

NATIONAL FEMALE GENITAL MUTILATION(FGM)CONFERENCE
DODOMA 16TH NOVEMBER 1999

REPORT

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Acronyms

FGM	-	Female Genital Mutilation
UNFPA	-	United Nations Population Fund
NGOs	-	Non Governmental Organizations
CBOs	-	Community Based Organizations
DIAC	-	Dodoma Inter African Committee
KIAC	-	Kilimanjaro Inter African Committee
MCDWAC	-	Ministry of Community Dev. Women Affairs and Children
MoH	-	Ministry of Health
WHO	-	World Health Organization
HTPs	-	Harmful Traditional Practices
ToTs	-	Training of Trainers
MYWO	-	Maendeleo ya Wanawake Organization
MCH	-	Maternal and Child Health
GBI	-	Gender Budget Initiative
TGNP	-	Tanzania Gender Networking Programme
SAP	-	Structural Adjustment Programme
TAWLA	-	Tanzania Women Lawyers Association
I.E.C.	-	Information Education Communication
P.S.T.	-	Press Society of Tanzania
RFA	-	Radio Free Africa

NATIONAL FEMALE GENITAL MUTILATION (FGM) CONFERENCE HELD IN DODOMA 16/11/1999

1.0. INTRODUCTION

The Advocacy for Gender Equity Project in the Population Advocacy Sub-Programme has activities that aim at fighting against Female Genital Mutilation (FGM). The gravity of the problem in Tanzania is as explained by the following statistics: Arusha 81%, Dodoma 68%, Mara 44%, Kilimanjaro 37%, Iringa 27%, Singida 25.4% Tanga 25.1%, Morogoro 20.4%, Dar es Salaam 5.4% Mtwara 2.9% Lindi 1.9%, Coast 1.8% and the rest are below 1.8%.

So far the efforts to combat FGM are scattered and some of the affected regions do not seem to register any anti-FGM activities. UNFPA is supporting anti-FGM activities by Inter African Committees in Dodoma, Kilimanjaro and Arusha only. There is thus the need to collect information about other efforts within the entire country and join hands in fighting against this harmful practice.

As a way of facilitating quick networking, it is found to be necessary to convene a national Conference on FGM that will bring together policy makers, especially those from the most affected regions, relevant ministries, Non Governmental Organizations (NGOs) and community Based Organizations (CBOs).

1.1 Objectives

The objectives of the national FGM Conference are as follows:-

- (a) To facilitate a meeting for stakeholders of FGM, from government.
- (b) Bring together FGM activists especially NGOs and CBOs so as to exchange experiences and network for more effective interventions.
- © To come up with recommendations which will lead to the formulation of strategies and a plan of action to combat FGM.

1.2 Participants:

Stakeholders who participated in the conference were government Ministries, regional and local government officials, religious organisations, media and non governmental organizations.

2. OPENING STATEMENT BY THE DIRECTOR OF COMMUNITY DEVELOPMENT, ENGINEER L. G. MSIMBE WHO REPRESENTED THE PERMANENT SECRETARY OF THE MCDWAC MRS. MWATUMU MALALE AT THE NATIONAL FEMALE GENITAL MUTILATION CONFERENCE HELD AT CCT HALL DODOMA ON 16TH NOVEMBER, 1999.

Eng. Msimbe welcomed all the participants to the conference and he thanked them for deciding to come and participate in the conference. This, he said, was a clear indication that they valued the theme of the conference.

He also thanked the United Nations Population Fund (UNFPA) for their generous financial support which enabled the participants to meet and discuss FGM as a harmful tradition and a violation of human rights.

Engineer Msimbe emphasized that FGM is against basic human rights because it is performed without the consent of the individuals and is making life short. Unfortunately, FGM is a traditional practice that seems to be viewed by many as very minor and doesn't warrant legal action.

FGM was explained to be perpetuating poverty because the victims take longer to recover after delivery thus wasting time for economic production. It is not easy for a society that sticks to traditions to develop because most of what they do is based on history not on scientific reasoning and analysis.

Also in traditional societies people believe in inheritance and not in struggling to achieve development. Thus a person in a traditional society is considered to be good and obedient if the one is obedient to the cultures and traditions

although they impact negatively on their development.

Eng. Msimbe also noted that although there is the sexual offences special Provisions Act that prohibits FGM, the elimination of FGM will be possible and quick if people understand it as undesirable and a harmful tradition. This is because FGM is performed secretly; thus unless people accept it as harmful nobody will reveal it.

He then put forward challenges to the conference participants. He wanted them to answer the question; what shall we do in order to eliminate FGM and how shall we follow up our actions and work with partners such as Non-Governmental Organizations and International Organizations. We believe the media will be able to reach as many people as possible; nevertheless we must also plan to reach those who are in remote areas.

The Director finally said that we should take FGM to be a human rights violation and a perpetuator of poverty, thus the need to plan for its elimination, and urged participants to come up with action oriented resolutions.

3.0 PAPER PRESENTATIONS

There were various papers presented by various resource persons from the Ministries and NGOs as follows:-

- FGM Consequences on Reproductive Health
- FGM Experiences (I) by DIAC (ii) by KIAC
- Gender Budget Initiative and FGM
- FGM from legal point of view.

3.1 AN OVERVIEW OF THE FGM CONSEQUENCES ON REPRODUCTIVE HEALTH.

This paper was presented by Ms. M. I. Massila from Reproductive and Child Health Section of the Ministry of Health. In her presentation, she highlighted that

FGM is a wide spread traditional practice that is carried out in several countries in Africa and Middle East and an estimation of more than 100 million girls and women have undergone FGM in Africa. She gave the definition of FGM as quoted from WHO: "Female Genital Mutilation constitutes all procedures which involve partial or total removal of the external female genital organs whether for cultural or any other non-therapeutic reasons". Types of FGM were mentioned as clitoridectomy, Excision, infibulations and unclassified.

The reasons given to justify FGM were mentioned and they reflect the ideological and historical heritage in the society in which FGM is practised. They have a relation to traditions, power inequalities between men and women and ensuring compliance of women to the dictates of their communities.

In Tanzania it is estimated that about 18% of all girls and women have undergone FGM. Statistics by regions stand as follows: Arusha 81%, Dodoma 68%, Mara 44%, Kilimanjaro 37%, Iringa 27%, Singida 25.4%, Tanga 25.1%, Morogoro 20.4% and Dar es Salaam 5.4% (DHS 1996)

The paper pointed out that undertaking FGM establishes the incidence of health consequences which are grouped into:

- (a) Immediate complications bleeding, shock, infection, urinary retention, damage of urethra and anus, and death due to excessive bleeding.
- (b) Psychological effects: anxiety, fear, feeling of humiliation, betrayal unacceptableness and rejection.
- (c.) Long term complications: damage of urinary canal, recurrent urinary tract infections, incontinenes, chronic pelvic infections, infertility, vulval abscess, keloid formation, reproductive tract infection, pelvic infection, sexual dystunation, difficulties in menstruation, obstructed labour, increased chance of HIV infections and tear during delivery.

- (d) Socio-economic effects: loss of human lives, loss of human workforce, affects school participation, encourages early marriages and contributes to poverty.

In conclusion Ms. Massilla pointed out that, the efforts to eradicate FGM in Tanzania need to be addressed by every individual, families, community and the public at large.

Plenary Discussions

The following issues were pointed out in the plenary discussions:-

- (a) Some of the health workers are doing FGM after being corrupted. It was agreed that the Ministry of Health should follow up the issue and take action immediately.
- (b) More research should be done on FGM to study why this problem is also affecting communities which are well educated such as in Kilimanjaro and Mara regions.
- (c.) Change is a process thus people should not fear that the roots of FGM will be difficult to be removed because Community Development practitioners are going to participate and catalyse the change.
- (d) Experience of Narok Kenya of doing FGM without cutting was cited as a good example to be replicated in Tanzania.

3.2 CASE STUDIES AND EXPERIENCES ON FEMALE GENITAL MUTILATION

3.2.1 The experience of Dodoma Inter African committee

The Dodoma IAC established in 1995 is an affiliate of the Inter African Committee (IAC) on Traditional Practices established in 1984 following a seminar in Dakar Senegal, which resolved to implement UN recommendations on issues pertaining to traditional practices including delivery, female genital mutilation, nutritional taboos and early marriages.

The Dodoma IAC was established with a view to strengthen advocacy and mobilization of resources and further develop institutional capacity and to

facilitate discussions aimed at changing existing beliefs and practices that are harmful to women and children.

The objectives of the Dodoma IAC are as follows:

- To accelerate the elimination of FGM and other harmful traditions through advocacy, education and mobilisation of communities.
- To sensitize and involve all key people in the community to effectively take part in the struggle for the eradication of FGM and other Harmful Traditional Practices (HTPs).
- To act in the interest of all women who have or are subjected to FGM and contribute to the development of progressive traditional practices in Dodoma region and elsewhere in the country.

STATUS OF CURRENT PROGRAMMES/ACTIVITIES

The Dodoma IAC has trained 99 community based anti-FGM facilitators nominated by their communities, whose role is to open debate about FGM and other harmful practices; and become trainers of trainers 179 facilitators from other regions, modern and traditional media organisations have received training on FGM.

The aim of this training of trainers(TOTs) is to produce as many skilled professionals on FGM as possible in order to accelerate the eradication of FGM. This training facilitated the formation of District Advocacy co ordinating committee in all five districts of Dodoma region.

