative but currently has 19 staff and over 1,000 community volunteers in rural communities all over Kakamega, Busia, Vihiga counties and parts of Nyanza region. To achieve its goals, CABDA is pegged on the following pillars; Water Sanitation and Hygiene (WASH), Orphans Vulnerable Children and Caregivers support (OVCs), community empowerment through Self-Help Group Approach (SHG) and Community Development Project (CDP), Health promotion through Global Fund Malaria Project. For more information, visit [www.cabdakenya.org](http://www.cabdakenya.org).



**UFUNDIKO** is Swahili abbreviation which means Ufundi na Uhandisi Kongwa which means in English Kongwa Technical Development Association. The organization registered on 5th April, 2005 under Non-Government Organization Act, 2002 to work in Tanzania mainland. Currently UFUNDIKO implement its development programmes in Dodoma region. The core functions of UFUNDIKO are Water supply, Hygiene sanitation, Nutrition, Environment and Natural Resources Conservation and Community capacity development. Cross cutting issues such as HIV/AIDS, Gender, and Good Governance are also considered in all UFUNDIKO development programmes.



**TDFT** Tabora Development Foundation Trust (TDFT) is a non-profit organization dedicated to improving standard of living of rural population in Tanzania. The Organization has four main programs, which are as follows; Health improvement – Water, Sanitation & Hygiene promotion & HIV/AIDS, Malaria, Food Security - Livestock Development & Agro-forestry Program, Child Rights – Elimination of child labour & support of most venerable children and Lobby & Advocacy Programs. For More Information, visit [tdft.or.tz/](http://tdft.or.tz/).



**EMESCO Development Foundation (EDF)** is a reputable local pro-poor development organization based and operational in Kibaale, Kakumiro and Kagadi Districts in Mid-Western Uganda. EDF is duly incorporated as a Company Limited By Guarantee and Not Having a Share Capital according to the laws of Uganda and for that matter it is a not-for-profit development organization. Emesco Development Foundation is very active and well experienced in implementing rural development programmes in three principal sectors namely; Sustainable Agriculture, Community Health and Water and Sanitation. For more information, contact <https://emesco.org.ug/>

