



National Forum on Commemoration of Zero Tolerance to Female Genital Mutilation



February 6 & 7 2015, KBH Hotel, Singida

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LIST OF ABBREVIATIONS

CSO	Civil Society Organization
FBO	Faith Based Organization
FGM	Female Genital Mutilation
GBV	Gender Based Violence
IEC	Information, Education and Communication
NGO	Non Governmental Organization
TAMWA	Tanzania Media Women's Association
UNICEF	United Nations Children Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization



1.0: Background

The International Day of Zero Tolerance to Female Genital Mutilation is a global observance. Various activities and events are held on February 6 each year to promote the UN's campaign to raise awareness and educate people about the dangers of Female Genital Mutilation (FGM) which is internationally recognized as a human rights violation.

Globally, it is estimated that between 100 million to 140 million girls and women alive today have undergone some form of FGM. If current trends continue, 15 million additional girls between ages 15 and 19 will be subjected to it by 2030. FGM relates to all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. This practice is an abuse of human rights and causes serious health complications, including fatal bleeding.

This year's International Day of Zero Tolerance for Female Genital Mutilation was marked under the theme **“Mobilization and Involvement of Health Personnel to Accelerate Zero Tolerance to Female Genital Mutilation,”** where UNFPA and UNICEF jointly led the largest global programme to accelerate the abandonment of female genital mutilation.



In Tanzania the International Day of Zero Tolerance for Female Genital Mutilation was commemorated through the organised National Forum to end Female Genital Mutilation which was conducted in Singida, one among the regions with high FGM rates. The forum brought together regions most affected by FGM as indicated by national data to come together, share experiences and come up with agreed actions. The meeting drew participants from Arusha, Manyara, Mara, Singida, Dodoma, Kilimanjaro, Tanga and Dar es Salaam. The forum was organised by TAMWA in collaboration with UNFPA. About 120 people attended.

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We should all speak out against female genital mutilation

A CHAT FROM LONDON

Practice Matters

There is no doubt that the issue of Female Genital Mutilation (FGM) is a global one. It is a practice that is deeply rooted in many cultures and is a violation of human rights. It is a practice that is often carried out on young girls and women, and it can have serious health and psychological consequences. It is a practice that is often carried out in secret, and it is a practice that is often carried out by family members or community leaders. It is a practice that is often carried out in the name of tradition or religion, and it is a practice that is often carried out in the name of honor. It is a practice that is often carried out in the name of control, and it is a practice that is often carried out in the name of fear. It is a practice that is often carried out in the name of shame, and it is a practice that is often carried out in the name of pain. It is a practice that is often carried out in the name of suffering, and it is a practice that is often carried out in the name of death.

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Efforts in France have seen at least 100 convictions while all baby girls are checked until they are six. This is a significant step towards the eradication of FGM. It shows that the government is taking a firm stance against this practice and is holding individuals accountable for their actions. It also shows that the government is prioritizing the health and well-being of its citizens, and is willing to take the necessary steps to protect them. This is a positive development, and it is a step in the right direction. It is a step towards a world where FGM is no longer a practice, but a thing of the past.

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2.0: Activities and Outcomes

2.1 Opening Ceremony

The forum was opened by the Minister of Community Development, Gender and Children Hon. Sophia Simba who pointed out that Female genital mutilation violates the human rights and undermines the health and well-being of some 3 million girls each year. The minister made a reference from the joint statement to end FGM pointing out that as we celebrate the International Day of Zero Tolerance for Female Genital Mutilation a call on all health workers — from midwives and nurses to obstetricians and gynaecologists — to mobilize against this dangerous, deeply harmful practice as data shows that 34% of world FGM is conducted by health workers.



Therefore health workers are called to abandon the practice of FGM – and to use their influence, not only in the communities where they work, but also with their colleagues to accelerate the abandonment of this harmful practice everywhere. She also insisted on all health workers to protect the sexual and reproductive health of those who have already undergone FGM. She also pointed out that if FGM in Tanzania is practiced with a notion of getting married, all men from communities that practice FGM should have their minds changed so they stop marrying girls who have undergone FGM as this may lead to abandonment of the practices and keeping girls safe.



UNFPA Country representative's remarks, made by Tausi Hassan on behalf, pointed out that according to WHO, women who have undergone FGM are at higher risks for maternal mortality and morbidity, with an up to 31% increase in the need for a C-section, and up to 69% increase in postpartum hemorrhage. They are up to 55% more likely to lose their newborn child during or shortly after delivery. She indicated that the situation is a burden on our already challenged health system, and hence there is a need to integrate FGM into all our work on human rights.

Lastly she called upon for all relevant actors to step up their efforts to make ending FGM in Tanzania a priority, recognising that a young girl who has not undergone FGM is less likely to be married early, continue with her education and move on to becoming a contributing member of her family and society.