Furthermore, 44 (44.4%) IAC village committees out of the 99 have been trained to perform effective activities against FGM at the grassroots level.

These committees act as catalyst structures, responsible for activating and encouraging communities to change to positive traditional values replacing harmful, practices. They are also responsible for protecting girls from FGM against the wishes of parents and other persons who subject or cause sufferings and injury to women and children.

PROGRAMME ACHIEVEMENTS AND CONSTRAINTS:

ACHIEVEMENTS:

1. Identification of areas severely affected by FGM in villages of Dodoma region.
2. Village and district level committees are formed and trained.
3. Awareness raising in more than 99 villages, on harmful traditional practices and the negative impact of FGM are done.
4. Sensitizing villagers, village governments on the need to elect capable villages committees on traditional practices. Positive results from this task are now being realised through the support we are now receiving towards the fight against FGM, from village leaders, villagers, councillors and members of parliament.
5. Child to child education about FGM hazards has motivated some girls to reject FGM and demand for initiation ceremonies without female genital mutilation.
6. There is an increasing number of reported cases in courts about violence including FGM against women and children.

CONSTRAINTS:

1. Lack of well established data base at community level to facilitate effective protection of girls against FGM.
2. Lack of legal education for some committee members and the general public.
3. Inadequate funding and lack of transportation facilities for the Dodoma IAC project itself and the village anti-FGM facilitators hinder the effective implementation, monitoring and evaluation of the project activities.
4. Limited Staff to provide backstopping and follow up of activities especially into the villages.

FUTURE PLANS

Considering the sensitivity and deep rooted nature of FGM in Dodoma, the role of grassroots activists (village committees and facilitators) is becoming very crucial in addressing FGM. It is very important to support the immediate needs

of village facilitators and village committees, make them stronger advocates of the campaign.

This will enable them to work more effectively and in close collaboration with other community based organisations in their areas of operation.

INTERVENTION STRATEGIES

1. International strategies are basically targeted to explore and share participants' ideas and experiences on FGM leading to highly participatory and consultative methods.
2. Training materials accompanying narrative facts about FGM are video shows, (in urban areas traditional singing and dancing with massages on FGM and diagrams selected from text books and a package of questions prepared by the committee.
3. The committee works with appropriate leaders in the community; including; health and social workers, teachers, traditional community leaders, religions leaders, political leaders, men, women, youth groups and children out and in school. Men as husbands and decision makers over women's and children's issues are also included in our outreach and education on FGM.

Local or Kiswahili languages are used by the people in poetry, music and drama as part and parcel in training programmes implemented by Dodoma IAC at community level.

These approaches have proved very effective in introducing FGM debates to the literates and illiterates.

Regarding strategies to be undertaken in the eradication of FGM in individual villages; the task is left to the communities to decide what strategies to apply. During sessions facilitators from Dodoma IAC are required only to give guidance in what the community agrees to undertake.

EFFECTIVE FGM INTERVENTION STRATEGIES

Female genital mutilation has been traditionally practice for centuries in sub

Saharan Africa. Customs, rituals, myths and taboos have been perpetuated even though it has maimed or killed untold numbers of women and girls. It has been politically impossible to address the issue in or outside of Africa until recently.

Beginning in the late 1970s, individuals and African non-governmental organisations (NGO's), broke the silence surrounding FGM, and began questioning the practice. Within Africa a movement to eradicate the practice has gained a lot of momentum (the Inter African Committee formed in 1984), while outside Africa International Organisations have declared female circumcision a human rights violation. Now that the African political and social environments have made it possible, to speak of FGM, donors have a unique opportunity to protect the health and lives of millions of African women and their children by supporting indigenous efforts to abolish the practice.

The eradication of FGM is a challenge unique in both nature and magnitude. It is a long standing tradition that, among many ethnic groups, this tradition is inseparable from views of women social and sexual identity. It is practice on a large scale, causing immense health hazards, combined with the social injustice it perpetuates; it has been a serious barrier to overall African development. *(Susal Rich with Stephanie Joyce)*

FGM A SPECIAL CHALLENGE TO ACTIVISTS

Considering FGM's unique nature, rooted in many layers of African culture, the meaning and symbolism it carries; activists face a special challenge in designing effective programs, many men and women (including the learned and those in high national posts, such as; members of Parliament, Principal Secretaries and Government Councillors e.t.c.) Continue to support anti-FGM campaigns regardless of their experiences on hazards of FGM. Many people in FGM practising communities believe that FGM is good for women and girls; for their future roles as women and mothers.

Programs to eradicate FGM should seek ultimately to change the fabric of African Social tradition. It should be noted, however, that, attitudinal change against such deep rooted cultures, norms and values is a gradual process.

Successful intervention programmes therefore, required acute sensitivity. They should be designed to eliminate only the harmful elements in the traditions which often accompany the ritual practice. Implementing agents originating from the indigenous people is an added value for a more effective intervention program.

ELEMENTS OF AN EFFECTIVE FGM PROGRAM

Start with Research: Why and how FGM is practice in a given society will facilitate the designing of culturally appropriate effective FGM campaign.

Work with Appropriate Leaders

FGM projects can be more effective when initiated and carried out by indigenous activists whose acceptability and social status give them credibility within communities. These activities include: health and social workers teachers, traditional community leaders, religious leaders, traditional birth attendants, traditional media traditional leaders, circumcisers, government leaders, political leaders, youth's groups, women and men groups.

Involve and inform all affected members and decision makers of the target community: Men-husbands, elders, tribal chiefs, Members of Parliament, government, government councillors e.t.c. because they often control decisions regarding women and girls' lives they must be informed and included in outreach and education on FGM.

Use Local Culture and Customs:

In all phases of the project, incorporate local customs including singing, dancing and ceremonial protocols as they apply; Rural Appraisals and written materials about FGM - in local languages. This way the messages stay in the community, circulates among the people, and can easily be shared with non literates by literates.

Poetry, music, drama, traditional singing, dancing and storytelling are a normal part of African life and are very effective in intruding FGM debates.

Although the anti FGM campaign in Dodoma region has not gone very far we

can only say that we are trying to incorporate a good deal of the above mentioned elements.

Dodoma IAC's approach to FGM prevention and eventual elimination is geared to involve all categories of people in the community through group discussions and exchange of experiences on the FGM practice. Our most valued messages in preventing and eliminating FGM, is strongly built in revisiting and reviewing valued cultures and traditions; to find out which cultures deserve to be abandoned, and which ones should be promoted.

After ample time of free group discussions, participants come out with strategies for eliminating harmful traditions by training their daughters good cultures, (rites of passage without inflicting pain. The use of local cultures and customs, traditional dancing, singing and gift giving are encouraged during this training. In Kenya, Meru and Narok districts, the Maendeleo ya Wanawake organisation (MYWO), carried out a pilot project to develop an alternative ritual for initiation. Working with the community MYWO developed a "Coming of age" concept to describe the alternative celebrations, conducted a research on how parents and girls viewed and handled FGM. A number of peer educator sessions are being undertaken to empower girls to defend their decisions not to be circumcised, but to know their bodies, understand the consequences of FGM and the beneficial practices which were out of FGM ceremonies. This kind of training is very useful to the girls and parents, as it is done to replace FGM and retain education, celebrations and gift giving to girls.

In Dodoma IAC sees this as the best model and is dedicated to adopt this kind of training to parents and girls as a way abolishing FGM.

Monitoring and Evaluation

It is very important to evaluate the impact of programs following the implementation of 3 to 5 years of project life. However periodical monitoring and supervision of project activities are possible to evaluate change in knowledge, and awareness.

Measuring eradication or behaviour changes can be more complicated. Random sampling and self-reporting interviews may offer partial evidence of behavioral change but this is not verifiable without physical examination which may raise ethical issues". (Wallace Global Fund April 9, 1997)

WORKING STYLE OF THE COMMITTEE: COLLABORATION AND NETWORKING EFFORTS:

At its organisational level, activities are planned by the committee's executive secretariat, endorsed and adopted for implementation by the committee.

Dodoma IAC operates its activities by involving the Regional Commissioners, District Commissioner and the Regional Administrative Secretary District Executive Directors, and Grassroot level leaders.

The Dodoma Regional Commissioner, District Commissioners and the Executive Directors of Mpwapwa, Dodoma Rural and Dodoma urban give the Committee very strong support and assistance. They are called upon to do so. Some Members of Parliament, Divisional, and Ward and village Secretaries have also been very helpful in the campaigns. In such areas the campaign has also been supported by the people.

Early in 1996, Dodoma IAC and the Dodoma Regional Educational Officer organised a sensitisation seminar for all Primary School Head Teachers. This seminar resolved the following:

1. That all Head Teachers should educate school teachers and children; parents and the school committee about the hazards of FGM and,
2. That the subject of FGM be included in the school curriculum and that every school was expected to introduce a register of uncircumcised girls, to ensure that the uncircumcised girls were protected, a regular check up was going to be done at least twice a year in every school after school holidays.

Many primary schools implemented this resolution moreover, some primary school heads sent reports to the Committee on FGM cases in their schools.

At the village and ward level we work with the following individuals and institutions; vilage and ward authorities, i.e. village chairperson and executive officers, councillors, other political leaders and government employees i.e. teachers, health workers, agricultural livestock officers, etc traditional birth attendants, male and female circumcisers, community Religious leaders, NGO members, women, men and youth group leaders. Most important to our target groups are children (in school and out of school) who perform drama, poems, songs and plays during meeting, seminars celebrations and festivals, and are urged to educate and protect each other from FGM by reporting and refusing to undergo FGM.

