

The Saleema Initiative is an African Union effort, working with Member States and key partners, to accelerate the elimination of female genital mutilation (FGM). "Saleema", arabic for healthy and complete, translates as "Kamili" in Swahili. The initiative looks to galvanize political action among African Union Member States to implement strong legislation, allocate domestic resources and strengthen partnerships to end FGM.







## WELCOME TO THE 2ND EDITION OF KAMILI!



It was a busy first few months of 2019. In February, the young people of Butiama, Serengeti and Tarime Districts in Mara Region came together on International Day of Zero Tolerance to FGM to call on government to accelerate efforts to end FGM. In April 2019, a joint action plan and declaration to curb cross-border FGM was agreed at a regional meeting with Tanzania, Kenya, Uganda, Ethiopia and Somalia. And all through this period social media in Tanzania was buzzing with FGM awareness-raising information, supported by the United Nations sexual and reproductive health agency (UNFPA), Tanzania, and the Delegation of the European Union to Tanzania (EU), and shared by some of the most visible social influencers in the country. In the coming months, we are looking forward to the launch of the National FGM Strategy as well as the roll-out of the revised National Gender-Based Violence Management Guidelines for the Health Sector that integrate FGM prevention and response services.

This year is also an important year as we celebrate the 25th anniversary of the International Conference on Population and Development and its landmark Programme of Action. Twenty-five years since this ground-breaking event, millions of women and girls still lack the power to make decisions about their sexual and reproductive health and rights. Our continued efforts are making an impact in eliminating FGM, which is declining in Tanzania. But we are not aiming for fewer cases of this practice, we are insisting on zero.







## POSITIVE WELL-BEING BOOSTS ENDING FGM INTERVENTIONS

As part of its assistance to ending FGM interventions in Tanzania, UNFPA provides psychosocial support to girls who have rejected FGM. This service is also available for girls' parents to encourage families to support their daughter's decision. The outcomes from this psychosocial support have been overwhelmingly positive: parents who have previously felt it necessary for their daughter to undergo the harmful practice have vowed to respect and uphold their daughter's decision not to be cut.

Staff working at our partner organizations, the Association for the Termination of Female Genital Mutilation (ATFGM) and Hope for Girls and Women in Tanzania, have a highly demanding role in supporting clients who are deeply traumatized, and are exposed to threats and situations where there is a high risk of violence. Valerian Mgani, Programme Manager ATFGM, says that the cutting season in December 2018 was a challenging and emotionally draining time for staff at the centre. After seeing first-hand the effectiveness of the psychological support provided to girls and their families he requested UNFPA to provide ATFGM staff with a similar service.



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NGO protection duty bearers work tirelessly to tackle FGM in Mara Region and in other regions including Manyara, Arusha, Singida, and Dodoma. As we upscale our FGM programming, we look forward to supporting other organizations with this important package of psychosocial support and capacity-building.

In May 2019, UNFPA hosted a Wellness Retreat for anti-FGM firstline responders in Mwanza. The retreat looked at how firstline responders can prevent and manage stress as well as safeguard their personal and organizational security. Lydia Kinya Kaugi, Terre des Hommes, covered life skills, safeguarding and child protection issues. Hasborn Myenda, a psychologist who has previously worked with girls seeking refuge from FGM, outlined coping and support mechanisms for frontline workers, emphasizing the importance of their psychological well-being.

Psychosocial counselling was provided to all girls at the Hope Centre during the 2018 seasonal cutting, and 235 out of 315 girls were safely reconciled with their families and returned home. Rhobi Samwelly, Director of Hope for Girls and Women, noted: "The wellness retreat has taught us all how to avoid unnecessary stress and how to best protect ourselves and our organization from security issues." In addition to ATFGM and Hope staff, government frontline responders including Siwema Silvester (Social Welfare Officer) and Claud Henry (Tanzanian Police Force) also participated at the retreat.







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#### YOUNG PEOPLE INSIST ON ZERO!

# FGM has had a negative impact on girls in our community, many of them get married after cutting, when they are still young, and at the end the community isolates them.