It is only when men work with women as strong partners can United Republic of Tanzania reach the ambition of being a middle income country.

TAMWA's Executive Director Ms Valerie Msoka pointed out that efforts towards abandoning FGM are jeopardized by the new approaches used by the circumcisers. For example, unlike in the previous, recently FGM is performed to infants, therefore to end these harmful practices needs collective efforts. Also she addressed the politicians that as Tanzanian is going to have general election the candidates for different posts should prioritise ending o f F G M . .

2.2 Forum Proceedings

2.2.1 The role of the police in dealing with FGM cases



It was presented by Haule S.S.-SSP on behalf of the Singida Regional Police Commander that the police has established gender desk purposely to deal with all cases related to harmful practices like rape, FGM, child marriage, beating and sexual assault. The police recognize FGM just like other criminal cases hence wherever it is reported special attention is given and the case is dealt as per laws and regulations of the country.

In the year 2014, no FGM case which was reported though it is believed that the practices are conducted underground so it is hard to get information for further action. The police in Singida plans to hold training session on harmful practices including GBV to all police officers in that region so as to increase capacity to deal with the issues. Special attention to these trainings will be given to rural communities where the practices frequently occur. Also the police plans to conduct discussions with traditional leaders on the effects of FGM as they have influence towards the practices.

2.2.2 Health sector support to end FGM



It was presented by Dr. Suleiman C. Muttani on behalf of Singida Regional Medical Officer that Female Genital Mutilation is often carried out under unhygienic conditions, thus exposing girls and women undergoing the operation to diseases. The presentation highlighted the magnitude of the problem through FGM cases detected during labor & delivery in Singida in the year 2012-2014 as follows:-



Year	2012		2013		2014	
District	Total Delivery	FGM Cases	Total Delivery	FGM Cases	Total Delivery	FGM Cases
SGD MC	6419	1957	7465	2798	8455	2701
Ikungi	0	0	5493	1444	7303	2819
SGD DC			3519	659	3317	966
Iramba	9114	32	5429	46	5807	144
Mkalam a	0	0	3137	22	3415	179
Manyoni	8482	3260	8963	419	10399	2203
Total	24015	5249	34006	5388	38696	9012
FGM %		21.9		15.8		23.3
Average %	20.3					



The presentation went further to highlight some of the reasons to perform FGM including the believe that unless a girl’s clitoris is removed, she will not become a mature woman or become a full member of the human race and will have no right to associate with her peers and ancestors, and that FGM ensures girls’ virginity which is necessary for marriage and family honour. Among Nyaturu society, there is a belief that uncircumcised girls tend to have repeated genital infection “Lawalawa” or madudu and no way will one heal out without undergoing FGM.



The presentation also highlighted some of the outcomes of FGM as it damages the health of girls and women and infringes on their rights to the highest attainable standard of physical, sexual and mental health. FGM is associated with gender inequalities and its gruesome torture, it is cruel, inhuman and above all it is an abuse of the physical, psychological and sexual health of girls and women. Lastly the presentation pointed out some roles that the health sector play to end FGM as follows :

- Treatment of FGM cases
- Collaboration with local NGOs in IEC
- Reaching communities, educate them on the effects of FGM
- School health programs to sensitize school children against FGM and train families on effects of FGM
- Educate circumcisers on ill effects of FGM.



2.2.3 Media involvement in the campaign to end FGM

It was presented by TAMWA that media has a great role for publicizing all harmful practices in the communities something which may lead into change. In fighting against GBV, TAMWA had built capacity in terms of trainings to media presenters so that they are able to effectively report on practices and create awareness to the public on the effects of the practices and hence influence the abandonment. Also TAMWA had played a great role to enhance partnership with other stakeholders for a joint efforts to end FGM.

The presentation also touched some strategies identified on the 2001-2015 National FGM strategy towards abandoning the practices which includes; mult-sectoral involvement to fight against FGM focusing on health, women empowerment and human rights, involvement of religious leaders, community awareness to influence reporting as well as influence of behavior change to respective FGM communities and alternative rites of passage.



2.2.4 A role play message

Presentations were followed by a role play performed by Singida artists. The role play had an awareness message on the effects of FGM including severe pain, heavy bleeding, problems in childbirth (obstructed labour, rupture of uterus) and failure of wound to heal. Also the role play presented the new approaches used by Ngariba to make sure that the practice is confidentially performed to a new born (0-5 days or infants from month to 1 year.) A call was made to the government institutions, Public leaders, law enforcing instruments, and development partners to join hands and fight against FGM.

2.2.5 Key issues raised in presentations

- There are limited coordination efforts towards ending FGM as everyone is doing on his own.
- The coming up of new approaches for FGM so as to maintain secrecy behind it such as conducting it to new born and infants, applying ash soda to clitoris so that it can be removed smoothly as well as tightening the clitoris with a rob until it cuts away.
- Political leaders being away from the fight to end FGM due to fear of losing votes.
- The acts are always performed and influenced by women, but elder men are always behind the scene.