- The modern media, for instance; the RTD Dar es Salaam, ITV, and the RTD Central Zone have done a commendable job in disseminating messages about our programme activities.
- SAKISTARS BAND has also done a very good share of work towards enhancing our struggle to the “cream class” (the National, Regional, District Policy makers) such as Parliamentarians, Councillors and other Politicians. SAKISTARS also disseminates messages about the health and human rights of women and children, to the Tanzania Community during National and International celebrations and festivals, to religious meeting and to her music lovers.

RECOMMENDATIONS

Female genital mutilation is a very deep and complicated tradition as it is considered to be a symbol and women's sexual identity; it causes immense health hazards combined with the social injustice it perpetuates, and has been a serious barrier to African as well as Tanzania development.

Anti-FGM programmes should be designed to eliminate only the harmful elements in the tradition while preserving the many reach beneficial elements of the tradition which often accompany the ritual practice.

Implementing agents originating from the indigeneous people is an added value for a more effective intervention programme considering FGM unique nature and magnitude.

- (1) We would like to call upon all human rights activists to unite and pull resources together to fight against this deadly practice.

To stage effective intervention programme collaboration, networking and intergrative approaches around the issue of FGM is vital.

- (2) Basic education and general education about the hazards of FGM is a key to successful intervention against FGM.

- FGM activist organisations should strive to take this education to the people in need at the grassroots and sensitize Policy makers (Mps, councillors and government Officials) for possible policy changes.
- The Ministry of Health should spearhead this campaign by introducing female genital mutilation education as compulsory subject into the Primary Health Basic Education Curriculum to be taught to all mothers attending MCH clinics.
- The cost sharing policy in primary school education, seems to affects negatively girls education in many regions of Tanzania, particularly Dodoma. In Dodoma region, parents would hesitate to pay for continued education for girls as they consider it a waste of the family's resources to educate a girl who would soon be a wife. Girls are therefore negatively socialised towards education let alone the cost sharing. This policy frustrates efforts of improving girls education which is the key to a better family welfare and a better Nation. In view of this the Ministry of Education should provide free education at least basic education for girls.

Moreover the Dodoma Regional and District Authorities should research on preferences to girls education and come up with a more concrete solutions on

how to strengthen girls education in the region.

3. Community based agents on FGM, work under very unfavourable conditions at the grassroots level as they are seen as anti traditionalists working against their traditional values, these people are threatened and harrassed moreover they walk long distance on foot, without any consideration (as an allowance for a meal) .

Organisations like Dodoma Inter African Committes also work under difficult conditions with a poor financial and material base. We call upon the government of Tanzania, Non governmental organisations at national, international levels to provide for the immediate needs of all NGOs and CBOs dealing with FGM intervention and other harmful practices.

4. Religious leaders should refer to their holy books to find out whether the FGM agony and lifelong sufferings that women and children undergo in the name of a tradition, is in favour of God's will to His people.
5. Men as heads of the families should explicitly speak out against FGM

END

Remember the fight against FGM is everyones responsibility men and women alike and all leaders at any level, because the effects of FGM negatively affect National social economic status. Please let us all join hands and step up the FIGHT.

Plenary Discussions:

It was pointed out that FGM as a tradition is so deep rooted in Dodoma that some parents bribe teachers and magistrates with livestock or money so as not to send them to court when they offer their daughters for marriage after FGM and sacrifice their education.

It was also pointed out that sometimes magistrates would not deal with FGM cases for small excuses like cases should be presented in English instead of Kiswahili thus frustrating the complainants.

3.2.2 Experience on FGM by Kilimanjaro Inter African Committee

This paper was presented by J. Chugulu, who cited Rombo, Hai, Mwanga, Same

and Moshi rural districts being the areas where the practice is commonly done. The presenter gave example of studies which they conducted at Chekereni 1995 and Kibosho 1997. The studies involved women and primary school girls. From the studies and experiences it was revealed that FGM was done from infancy to early adulthood. It was noted that school girls from six primary schools in Kibosho were aware that FGM is a common practice in that area. Health workers were mentioned to be taking the lead in performing the practice followed by traditional circumcisers and traditional healers.

The main reasons for the continuation of the practice were said to be: Promotion of tradition, essential for initiation rites of young girls, increasing opportunities for marriage, peer group recognition/influence, preventing Lawalawa disease and preventing prostitution.

Efforts which have been done by KIAC to eliminate the practice of FGM were: Mass sensitization campaigns to policy makers, religious and community leaders, parents, health workers, traditional birth attendants, mass media and traditional communicators. The group also trained village facilitators from Kibosho, Mashati, Rudungai and Siha who do house to house campaigns.

The presenter pointed out that during field work activities some Chagga from Kibosho, Uru, Rombo, Narum and Siha, Kamba, Gogo, Rangi and Masai were found to cherish the practice. In areas where these tribes happen to live together in the same community like Chekereni or Rundingai, they have been found to circumcise their girl children at a younger age such as weeks or months, claiming Lawalawa disease being the main reason.

Finally it was concluded that some of the community members realize that FGM is a traditional practice that has negative effects. To facilitate the elimination of the practice joint efforts are needed and people should get Information, Education on FGM and be made aware of the existing law against FGM.

Plenary discussions

During the plenary session the following issues were raised:

- It was evident that FGM is so deep rooted that circumcisers in Kilimanjaro were explaining openly how they do it despite the fact that they heard about the anti-FGM law.
- Participatory Rural Approach should be emphasized more and more in the campaign to help the people to look for solutions. Solutions should also look into other things like education for the girl child and reproductive health and putting equal value on both boys and girls.
- Research to be conducted targeting tribes and clans which practice FGM and help them to realize the harmfulness of this practice and thus stop it.
- There is a need to look into harmful traditional practices that have been eliminated, and see if their strategies can be used to eliminate FGM.

3.3.0 Gender Budget Initiative Female Genital Mutilation

This paper was presented by Ms. E. Binagi from Tanzania Gender Networking Programme (TGNP). She started her presentation by explaining her organization as a non-governmental organization that was registered in 1992 and started to operate since 1993. The main role of TGNP is to facilitate the achievement of women's empowerment through social transformation, gender equity and equality. Methods used to achieve the above role are animation, outreach, networking consensus building and action - oriented participatory research. TGNP has three major programmes namely Training and Outreach, Information creation and dissemination, and Activism, lobbying and Advocacy. The Gender Budget Initiative (GBI) falls under its Activism, lobbying and Advocacy Programme.

She continued to explain the socio-economic situation of Tanzania as compared to other countries in Africa that have been implementing Structural Adjustment Programmes in a bid to reduce economic stagnation and stimulate growth. On the other hand it has worsened the socio-economic position of women though women are the main source of labour force in agricultural production contributing up to 90.3%. They lack control over land, have limited access to agricultural extension services and credit facilities. It is obvious that the current economic

reforms are bound to not only exclude women but also further marginalize them, there is a major lack of gender approach in development processes, especially due to the macro-economic policies and budgeting in the country. Collected data for use in policy and budget development processes are not desegregated by gender, age locality and other characteristics making it difficult to assess and analyse gender disparities and monitor the impact of policies in reducing gender inequalities and poverty in the country.

Women and men due to their biological differences have different needs thus these differences have to be taken into consideration, as a result Gender Budgeting Initiative is necessary and aims at the following:-

- women's participation in policy-making and their exposure to management structures of public resources.
- examining the budgeting process in Tanzania so as to see how budgets are allocated and eventual utilization of budgeted resources'
- Gaging the impact, this allocation of resources has little impact on women and other groups such as youth and poor men within Tanzania.
- To lay the foundation of an effective consensus building campaign to influence the public, decision-makers and technocrats on the necessity of increasing resources budgeted for sectors where women are most found.

The GBI does not envisage a separate budget for women, youth and poor men, but rather on influencing the general planning and budgeting so as to focus on both gender's activities and needs.

In the health sector, women and men have different health needs, things like pregnancy: child bearing only affect women, women have more risk of some health problems due to harmful traditional practices they under went e.g. FGM.

Now that the country is implementing SAP, health services are no longer given for free, women and men must pay for such services. Although the government policy is to provide health service free for pregnant women and children but most women are forced to pay when they go to government hospitals to deliver.

Consequently women who underwent FGM are most likely to face health complications especially during delivery and thus pay more or lose the baby, mother or both.

The research findings revealed that most of government health budget was spent for preventive services rather than for curative, and a bigger portion was spent on wages and salaries; as a result the government health budget did not benefit the woman and other disadvantaged groups.

The presenter then suggested changes that can be done in the Government Health Budget in relation to FGM.

- The government has to allocate more money to the Ministry of Health.
- To know more about how the government is serving the health needs of victims of FGM. How many women and girls who have undergone FGM receive services and the types of service received.
- Ministry of Health has to allocate more money to cost effective services such as maternal and child health which will benefit many women including many who have undergone FGM.
- The government has to provide health services free to those who can not afford private services some of whom are girls and women who are FGM victims.
- The government has to take more affirmative action to the Ministry of Health and MCDWAC, to boost their efforts against FGM in all the regions that FGM is rampant.

The presenter then concluded by emphasizing that if there will be a fair share of the national cake the national budget should take care of the needs of both men and women; indeed FGM is one of the needs for women.

Plenary Discussion

During the plenary discussion the following points were highlighted.