Some of the sentiments shared by adolescent girls involved in alternative rites of passage programmes to protect them during the FGM season in Mara Region where International Day of Zero Tolerance to FGM was commemorated this year. Led by Msichana Initiative, Hope for Girls and Women, Tanzania, and ATFGM-Masanga, with the support of UNFPA, the EU Delegation to Tanzania, Plan International and Terre des Hommes, the event brought together young people from three districts of Mara Region; Tarime, Butiama and Serengeti. The sentiments of this group were quite clear: they do not want to compromise any longer; no traditional leader or cutter should go unpunished if they continue to practice FGM; and they are calling on government for their support. Young people presented their recommendations to tackle FGM to Mr. Adam Malima, guest of honour, and Mara Regional Commissioner: These included:

- Information about the harmful effects of FGM should be disseminated to the community, especially in villages and schools.
- Entrepreneurship training should be provided for ngaribas (cutters) so that they can establish alternative revenue streams to FGM. Financial incentives should also be provided to traditional elders to engage in alternative income-generating activities.

- Religious leaders should be on the front line of the fight against FGM in the community.
- Anti-FGM clubs should continue to be established in schools.
- The media should step up efforts to educate the public about the harmful effects of FGM.
- Legal action should be taken against elders and ngaribas who practice FGM.
- Girls should refuse to be cut.

Mr. Adam Malima, on receiving the recommendations, declared he would continue to use his powers to protect girls against the agony of FGM and commended the community-based ATFGM-Masanga and Hope for Girls and Women, Tanzania, for saving approximately 3,500 girls from FGM in recent years.

Faidha Suleiman, National Coordinator of the Police Gender and Children's Desks, said that as a result of her team of dedicated Gender and Children's Desk staff and UNFPA's ongoing support to regions with a high prevalence of FGM, significant progress has been made in the Police's handling of FGM cases. She urged young people to call the police or the National Child Helpline 116 if they, or people they know, require care or protection.

Declines in FGM prevalence in Tanzania, as evidenced by the recent Demographic and Health Survey 2015/16, give hope that efforts made to end the practice are beginning to bear fruit, but gains have been uneven across the country. World leaders overwhelmingly backed the elimination of FGM as one of the targets in the 2030 Agenda for Sustainable Development; Tanzania as a country recognizes that it cannot be content with fewer cases of this practice, it must insist on zero.







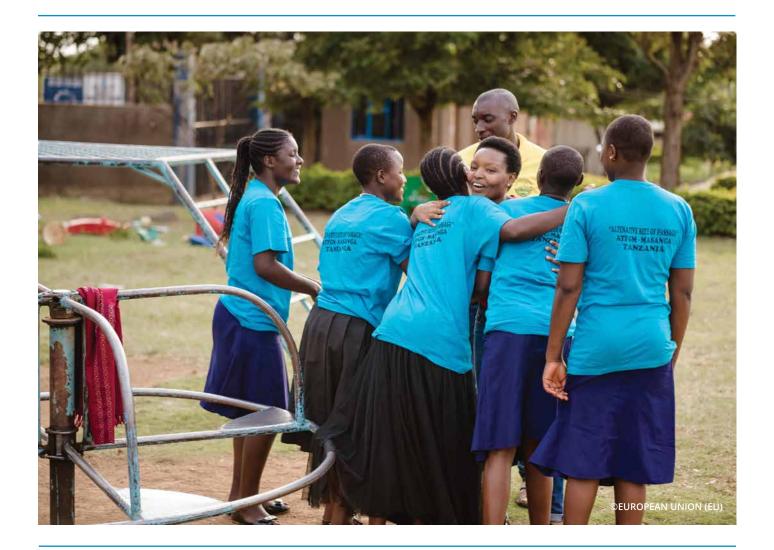
### UKEKETAJI BASI 2030 (NO FGM 2030)!

In February 2019, UNFPA and the EU Delegation to Tanzania launched a social media campaign to raise awareness about FGM in Tanzania, selecting five social justice influencers to be a collective voice for girls and women who have been affected by the practice and for those dedicated to eliminating it.

Accompanied by UNFPA and the EU, the five influencers went on their individual journeys to different regions with a high FGM prevalence: Mara, Singida, Dodoma, Manyara and Dar es Salaam. On their journeys they spoke with women and girls who have undergone FGM, FGM survivors, ex-cutters, activists, and governmental

officials – to capture the many faces of the practice. Returning to Dar es Salaam, they shared their stories through their respective social media platforms.

If you want to follow or learn more about our campaign on Twitter and Instagram use the hashtags: #UkeketajiBasi2030 #NoFGM2030 #Kamili. Help us to raise awareness about FGM by reposting, retweeting, and commenting with your thoughts. Take the pledge with us to do all that you can to end FGM by 2030. Ukeketaji Basi 2030 (No FGM 2030)!"