2.3 Discussions and agreed actions

Basing on the presentations and experience sharing among regions on the FGM practices the participants were asked to identify challenges available in intervening FGM practices in their areas and also to indicate strategies for the improvements as presented below.

S/N	Challenges	Strategies
1	Secrecy and poor traditional belief	Education and awareness creation at all levels including the FGM practicing communities
2	New approaches used for FGM	Strengthening collaboration among partners, and sharing of information including the use of information communication technology
3	Weaknesses on laws protecting women and children	Review of laws to protect the rights of women and children
4	Absence of political will on ending FGM struggles	Everyone should be responsible in convincing people in fighting against FGM including male involvement, the use of religious and traditional leaders as well as politicians at all levels



2.4 Testimonies on the impacts of FGM

Some of the victims of FGM, Ngaribas, parents and community leaders invited to the forum had a chance to share their experiences on FGM practices, the information shared based on the practice itself, tools used and the impacts associated with the practice.



Ngariba (Circumciser)
It is our tradition to conduct FGM, without it a girl child will not get married as FGM in our society means to be clean and ready for a marriage. In conducting it special knives, scissors, razors or pieces of broken glass and sometimes, sharp stones and burning were used. The practice cause a lot of blood to a circumcised girl but we had our own means to control it like chewing a peace of charcoal mixed with herb and spit it on to the head of a girl. I decided not to conduct any more as I experienced a very bad situation as one among the 5 girls I was circumcising had heavily bleeding to the extent of fainting. Later I realised that there other consequences like problems during delivery which was experienced by my own daughter hence I recognised that it is a very dangerous practice.



Victim

I was forced to go for FGM, we were very many though I dint like but I was encouraged that soon after it we will be clean ready for marriage. They used razor to cut us all, I experienced heavy bleeding but they used some herbs to clear it. I can't explain the pain I had and I won't forget. As of now I have learnt that it is not true that being circumcised means being clean so I'm in a front line to speak out on all the evils on FGM and reporting whenever I hear it takes place

Community Leader

It is true that the belief behind FGM exists in our communities, since we recognised the effects of FGM we started taking actions with the support from a CSO known as SIA. We conducted awareness raising sessions to inform general community and we had some strategies to make sure that we end the practices in our society including making discussions of FGM as permanent agenda in our ward development committee's meetings, community involvement in the struggle to end FGM, efforts to ensure that expecting mothers deliver at facility.



2.5 Experience from Masanga Centre

Efforts started since 2008 following the request from some of the parents who did not wanted their girls to undergo FGM. The centre organises community education through public meeting, schools, churches and health centres the target being traditional leaders and circumcisers. In registration of girls, the Centre normally request for parental consent but sometimes girls themselves run to the centre avoiding being married or circumcised. From 2008, girls have attended the formation and protection Centre as follows:

YEAR	2008	2009	2010	2011	2012	2013	2014
NUMBER OF GIRLS	53	126	180	208	350	450	636
TOTAL TO DATE	2003						



With this initiative the Centre experiences some of the achievements like delaying the age of marriage to young girls, as some of them get marriage after completion of their education course like Diploma.



However, there are some of the challenges that are faced by the Centre. For example in 2014 after graduation 14 girls were forced to undergo FGM when they went back home, and 36 girls managed to escape. The girls are now at the Centre something which brings an additional cost of taking care of them while they have already graduated.

3.0: Closing of the Forum

The forum ended by closing remarks from Singida Regional Commissioner Dr. Parseko V. Kone who recognised all the efforts to end FGM done by different stakeholders including the Government, CSO's, FBO's, Media, UN agencies and other development partners. The remarks addressed the issue of education to girls, economic empowerment and involvement of women and girls in decision making from all levels.



4.0: Suggestions and the way forward

- For sustainability and ownership of any intervention to end FGM there should be effectively involvement of the respective district councils from grass root level since it has well organised structure from the ward, village and hamlet levels as some of the primary target to end FGM are within this structure through different committees like religious leaders, influential people and traditional leaders.
- Though countrywide there is an Ant-FGM network coordinated by legal and human rights centre, efforts should be made to revive the network as of recent every stakeholder is doing things on his own.
- Locals should not be left aside in any Ant-FGM program to clear the notion that external people brings new culture when trying to intervene and bring change.

5.0: Media coverage

The event was widely covered by both electronic and print media. About 51 news stories and articles were published in the newspapers. About 8 stories were aired on the TV and Radio stations in the country. The published stories are important in raising awareness among the stakeholders including government officials, policy makers, politicians, religious leaders, traditional leaders and the communities on the impacts of FGM in the country.