- The informal education has to be introduced as many young girls and women are out of schools due to cost - sharing.
- Women have to be empowered so that they can influence the decision - makers.

- Cost - sharing in health sector contributes to the existence of FGM as the woman has to be helped by traditional birth attendants who circumcise them during delivery. Those who can afford go to government hospitals are lucky because they can escape FGM.

3.4.0 Female Genital Mutilation (FGM)

The Legal Point of View:

This paper was prepared and co-presented by Ms. Patricia Cheng a Lawyer from Tanzania Women Lawyers Association (TAWLA) and Mrs. About a lawyer from the Ministry of Justice and Constitutional Affairs. They highlighted various instruments which mention FGM as an illegal undertaking on women and girl children.

- Internationally, FGM is condemned because it is a violation of human rights of women and children; such instruments include
 - The universal Declaration of Human Rights of the United Nations (UN) convention on the Rights of the Child.
 - The Declaration of the Elimination of all forms of violence against women
 - International convention and civil and political Rights.
 - United National Convention on the Rights of the Child.
 - Convention against Torture and other cruelty, in human or degrading treatment or punishment.
 - The Beijing Declaration and Platform for Action.
 - The International Convention on the Economic Social and cultural Rights.
- Regionally, the African charter on the Rights and welfare of the child was mentioned as an instrument that encompasses rights for children which provides inter alia, that the best interest of the child shall be the primary consideration in all actions concerning the child undertaken by any person or authority.
- National Instruments include the constitution of Tanzania which provides in its preamble that it will ensure that all human rights are preserved and

protected. Highlights included right not to be subjected to torture or human treatment (articles 13 (6) (e).

The Sexual Offences Special Provisions Act, 1998 (Act No. 4 of 1998) has section 169 which mentions cruelty to children thus qualifying FGM as a criminal offence in Tanzania and punishable by a fine amounting to 600,000/= and/or imprisonment and payment of compensation.

In conclusion Ms. Cheng recommended that there is the need for a country-wide education/legal awareness on what a person should do to invoke the legal machinery by reporting to the police or the proper authorities for legal action to be taken. People should also be sensitized to change their attitudes towards FGM because the practice is more of an issue of tradition/culture which can not be changed over night.

Plenary discussions:

During the plenary, it was emphasized that apart from reporting the cases people must change and consider FGM as an act of cruelty to women and children; and law enforcers (police and judiciary) should be supportive in handling FGM cases.

3.5.0 GROUP DISCUSSIONS

The Conference was then broken into groups according to regions with participants as follows:-

Group 1: Participants from Kilimanjaro, Planning Commission and Radio Tanzania.

Group 2: Participants from Arusha, Prime Minister's Office and Press Society of Tanzania (PST).

Group 3: Participants from Dodoma, Ministry of Education and Culture

Group 4: Participants from Singida, Ministry of Health and Daily News.

Group 5: Participants from Morogoro, TAWLA and NIPASHE.

Group 6: Participants from Iringa, Ministry of Justice and Constitutional Affairs and Majira.

Group 7: Participants from Mara, Tanzania Gender Networking Programme (TGNP), Radio Free Africa (RFA) and Ministry of Community Development, Women Affairs and Children.

Their task was to respond to the following question and prepare a presentation of their discussions.

Question For Discussion:

After listening to all the paper presentations, discussions and considering the experiences we have heard and our own experiences; what steps can we take to eliminate FGM at the following levels:

- (a) Family/household
- (b) Villages
- (c.) Ward
- (d) District
- (e) Region
- (f) Nation

Groups came up with the following presentations:-

Group 1: Kilimnjaro Region

MIKAKATI YA KUONDOKANA NA MATATIZO YA KUWATAHIRI WANAWAKE / WATOTO WA KIKE:

FAMILIA/KAYA

- (a) Elimu ya familia/kaya elimu itolewe kwa kutenga makundi (marika) yaliyopo katika familia, - vijana, wanawake wazee na watoto; kazi ya kugawa makundi ifanyike kutegemeana na hali ya mazingira au makabila.
 - Familia ielimishwe FGM ni nini.
 - Elimu ya viungo vya uzazi na kazi zake.
 - Madhara ya kutahiri wanawake
 - sheria inasemaje
 - Majukumu ya kuzuia e.g. uamuzi wa kukataa na kuelimisha

wengine.

- (b) Sherehe za kuwafanyia watoto wa kike kama dalili ya kukua zifanywe bila kuwepo na tendo la kumtahiri na kufanyike uhamasishaji wa kina kwa marika mbali mbali ili sherehe zifanyike bila kumtahiri msichana.
- (c) Yale maeneo ambayo bado yanafanya tohara kwa watoto wachanga elimu itolewe na ufafanuzi wa sheria inayokataza vitendo hivyo.
- (d) Utolewe umuhimu wa elimu kwa watoto wa kike hasa yale maeneo ambayo bado hayathamini elimu kwa wasichana e.g. maeneo ya Wamasai.
- (e) Familia/Kaya zielimishwe kuendeleza na kuzithamini mila na desturi nzuri zenye kuleta maendeleo.
- (f) Katika kuelezea madhara ya FGM yaende sambamba na utoaji wa elimu juu ya magonjwa ya zinaa, mimba za umri mdogo, na ndoa za mapema.

UMASKINI NA NGARIBA

Baadhi ya watumishi wa Afya wamejiingiza kwenye kuwatahiri. Hawa wapewe elimu kuhusu madhara ya kumtahiri mwanamke na sheria inasemaje. Aidha watumishi wa afya watumike, kuwaelimisha wananchi kwenye ngazi ya familia madhara ya ku tahiri.

- Endapo kazi hii watumishi wa afya wanaifanya kwa ajili ya kuongeza kipato, washauriwe kutafuta njia nyingine ya kuongeza kipato
- Mangariba wa jadi wapewe elimu kuelezea madhara yatokanayo na kumtahiri msichana/mwanamke.
- Mangariba watumike kuelezea madhara hayo kwa wazazi/wahusika
- Mangariba washauriwe kujiunga na vikundi vya uzalishaji ili kuongeza kipato.
- Mangariba wa jadi waelimishwe kuhusu sheria inayokataza ukatili dhidi ya wasichana/wanawake.

2. Kijiji/Mtaa/Kitongoji

- Kamati mbalimbali za kijiji zielimishwe kuhusu suala zima la kuwatahiri wanawake/wasichana.
- Kamati zifuatilie matukio ya kutahiri, madhara yaliyopatikana, utekelezaji

wa sheria zinazokataza tendo la kutahiri kwa wanawake na wasichana. Wahusika wafahamike na kuwe na kumbukumbu za taarifa za kutahiri katika kijiji.

- Viongozi wa dini, Viongozi wa Kijiji, na Wazee waelimishwe.
- Wanafunzi na waalimu mashuleni waelimishwe madhara ya kutahiri.
- Watumishi wa Idara ya Afya ngazi ya Kijiji waelimishwe kuhusu madhara na sheria inayokataza mambo ya kutahiri.
- Vikundi vya wasani viundwe ili vitumike katika kutoa ujumbe unaohusiana na madhara ya kutahiri wanawake/wasichana.
- Katika ngazi ya kijiji umma uelimishwe, na viongozi wa Dini watumike katika kutoa elimu ya pamoja ili kuondokana na mila potofu katika kijiji.

3. **Kata**

Viongozi wa Serikali katika ngazi ya kata (WDC) waelimishwe na kuhamasishwa kuhusu masuala ya kutahiri wanawake pamoja na sheria inayokataza.

- Kamati ya Ulinzi ya Kata ielimishwe kuhusu sheria zinazokataza kumtahiri msichana/mwanamke. Kamati ishirikiana na jamii katika kuwashughulikia watu wanaokiuka sheria hiyo.
- Katika ngazi ya Kata kuundwe Kamati itakayofuatilia masuala ya kutahiri i.e. WDC, akiwemo Kiongozi wa dini iliyoepo katika jamii husika.

Wilaya:

Uhamasishaji wa Viongozi katika sekta/taasisi mbali mbali katika ngazi ya wilaya ufanyike.

- Kuundwe mtandao wa kudhibiti tohara kwa wanawake ili kuweka umoja madhubuti wa kuzuia vitendo vya tohara kwa wanawake kwa maeneo yote ya wilaya.
- Polisi waelimishwe ili watakapohitajika katika kuwashughulikia wahusikao na kutahiriwa wanawake wafikishwa kwenye vyombo vya sheria.

Health Workers.

- Kamati ya Uongozi ya Afya ya Wilaya (DHMT) Waelimishwe, wahamasishwe na wafuatilie kwa karibu masuala ya kutahiri wanawake/wasichana.

- Taasisi zisizokuwa za Kiserikali (NGOs) zinazotetea haki na na masuala ya kijinsia ziunde mtandao ili zisaidiane na Kamati za Vijiji, Kata, wilaya kupiga vita kuwatahiri wanawake/wasichana.

Mkoa

Viongozi wa ngazi ya Mkoa wahamaishwe na kuzongwa kwenye suala zima la kuwatahiri wanawake na wasichana ili waweze kutoa msimamo wa kimkoa unaokataza kuwatahiri wasichana na wanawake na msimamo wao uweze kufuatiliwa kwa utekelezaji.

- Waelimishwe kuhusu sheria na nafasi yao katika kutekeleza
- Taasisi za Kiserikali na zisizo za Kiserikali kama waandishi wa habari, wanasheria, NGOs n.k. washirikishwe kwenye masuala ya kuzuia tohara kwa wanawake.