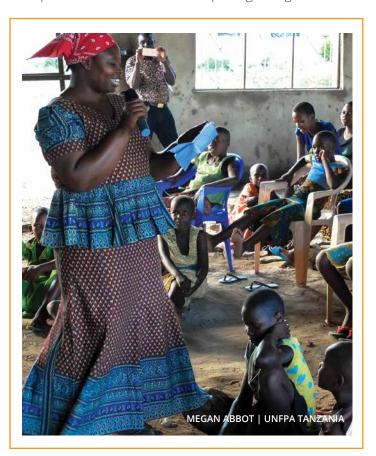


# ENDING FGM CHAMPION RHOBI SAMWELLY RECIPIENT OF MALKIA WA NGUVU PRIZE

Rhobi Samwelly has dedicated her life to saving girls from FGM and child marriage. Rhobi was mutilated against her will as a young girl and nearly bled to death. When Rhobi regained consciousness her parents were so relieved they promised not to cut her sisters. Her life's work as an anti-FGM warrior had begun and she has worked tirelessly to save other girls in Tanzania from the harmful practice

In 2016 Rhobi opened two refuges – the Hope Centre for Girls and Women in Mugumu, and a safe house in Butiama District, Mara Region. Both refuges are supported by the Tanzanian Development Trust.

Rhobi has worked alongside UNFPA who has supported the Hope Centre for Girls and Women in Mara Region to provide alternative rites of passage to girls in the





Clouds' leading support platform to recognize, reward and support women in the country, the Malkia Wa Nguvu, has awarded the Malkia Wa Nguvu Prize 2019 to Rhobi Samwelly, Executive Director and Founder of Hope for Girls and Women, that recognizes her outstanding contribution to the realization of women's empowerment and gender equality in the United Republic of Tanzania.

community to protect them from FGM. Rhobi also works with parents of girls to educate them about the harmful effects of FGM and to get their agreement not to cut their daughter.

Rhobi has spoken at various United Nations sponsored events, and her ground-breaking work is the focus of a BBC radio documentary as well as the award-winning film In The Name Of Your Daughter, a feature documentary by Giselle Portenier that celebrates both Rhobi's work as well as the most courageous girls in the world who risk their lives fleeing FGM.

In September 2018, Rhobi was one of UNFPA's champions who took the fight to end FGM in Tanzania to the 73rd United Nations General Assembly. Rhobi addressed a session of the conference placing the need to accelerate efforts to end FGM and to tackle crossborder FGM on the international agenda.

Human rights defenders, such as Rhobi, have a crucial role to play in achieving the goals as outlined in the 2030 Agenda and, more specifically, in achieving a world free from harmful practices, including child, early and forced marriage and FGM. Rhobi continues to fight for a Tanzania that is free of FGM, one where all girls can realize their sexual and reproductive health and rights, leaving no one behind. Hongera Rhobi!







# INTEGRATING FGM RESPONSE AND PREVENTION SERVICES INTO THE HEALTH SECTOR



To complement the ambitious National Plan of Action to End Violence Against Women and Children (NPA-VAWC), Tanzania is currently strengthening systems that both prevent violence against women and children in all its forms and respond to the needs of victims/survivors. In 2009, the Government of the United Republic of Tanzania, with the support of the United Nations Joint Programme on Reduction of Maternal and Newborn Mortality, led by UNFPA, and PEPFAR, launched the first Gender Based-Violence (GBV) and Violence against Children Management Guidelines.

These guidelines transformed and standardized the way rape cases were managed within the health sector in Tanzania. Notably they called for referral pathways that ensured a "gold standard", where victims and survivors could seek services in the order they chose, be it a hospital or police station first. The guidelines were a commendable achievement, but while they recognized FGM as a form of GBV, they didn't offer avenues for prevention, response or data collection on prevalence.

These guidelines are now being revised with financial support from Boresha Afya, a USAID initiative, and with the technical support of the UN coordinated by UNFPA, and with the participation of UNICEF, WHO Geneva and Tanzania, IOM and UN Women. UNFPA's priority is to ensure that, as part of the revisions, specific guidelines for healthcare providers are integrated including:

- Every practicing midwife in Arusha, Dodoma, Manyara, Mara and Singida shares effective FGM prevention information with parents of newborn girls.
- Every healthcare provider has the skills and knowledge to deliver appropriate care to girls at risk of FGM seeking protection.
- Every healthcare provider adopts a survivorcentred approach when communicating about FGM, including with members of communities that practice it.