Taifa

Taifa liandae Sera za kutokomeza kuwatahiri wanawake/wasichana.

- Ufanyike ufuatiliaji katika kutekeleza mikataba ya Kimataifa iliyoridhiwa na nchi yetu kuhusiana na masuala ya kuwatahiri wanawake e.g. WHO.
- Regional plan of Action for elimination of FGM iandaliwe na itumike kikamilifu katika mikoa inayohusika..
- Iundwe National Committee ya kuharakisha utekelezaji wa kukomesha tohara kwa wanawake. Isimamiwe na Wizara ya Maendeleo ya Jamii, Wanawake na Watoto.

N.B: IEC materials which will be area specific should be prepared for all levels. This calls for research.

Group 2: ARUSHA REGION

Kwa kuwa suala la tohara kwa wanawake/wasichana ni la siku nyingi na limeota mizizi katika jamii nyingi hapa nchini, Mkoa wa Arusha unapendekeza mambo kaadhaa na hatua zinazopaswa kuchukuliwa ili kukomesha mila hii yenye madhara kwa wanawake.

Mapendekezo haya ni kama ifuatavyo :-

Katika ngazi ya Kaya/Familia

- * BABA kama kichwa cha familia aelimishwe kwanza juu ya madhara yatokanayo na kutahiri wanawake/wasichana.
- * MAMA Pia anapaswa aelimishwe kwa kuhakikisha kuwa wasichana wanakuwa wasafi muda wote na wanavishwa nguo safi ili kuwakinga na magonjwa ya kuambukizwa kama vile “lawalawa” ambao ndio ugonjwa unaopelekea baadhi ya makabila mengi nchini kuwatahiri watoto wa kike kwa kisingizio cha ugonjwa huo.
- * WATOTO wao pia wapewe elimu ili wawe na maamuzi juu ya miili yao. Watoto hawa wakishakuwa na elimu wataitumia kupinga mila ambazo zinaweza kuwaletea madhara kama hii ya kutahiri wanawake/wasichana.

Vijiji na Vitongoji

- Wazee wa mila/koo (ma-laigwanani) waelimishwe juu ya madhara yanayoweza kutokea kwa kina mama/wasichana pindi watakapokuwa wametahiriwa.
- Elimu itolewe kwa njia ya mabango, sinema na mikutano ya mara kwa mara n.k.
- Viongozi wa madhehebu mbali mbali wakemee katika mihadhara yao ya kidini.

Kata/Wilaya (Serikali za Mitaa)

- Watumishi wa serikali na Madiwani wawe msitari wa mbele kupinga kutahiriwa wanawake/wasichana.
- Madiwani wasitumie suala la kuwatahiri masilahi yao ya kisiasa.
- Baadhi ya madiwani wanashindwa kukemea suala la kutahiri kwa kina mama/watoto wa kike katika maeneo yao ili kusudi wasinyimwe kura.
- Kwa hiyo madiwani waelimishwe juu ya hatari hiyo.
- Halikadhalika ziwewe sheria ndogo ndogo zitakazowabana madiwani na watumishi wengine wa Serikali watakaoshindwa kukemea kuwatahiri wanawake/wasichana.
- Wilayani kuwepo maafisa maendeleo ya jamii watakaosimamia kwa kikamilifu vita dhidi ya kuwatahiri wanawake/wasichana.

Ngazi ya Mkoa/Taifa

- Sheria ya makosa ya kujamiiana ya mwaka 1998 itumike kikamilifu isiishie kwenye makaratasi.
- Uongozi uandae semina nyingi iwezekanavyo zitakazowahusisha wawakilishi kuanzia ngazi ya kijiji ili kuzungumzia madhara yatokanayo na Tohara kwa wanawake/wasichana na namna ya kutokomezamila hiyo potofu.
- Wizara husika kama Wizara ya Afya na Wizara ya Maendeleo ya Jamii Wanawake na Watoto, zishiriki kwa karibu zaidi ikiwa ni pamoja na kufadhili programu zinazohusu vita dhidi ya kuwatahiri wanawake/wasichana.
- Madaktari/Wauguzi watakaodhibitika kuhusika wachukuliwe hatua kali ikiwa ni pamoja na kufukuzwa kazi.
- Washiriki wanaohudhuria Semina wasibaki na elimu wanayoipata, badala yake waitoe kwa jamii inayowazunguka.
- Elimu ya madhara yatokanayo na kuwatahiri wanawake/wasichana iingizwe kwenye "mitaala" ya shule.

GROUP 3: DODOMA REGION

Hatua Zinazofaa Kuchukuliwa Katika Kutokomeza Mila ya Kutahiri Mtoto wa Kike.

Ngazi ya Familia

Kuielimisha familia - Madhara ya Kutahiri Mwanamke

- (a) Kuanzia baba, mama watoto.
- (b) Vikundi vya Makanisani - Misikitini
 - vya akina mama
 - vya vijana
 - vya akina baba
- (c) Mikutano ya watu wote kijijini
- (d) Kutoa Semina kwa Viongozi wa Kaya au Msemaji Mkuu wa Kaya.
- (e) Kuwaelimisha watoto wenyewe walioko mashuleni.

- (f) Elimu hii iwe mojawapo ya masomo yatolewayo mashuleni.
2. **Ngazi ya Kijiji/Mtaa/Kitongoji**
- (a) Kuelimisha Viongozi wa Vijiji (Serikali)
 - (b) Kuelimisha Viongozi wa madhehebu
 - (c) Kuelimisha Viongozi wa Vikundi vya akina mama
 - (d) Kuelimisha Viongozi wa Wazee Maarufu Kijijini
 - (e) Kutumia Vipeperushi, mabango katika mitaa ya kijiji inayohamasisha - kusitisha mila ya kutahiri mwanamke
 - (f) Kushirikisha shule katika kuandaa vikundi vya Sanaa za nyimbo, ngoma, maigizo, ili kuelimisha jamii.
3. **Ngazi ya Kata.**
- (a) Kuihusisha Kata katika kusimamia Sheria ya kumdhalilisha mtoto wa kike.
 - (b) Kuhamasisha wananchi - waweze kutokomeza umaskini kwa kutumia mazingira ya rasilimali zilizopo - kilimo, ufugaji - uboreshaji wa pembejeo n.k.
4. **Ngazi ya Wilaya:-**
- (a) Kutunga sheria ndogondogo za kuzuia uendelezaji wa mila hii.
 - (b) Kufanya utafiti ili kutunza Takwimu ya watoto ambao hawajatahiriwa na kuendelea kufanyia tathmini ya mara kwa mara.
 - (c) Wilaya isimamie - watoto kukaguliwa mara kwa mara watokapo likizo - au kijamii (wahusika - waalimu - wahudumu wa Afya - M.C.H.)
5. **Ngazi ya Mkoa**
- Kuitisha mikutano, warsha za Kamati zilizoko kwenye mtandao wa FGM
 - Kutoa Semina - kwa vikundi mbali mbali - Mahakimu
 - Kuandika vitabu vya kuelimisha jamii kuhusu madhara ya mila hii.

GROUP 4: SINGIDA REGION

Lengo: KUTOKOMEZA KUTAHIRI WANAWAKE NA WATOTO WA KIKE MKOA WA SINGIDA

Ngazi	Tatizo	Utekelezaji	Wahusika
Kaya/Familia	Kutoelewa kuwa Kutahiri ni tatizo	<ul style="list-style-type: none"> - Kuwatambua walioathirika kwa kutumia rejesta za wazazi katika kila kituo kinachotoa huduma za afya - Kuwatambua na kuwapata wawezeshaji wa ngazi ya kijiji ambao watawatembelea na kuelimisha familia/kaya. - Kuziwezesha kaya/familia kujitengenezea mabango yao wenyewe na usanii (vibuyu, vipeyu, visonzo, nyimbo, ngoma n.k. 	<ul style="list-style-type: none"> - Watumishi wa ugani - Uongozi wa Kijiji - Familia/ Kaya
Kijiji	Kutoelewa kuwa Kutahiri ni tatizo	<ul style="list-style-type: none"> - Kuwashirikisha wanakijiji wote kwa kutumia vikundi mbali mbali k.m. akina mama akina baba, vijana wake kwa wanaume, wazee n.k. - Majadiliano - Pawe na ufuatiliaji wa karibu wa viongozi wa kijiji. - Kutoa taarifa ngazi ya Kata 	<ul style="list-style-type: none"> - Viongozi wa Kijiji - Wanakijiji
Kata	Kutoelewa kuwa Kutahiri ni tatizo	<ul style="list-style-type: none"> - Kuwatambua/kuwapata wawezeshaji ambao watasimamia vijiji katika kutokomeza kutahiri wanawake suala la kutokomeza kutahiri wanawake liwekwe kwenye mipango ya Kata (WDC). - Ufuatiliaji katika ngazi ya kijiji. - Kutoa taarifa Wilayani 	<ul style="list-style-type: none"> - Viongozi wa Kata (WEO, Diwani Watumishi wa Ugani)
Wilaya	Kutotilia mkazo utokomezaji wa FGM	<ul style="list-style-type: none"> - Kuwahamasisha Viongozi wa Wilaya kuhusu suala la utokomezaji tohara kwa wanawake na watoto wa kike kwa kutumia Full Council. - Katika kuweka mipango yao ya wilaya ilenge namna ya kutokomeza kutahiri (FGM). - Pawe na ufuatiliaji wa karibu na kutoa taarifa mkoani. - Kufanya utafiti kuona ukubwa na sababu za tohara (Operational Research 	<ul style="list-style-type: none"> - RMCH, SWO/ CDO - Viongozi wa Wilaya Wataalam wa tasisi husika.

Mkoa	Kutotilia mkazo utokomezaji wa FGM	- Kuwahamasisha Viongozi wa Mkoa kuhusu kutokomeza kuwatahiri wanawake. - Ufuatiliaji na ushauri katika ngazi ya Wilaya. - Kuratibu shughuli zote za utokomezaji FGM Mkoani	- RMCHCO, SWO -Viongozi wa Mkoa.
Taifa	Kutotilia mkazo utokomezaji wa FGM	- Kufanya utafiti katika mikoa mbali mbali ili kupata kiini cha FGM - Kuweka mazingira mazuri ya Sera na sheria zinazowahusu wanawake na watoto wa kike. - Kuiwezesha mikoa katika kutokomeza FGM.	Wizara husika

GROUP 5: MOROGORO REGION

Mikakati ngazi ya Kaya

- Kuelimisha wazazi kuhusu mila potofu ya kutahiri wanawake.
- Kushirikisha kwa ukamilifu akina baba katika suala hili.
- Wazazi na ndugu wawaelimishe vijana kuhusu suala la Afya ya uzazi na mtoto na kuelezwa madhara ya kutahiri.
- Vijana pia wawaelimishe wazazi kuhusu matatizo yanayotokea kutokana na kutahiri e.g. UKIMWI n.k..
- Watoto wa kike waelimishwe na kuhamasishwa kukataa kutahiriwa.
- Walengwa ni pamoja na wazazi, watoto, walimu, vikundi vya hiari na wataalam walioko kijijini.

Ngazi ya Kijiji

- Serikali yenyewe ihamasishwe kuhusu tatizo la kutahiri.

- Serikali ya Kijiji itunge sheria ndogo ndogo ya kuwabana wazazi na ngariba.
- Serikali ya Kijiji imchukulie hatua kali mtumishi yeyote wa afya atakayebainika akitahiri katika kituo cha afya.
- Vikundi vya hiyari, taasisi mbali mbali k.m. shuleni, zahanati na madhehebu ya dini vijibidisha kuelimisha jamii.

Ngazi ya Kata.

- Viongozi waelimishwe km. Madiwani, Katibu Watendaji n.k. kuhusu madhara ya kutahiri wanawake.
- Kata ijiwekee mikakati ya kupambana na tatizo hili.
- Mahakimu wa Mahakama za Mwanzo wajibidisha kufahamu sheria za nchi zinazopitishwa kuhusiana na tatizo hili.
- Kuwepo Kamati ya Ufuatiliaji katika suala zima la kutahiri.
- Watoto wapewe elimu juu ya suala hili.
- NGOs na vikundi mbali mbali vinavyotoa huduma katika ngazi ya Kata vipewe msaada wa fedha na vifaa wa kugharamia mafunzo.
- Mangariba watakaoacha shughuli hizi wapewe msaada wa kuwawezesha kiuchumi na watumike katika kuwaelimisha na kuwahamasisha wananchi kuhusu madhara ya kuwatahiri wanawake na wasichana.
- Sheria ziundwe ili kuweza kusimamia kupambana na tatizo hili katika ngazi ya Kata.
- Kuwe na ufuatiliaji wa taarifa kuhusu FGM katika ngazi zote.

Ngazi ya Wilaya

- Viongozi wapewe mafunzo ya mara kwa mara kuhusiana na suala hili.
- Wilaya ifuatilie kwa karibu zaidi mtiririko wa taarifa katika ngazi zote.
- Wilaya isimamie sheria zote kuhusiana na masuala ya kujamiana na kutahiri.
- Wilaya iandae mabango pamoja na ujumbe mbali mbali kuhusiana na jamii za eneo lao.
- Serikali ihamasishe NGOs na vikundi mbali mbali vilivyoko katika Wilaya hizo kuhusika katika tatizo hili na kusaidia kifedha, usafiri n.k.

- Wataalam mbali mbali walioko wilayani washirikiane katika kutatua tatizo hili.

Ngazi ya Mkoa.

- Mkoa uziwezesha Wilaya kufanya shughuli hizo kwa kutoa misaada mbali mbali na kuweka mazingira mazuri ya kufanikisha suala hili.
- Upokee taarifa na kuzisambaza ngazi mbali mbali zinazohusika.
- Kutafuta rasilimali k.m. fedha vifaa n.k.
- Kutoa utaalum katika ngazi za wilaya kuhusiana na kutahiri wanawake.
- Mahakama na vyombo vyote vya dola visimamie kikamilifu suala hili.
- Wataalam wa ngazi ya mkoa wawezeshwe kufanya utafiti ambao utasaidia kuboresha mbinu za kutokomeza tatizo hili.
- Mkoa uhamasishe NGOs zilizoko katika ngazi mbalimbali kuhusiana na suala hili.

Ngazi ya Taifa

- Itoe miongozo sera na kuhakikisha kuwa zinawafikia watendaji.
- Serikali ihamasishe wafadhili na vikundi mbali mbali vilivyoko Wilayani katika kutoa fedha na misaada katika suala la kutahiri wanawake.
- Serikali iendeele kuridhia mikakaba ya kimataifa katika kuitungia na kurekebisha sheria.

GROUP 6: IRINGA REGION

HATUA ZINAZOTAKIWA KUCHUKULIWA KATIKA NGAZI MBALI MBALI ILI KUTOKOMEZA KUWATAHIRI WANAWAKE

Mambo Muhimu ya Kuzingatia:

- (i) Education Campaign at all levels
 - (ii) Networking: e.g. religious groups, NGOs
 - (iii) Monitoring & Evaluation at all levels
- (a) **Ngazi ya Familia**
- Elimu kwa familia nzima juu ya athari za kuwatahiri wanawake, pia elimu

ya sheria mpya.

- Waathirika wasitengwe na familia pamoja na wale ambao hawajatahiriwa.
- Elimu ya unyango bila jando isisitizwe.

(b) **Kijiji**

- Uwekwe umuhimu mkubwa kwa watendaji wa vitongoji hadi Kijiji kupewa mafunzo ya lazima juu ya athari za kuwatahiri wanawake pamoja na sheria inataka nini (sheria mpya ya 1998). Pia watu mashuhuri wahusishwe katika mafunzo hayo.
- ziundwe Kamati za vijiji ili kufuatilia na kusimamia utekelezaji.
- Upashanaji wa habari kati ya kijiji na kijiji juu ya kutokomeza vitendo vya kutahiri; ili kuzuia kuenea kwa vitendo hivyo zaidi.
- Waliokwishatahiriwa wasitengwe, na wale wasiofanyiwa wasitengwe pia.
- Ngariba watambuliwe kwa majina, wafunzwe athari za kuwatahiri wanawake, pia koo (clan) zinazopenda kuwatahiri wanawake zipatiwe mafunzo ya lazima.
- Ngariba watumiwe kama wahamasishaji (watoe ushuhuda) wa athari za kutahiri wanawake. Pia washirikishwe kwenye Kamati za Vijiji.
- Wanaume washirikishwe katika kupiga vita kutahiri wanawake.
- Kamati isimamie utekelezaji na kutoa taarifa za matukio ya kutahiri wanawake kulingana na sheria. Hivyo kuwepo chombo cha kupokea taarifa hizo.

(c) **Kata**

- Elimu juu ya Sheria itolewe,
- lundwe Kamati ya kuzuia kutahiri wanawake
- Utambuzi wa ngariba, familia au koo
- Kuwahamasisha wananchi na kupokea taarifa za utekelezaji wa zoezi zima.
- Kutahiri wanawake iwe mojawapo ya Agenda za vikao mbali mbali vya Kata, mabaraza ya Kata.

(d) **Wilaya**

- Elimu juu ya sheria itolewe.
- Kamati ya Wilaya iundwe ili kufuatilia na kuzuia mila ya kuwatahiri wanawake na wasichana
- Taasisi mbali mbali zishirikishwe katika kupiga vita mila hii.
- Halmashauri za Wilaya Miji na Manispaa zitenge fedha zitakazotumika kusimamia utekelezaji wa kutokomeza mila ya kuwatahir wanawake.
- Vyama vya siasa, vikundi vya Dini, Wabunge na watu Mashuhuri waelimishwe na watumike katika kupiga vita mila hii.
- Utaratibu wa kupokea taarifa na kufanya utafiti kwa ngazi zote za chini uwepo na uzingatiwe..
- Kuzitunga na kuzitumia sheria ndogo ndogo zinazoendana na Sheria Mama No.4 ya 1998 ya makosa ya kujamiiana.
- Ushirikishwaji wa vyombo vya Habari pamoja na vikundi vya sanaa ni muhimu sana katika kuhamasisha umma.
- Kutahiriwa wanawake kuzungumzwe katika Kamati ya Afya ya Mkoa(DPHCC).

(e) **Mkoa**

- Elimu na sheria visisitizwe.
- Kamati ya mkoa iundwe ili iratibu jitihada za wilaya.
- Taasisi mbali mbali zishirikishwe.
- Halmashauri za Wilaya Miji na Manispaa zitenge fedha zitakazotumika kusimamia utekelezaji wa kutokomeza tohara.
- Vyama vya siasa, vikundi vya Dini, Wabunge na watu Mashuhuri waelimishwe ili washiriki kikamilifu katika mapambano haya.
- Utaratibu wa kupokea taarifa na kufanya utafiti kwa ngazi zote za chini uwepo na izingatiwe.
- Kuzitunga na kuzitumia sheria ndogo ndogo zinazozoendana na Sheria Mama No.4 ya 1998.
- Ushirikishwaji wa vyombo vya Habari pamoja na vikundi vya sanaa

ni muhimu sana katika kuhamasisha umma.

- Kutahiriwa wanawake kuzungumzwe katika Kamati ya Afya ya Mkoa (RPHCC).

(f) Taifa

GROUP 7: MARA REGION.

Community Development

Ngazi ya Familia/Kaya

- Tatizo hili lizungumzwe wazi kwa wazazi na wahamasishwe kukataa kutahiri watoto wao wa kuke. Wazazi wawaelimishe watoto kuhusu madhara yatokanayo na kutahiri na wawe na msimamo.
- Wazazi wawasomeshe watoto wa kike.
- Wazazi wasiwaoze watoto wa kike mapema/katika umri mdogo.
- Wazazi wasiwageuze watoto wa kike kama kitega uchumi kwa kuwaoza ili wapate mahari.
- Waondokane na imani potofu kuhusiana na sexuality ya wanawake.

Kijiji/Kitongoji/Mitaa

- Monitoring tatizo zima la FGM katika kijiji chao, kuangalia nani anatahiriwa - umri gani, ngariba ni akina nani.
- Viongozi wa Serikali ya Kijiji wanaweza kuweka sheria ndogo ndogo na kuelimisha jamii.
- Waelimishe wanavijiji na viongozi wa mila na desturi madhara ya FGM.
- Viongozi wa kijiji wachukue hatua kwa wale wote watakaokiuka sheria ndogo ndogo za kijiji.
- Viongozi wa dini wawe mstari wa mbele kuelimisha waumini wao kuhusu madhara yatokanayo na FGM.
- Vikundi vya Sanaa vya Jadi/Makanisa/Kisiasa, vielimishwe na vihamasishwe ili vitumike kuelimisha jamii.
- Wanakijiji wote washirikiane kutoa taarifa endapo FGM inafanyika.

- Wanakijiji waelimishe kuhusu sheria mpya inayokataza FGM.

Kata

- CBOs zifanye FGM ni mojawapo ya agenda zao kwenye mikutano yao ya jamii.
- Viongozi katika ngazi ya Kata washiriki kuelimisha jamii kuhusu madhara ya FGM
- watunge sheria za kuzuia FGM na kusiamia utekelezaji wake.

Wilaya

- Utafiti ufanyike kujua uzito wa tatizo Kiwilaya.
- Ngazi ya Wilaya isimamie VHW's ngazi zote kuhakikisha hawajihusishi katika kutahiri watoto.
- Uongozi uwe mstari wa mbele, vile vile uwe suportive katika shughuli zote za Kampeni ya kutokomeza FGM
- Uongozi wa Wilaya utenge fedha kwa ajili ya kampeni ya kutokomeza shughuli za FGM.
- Uongozi wa wilaya ufuatilie na kusimamia shughuli zote za kutokomeza FGM.
- Uongozi wa Wilaya usimamie vyombo vya ulinzi na sheria kuhakikisha kesi zote za FGM haki inatendeka.
- Kutengeneza vifaa vya kuelimishia (I.E.C. materials).

Mkoa

- uongozi wa Mkoa usimamie kampeni ya kutokomeza FGM katika Mkoa.
- Mkoa uhimizwe ufanyikaji wa utafiti kuhusu FGM.
- Mkoa uwe mstrari wa mbele kusimamia sheria zinazohusu kutokomeza FGM
- Viongozi wa Mkoa watoe hamasa ngazi ya Wilaya ili kutokomeza FGM

Kitaifa

- Kuratibu shughuli zote za FGM nchini.
 - Wizara ya Sheria
 - Wizara ya Maendeleo ya Jamii, Wanawake na Watoto
 - Wizara ya Afya.
- Kutengeneza vifaa vya kuelimishia (IEC materials).
- Utengenezaji wa sera mbali mbali uzingatie masuala ya kijinsia na ikiwezekana iwepo sera inayohusu FGM.
- National Resource Allocation ifanywe from gender perspective.
- Wizara ya Maendeleo ya Jamii, Wanawake na Watoto/Afya/Sheria ikutanishe au iandae events zinazokutanisha Actors wote katika FGM, nchini na nje ya nchi.

3.6.0 **DECLARATION**

Dodoma Declaration on Violence against women and a girl child and FGM in particular.

We, the participants at the National Conference on Female Genital Mutilation (FGM) as a forum which is against violence against women and girls, held in Dodoma Tanzania November, 16, 1999 declare as follows:-

- (a) Having observed that FGM has serious negative health and human rights implications on women and girls;
- (b) Noting that women and girls in Tanzania are victims of FGM;
- (c) Confirming that FGM has neither Christian nor Islamic origin;
- (d) Concious that FGM is a violation of International instruments we have ratified.

We hereby strongly condemn the continuation of FGM in Tanzania.

We commit ourselves to the continued struggle to eradicate FGM in our regions and in the whole of Tanzania.

Recommend

- (a) To Government to enforce the sexual offences Special Provisions Act which clearly states that FGM is a criminal offence.

- (b) To donor agencies and government at all levels to allocate more resources to support the efforts of NGOs, CBOs in educating the people and boosting their efforts to eradicate FGM.
- (c) To existing programmes, to incorporate issues of FGM in their activities.
- (d) To religious and influential leaders, to support and step up campaigns aimed at freeing women and girls from FGM.
- (e) The government at all levels, to guide and coordinate the FGM eradication process by putting in place a National Strategy and an Action Plan to eradicate FGM.
- (f) The government to establish a National Committee on Traditional Practices so as to speed up the elimination of FGM.

6. **Closing**

The Forum was closed by the Director of Community Development Eng. L. G. Msimbe by thanking all participants and organizers for active contributions and enabling the forum to proceed as planned.

He emphasized that since FGM is a problem which is accelerating poverty in our country particularly in the regions where FGM is rampant, there is a need of involving the community, religious and influential groups in the struggle against it instead of relying on the government alone.

7. **AFTER OFFICIAL BUSSINESS**

Anti FGM Evening

After the closing ceremony there was anti FGM evening which was educational entertainment organized by DIAC. This was performed by traditional dramas from Mtumba Primary School, Ntyuka and Michese IAC grassroot committees. The main objective of having these anti FGM groups is to facilitate the passing of message to the community through singing and dancing. This approach is useful during the sensitization of the communities on FGM because the messages reach the people through the type of entertainment they like most.

Before the performance by the traditional groups the Chairperson of DIAC Mrs. Columba Mapembe expressed her sincere appreciation for the good coopersation all tha participants had shown during the conference deliberations and hoped that one day our girls will enjoy life in an FGM-free Tanzania. She also thanked the Officials of Dodoma, District Commissioners of Dodoma Urban and Rural, MCDWAC, Religious Leaders, Media and all those who had in one way or another contributed to the success of the conference. Mrs Mapembe paid special tribute to UNFPA for their generous support in the struggle against FGM in Tanzania and in Dodoma region in particular. She finally wished all the participants a safe journey back home and a more vigorous effort against FGM.

**HOTUBA YA UFUNGUZI YA MKURUGENZI WA MAENDELEO
YA JAMII BWANA LEONI MSIMBE KWA NIABA YA KATIBU
MKUU MAMA MALALE KATIKA MKUTANO WA KITAIFA
WA KUKEMEA MILA YA KUWATAHIRI WANAWAKE
ULIOFANYIKA DODOKA KATIKA KUKUMBI
WA CCT TAREHE 16/11/1999**

Ndugu Wajumbe,

Napenda niwakaribishe katika mkutano huu ambao unakusudiwa kuzungumzia suala nyeti la kuwatahiri watoto wa kike na wanawake. Napenda kuamini kwamba kuja kwenu ni ishara ya wazi kwamba mmepokea wito wa kujadili suala hili kwa upendo na kuchukua mila hiyo potofu ya kuwatahiri wanawake. Naamini kuwa majadiliano yetu yatakuwa yenye manufaa na yenye kuleta mwelekeo mzuri katika kuwaokoa watoto wa kike na mila hiyo ambayo kwa hakika imepitwa na wakati katika taifa letu.

Napenda hapa mwanzo kabisa niwashukuru wenzetu wa Shirika la Umoja wa Matiafa la Idadi ya watu (UNFPA) kwa msaada wao wa kifedha ambao umetuwezesha sisi Watanzania kukaa hapa na kubadilishana mawazo, umetuwezesha kutafakari tatizo ambalo linatusibu. Kwa hiyo kwa niaba yenu na kwa niaba ya Serikali kwa ujumla naomba niwashukuru sana kwa msaada huo. Mwaliko wetu ulikwenda pia kwao lakini inaelekea hawakupata muda wa kuja kushirikiana nasi. Lakini naamini shukrani hizi zitawafikia.

Ndugu wajumbe, tunachokijadili hapa ni kutahiri au ukeketaji wa sehemu za siri za wanawake. Katika kujadili suala hili yafaa tuende kwenye mambo ya kimsingi. Jambo hili kwanza linakiuka haki za binadamu kwa sababu unamtendea mtu kitu ambacho kinamletea madhara katika maisha yake. Ukisoma vizuri Azimio la Umoja wa Matiafa la Haki za Binadamu kitu chochote utakaochokifanya wewe kupunguza haki za mtu mwingine utakuwa unamnyima haki yake ya msingi. Kwa hiyo sio jambo rahisi kusikia tu mitaani habari za ukeketaji tukaliona hivi hivi na kulinyamazia jambo hili ambalo linakiuka haki za binadamu. Sasa kwa vile mambo ya haki za binadamu yanaangaliwa zaidi yakifanywa kwa ukubwa kwa mfano pale ambapo watu wanawekwa ndani bila sababu za msingi hapo ndipo yanasemwa kwa sauti. Hizi tunaziita dharura

zinazosikika ambazo zinaonekana kwa kila mtu. Haya ya ukeketaji yanafanywa ndani ya jamii zetu na wale wakubwa wanaopigia kilele haki za binadamu hawayaoni vizuri. Inawezekana kwao sio jambo lenye maana kwa sababu hawayoani vizuri, hayana siasa ndani yake. Lakini humu humu ndani na sisi pia tunaheshimu haki za binadamu tunatakiwa tuyaone katika mtazamo huo kwamba kuendeleza mila za namna hiyo ni kuendeleza ukiukwaji wa haki za binadamu na hasa ukiukwaji wa haki za wanawake na hasa haki za watoto wa kike, mimi ningependa jambo hili tulione hivyo.

Napenda pia nilizungumzie jambo hili nikilihusisha na suala la umaskini. Unapompunguzia mtu au unapomtia mtu dosari ya kiafya maana yake unamfanya asiwe kama alivyokuwa na kwa hiyo vitu vingine hawezi kufanya vizuri. Kwa mfano, kwa vile alifanyiwa ukeketaji anajifungua kwa taabu na anachukua muda mrefu kupona na hivyo kuchelewa kufanya kazi nyingine za maendeleo na kwa namna hiyo jambo hili litatuendelezea umaskini pia.

Wakati tunajitambulisha nilisikia watu wanasema kuwa wao ni watu wa mila na desturi kutoka sehemu fulani. Jambo la kimila ni jambo ambalo liko katika desturi zetu. Nataka niwaambie jambo moja kwamba ukikumbatia sana mila sio rahisi kuondokana na umaskini. Ukitazama katika maandiko mbali mbali utaona kwamba kuna jamii za aina mbili zenye tofauti kubwa: moja ni ile ambayo inafuata mila na desturi na nyingine ni ile ambayo inafuata mambo ya kisasa. Jamii hizi mbili zina tofauti kubwa sana. Hii ya kisasa inafanya kila jambo wakiwa wanatoa sababu ya kulifanya jambo hilo lakini jamii ya kijadi inafanya vitu vingi kwa sababu vilikuwa vinafanywa hivyo tangu zamani bila kutoa sababu na kujiuliza kama kweli ni lazima kuendelea kuvifanya kwa mtino huo. Jamii ya kisasa inafanya mambo ikiwa na sababu za kisasa hivi sio kwa sababu tu babu, bibi na mjomba waliopita walikuwa wanafanya. Kwa upande mwingine, katika jamii za kijadi hivi ni vitu vya kawaida.

Tatizo lingine katika jamii za kijadi ni kuamini katika kurithi. Mtu anaonekana mzuri katika jamii za kijadi kwa kuwa ameweza kuzingatia mila na desturi zao ambazo ni pamoja na haya ambayo tunayapiga vita leo. Katika jamii za kisasa hawaamini katika kurithi bali kila mmoja anaamini katika kutafuta mwenyewe. Katika jamii za kisasa,

watoto wakifika umri wa miaka 16 kila mmoja anajiendela vyake bila kujali baba yake anapata nini au anakula nini. Kinyume chake ni kwamba sisi tunaendelea kuwa watiifu ili tuweze kurithi. Hili nalo linatufanya tusijishughulishe katika kuondokana na umaskini. Kwa hiyo hapa utaona wazi kwamba ukikumbatia mila basi nafasi yako ya kuingia katika jamii ya kisasa ni ndogo sana kwa sababu wewe unaamini zaidi katika urithi. Hatusemi kwamba wale walio katika jamii za kisasa hawana mila zao lakini ni kwamba hawatawaliwi nazo tofauti na wale wa kijadi ambao wanatawaliwa na mila zao. Kwa vile sote tunajitahidi kwenda kwenye jamii za kisasa hatuna budi kuyaacha mambo hayo na kama hatuayaachi maana yake ni kwamba hatua ya kwenda kule kwenye mengine hatujaianza. Kwa ujumla wake ni kwamba kutokuyaacha mambo hayo hakutatusaidia hata katika juhudi zetu za kuondokana na umaskini kwani mambo hayo yaathiri watu wetu kiasya na pia yanatufanya kubweteka kwa sababu tunasubiri kurithi badala ya kufanya vitu ambavyo vinaweza kutuendeleza.

Ziko sheria ambazo Serikali inajaribu kuziweka kama vile ile ya makosa ya kujamiiana ambayo kwa kiasi fulani inajaribu kugusa jambo hili. Lakini ni sheria gani ambayo itakwenda kugusa mpaka ndani ya nyumba ya mtu? Haya mambo ni ya mila na desturi, yanafanywa kwa kujificha na hata polisi hajui, utamkamata lini huyu mtu mpaka umpeleke mbele ya sheria? Tena kule wanakofanya wanajitahidi kuficha ili wale wanaosimamia sheria wasiweze kujua. Kwa hiyo jambo la namna hii mahali pake pa kwanza pa kupigwa vita sio sheria iliyotungwa na Serikali bali ni kubadilika kwa fikra kwa wananchi wenyewe. Haya mambo yanafanyika katika nyumba za watu, katika koo za watu na kwa hiyo watu hawa wasipoona, hata Serikali ifanyeje basi umuhimu wa kuacha vitu hivyo hautaonekana kwa sababu watu wanangoja mpaka polisi waone. Kwa hiyo pamoja na Serikali kuweka sheria kubwa zaidi ni kubadilika kwa fikra zetu. Tuyaone haya mambo kama ni maovu kama vile tunavyokataa ujinga, kama vile tunavyokataa umaskini basi na haya pia tuyakatae. Tukikataa hivyo basi naamini vita hivyo vitaanzia pale pale ndani. Iwapo katika familia baba atakataa binti yake kutahiriwa tutakuwa na haiika kwamba jambo hili tunaweza kulidhibiti. Lakini iwapo baba atakuwa anauliza kama kwa nini binti yake bado hajapelekwa kutahiriwa basi hata kama Serikali itafanyaje hatutafika popote. Kwa hiyo mkono wa Serikali hautakuwa na nguvu kubwa kama sisi wenyewe hatutabadilika.

Yako mambo mengi ambayo yalikuwepo katika nchi hii, yalipigwa vita na sasa yanabadilika pole pole lakini yako mengine hatuwezi kusubiri sana. Kadiri tunavyokwenda katika karne ya 212 hatuwezi kusubiri miaka ile ile kama tulivyokuwa tunasubiri mwanzo. Kwa mfano kule mwanzo tulikuwa tunaweza kusubiri labda mwaka 1961 mapka miaka ile ya sabini na, ndiyo tunazungumzia elimu kwa wote (UPE) sasa hivi hatuna nafasi hiyo. Kama wale walio katika jamii za kisasa wanatembea basi sisi ni lazima tukimbie.

Kwa hiyo katika mkutano huu moja ya maswali ambayo ningependa tuyatafakari ni: tufanye nini kitakachotusaidia kuleta mabadiliko ya fikra katika jamii zetu ili tuondokane na mambo haya haraka? Aidha ni vizuri pia katika mkutano huu kuweka namna ambayo tutalifuatilia jambo hili. Tuseme nani watakaotusaidia kubadilisha fikra; yanaweza kuwa mashirika yasiyo ya Kiserikali, inaweza kuwa Serikali yenyewe lakini kwa kutumia wtu fulani fulani, lakini ni vema tuwe na utaratibu ni jinsi gani mambo haya yatatekelezwa badala ya kuyasema katika mikutano na kuyaacha hapa hapa. Tunaosema leo tuko hapa na miongoni mwetu inawezekana wanaathirika lakini wengi zaidi wanaofanya haya hawako hapa je, tutakayoyajadili humu yatawafikiaje? Tunashukuru kwamba vyombo vyetu vya habari vinajitahidi kuwafikia wengi lakini bado wako ambao hawafikiwi je, ni nani atawafikia hao huko ambako vyombo vya habari havifiki na nini kifanywe ili kuwawezesha hawa kufika huko? Haya ni baadhi ya maswali ambayo ni lazima tuayazingitie katika mkutano huu na tuayatafutie majibu.

Nimezungumzia jambo hili katika upande wa haki za binadamu na kwa upande wa umaskini kwa makusudi ili kuliweka jambo hili lionekane katika mfumo wa kisasa ili lisiwe nalo likawa ni la kijadijadi bali tulione katika maisha ya kisasa yaani ukiukaji wa haki za binadamu na kuondoa umaskini.

Baada ya kusema hayo, ndugu wajumebe mimi naomba tutakiane mkutano mzuri, kila mmoja ajaribu kuchangia vile ambavyo yeye anavifahamu ili tujaribu kutafuta njia ya kwenda mbele.

Nawashukuru sana kwa kunisikiliza.

Ahsanteni sana.