At the celebrations of the Day of the African Child in 2018, the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) noted the need to use the health sector as a vehicle to reach everyone with FGM prevention and response services. MoHCDGEC reiterated this again at the National Dialogue on FGM, Child Marriage and Teenage Pregnancy in October 2018.









The health sector is already working to end FGM with the support of non-governmental organizations (NGOs) such as the Anti-Female Genital Mutilation Network (AFNET). AFNET, an NGO headquartered in Dodoma, has been working to end FGM in Dodoma, Singida, Manyara, Arusha, Kilimanjaro, Iringa and Morogoro since 1999. They employ a combination of interventions and collaborate with stakeholders from different sectors.

Some of AFNET's strategies to integrate FGM response and prevention services into the health sector include:

- Raising awareness about FGM with women (and men) at Reproductive and Child Health (RCH) clinics in collaboration with health personnel.
- Collecting data on women who have undergone FGM when they deliver at hospitals, health centres and dispensaries. This data is used as evidence in campaigns and fundraising.
- Treating FGM survivors and victims, including genital repairs for those whose urinary track is damaged, or who suffer labia fusion as well as other complications. More than 20 girls from Singida who were mutilated as infants and suffered complications have been treated at the regional hospital with AFNET's support. Survivors/victims who receive treatment are encouraged to give testimonies on the negative effects of FGM.

 Treating women who have suffered an obstetric fistula during childbirth – more than 600 women from Dodoma have been treated successfully. All of these women were mutilated with the exception of one.

The impact of these interventions is a reduction in the practice of FGM, especially in project areas in Dodoma Region. In Mbabala Village, Dodoma, there are now zero cases of FGM!

If the integration of FGM prevention and response in to the health sector is to be successful, services must be rights-based, victim-centred and culturally-sensitive. The "do no harm" principle is particularly key in this area: any response should be guided by the best interests of the child and the effect of the response on the health-seeking behaviour of families from FGM practicing communities.

With 35 per cent of girls who are subjected to FGM being under the age of one, and with significant improvements in the access communities have to health care, the integration of FGM response and prevention services into the health sector is perhaps one of the most promising strategies to realize the Sustainable Development Goal of eliminating FGM by 2030.







## 1ST REGIONAL INTER-MINISTERIAL MEETING TO END CROSS-BORDER FGM



In October 2018, during the International Conference on Ending Female Genital Mutilation in Burkina Faso, representatives of Gender Ministries from Tanzania, Kenya and Uganda, later joined by Ethiopia and Somalia, officially agreed to set up a tripartite initiative to end cross-border FGM.

In April 2019, the Ministry of Public Services, Youth and Gender Affairs in Kenya convened a meeting, through the Kenyan Anti-FGM Board, in collaboration with UNFPA Kenya and UNICEF. The meeting, the first of its kind in the history of global efforts to eliminate FGM, saw inter-ministerial discussions between Kenya, Ethiopia, Somalia, Tanzania and Uganda about ways to strengthen policy and legislation and increase collaboration between governments to target border communities that are most vulnerable to the cross-border movement of FGM. The meeting culminated with a Declaration and Plan of Action.

FGM as a harmful practice traverses borders. In East Africa, regions with high FGM prevalence are concentrated in areas that span several countries – along the border areas of Eritrea and Ethiopia and Sudan and Ethiopia as well as the borders between

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The Government of Tanzania is aware that working alone in eradicating FGM will not bring the desired outcome since this harmful practice crosses borders. ... The need to join efforts in fighting against FGM should be East Africa Community country common goals.

- Her Excellency Pindi Chana, Ambassador of Tanzania to Kenya, speaking at the signing of the declaration.

Tanzania and Kenya. If efforts are not accelerated to address cross-border FGM, more than 9.5 million girls will be at risk by 2030 in Ethiopia, Kenya, Somalia and Tanzania alone.

Recognizing the scale of FGM and its global impact as well as its impact within the East African countries participating at the Inter-Ministerial Meeting, minsters from the five countries committed to strengthening cross-border cooperation and collaboration by harmonizing national laws and policy frameworks; facilitating information exchanges on trends and good practices; establishing standard operating procedures for girls and women at risk of FGM; and community dialogue.







