



WOMEN'S INFORMATION
CENTRE

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WIC NEWS

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Women's Information Centre

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FROM WIC'S MANAGEMENT

Dear readers,

We are happy to present you the issue no. 11 of the WIC News Bulletin.

In this number under *Issues* we present you two articles: one on Malaria in Pregnancy, with information about the recommended actions to be taken in order to reduce malaria prevalence and its consequences among pregnant women, and the second one on Vocational training in Tanzania, giving indication about institutions where these kind of training is provided.

In the section *The Ministry in Action* the articles are providing information about a number of activities where the ministry was involved. The first article is about the Seventh Meeting of Commonwealth Ministers Responsible for Women's Affairs, where the Permanent Secretary of the MCDGC represented the Ministry and where a new Commonwealth Plan of Action for Gender Equality 2005/2015 was discussed for adoption hopefully at the next Commonwealth Heads of Governments meeting. The second article describes the efforts in place in Tanzania towards the Eradication of Female Genital Mutilation. The third article contains a summary of the gender issues in the MCDGC 2004/2005 budget speech by the Hon. Minister Dr. Asha Rose Migiro.

The *WIC Documentation Centre* section offers, as usual, some advices for those readers interested in further readings on the issues presented in this number, by listing books and website links related to all the subjects of the number.

Attached is the monthly acquisition bulletin of WIC documentation centre for the month of July. We would like to remind our readers that the catalogue of the documentation centre is available online in the MCDGC website: <http://www.mcdgc.go.tz>.

Your comments and suggestions are very welcomed.

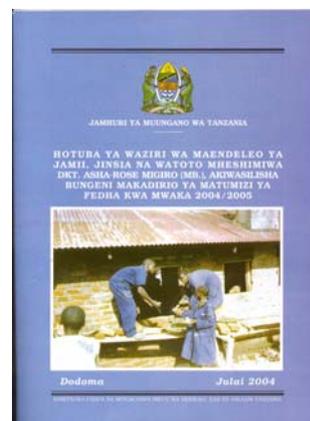
Enjoy the reading.

WIC management



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The MCDGC 2004/2005 budget speech

TREATING MALARIA IN PREGNANCY

ISSUES

In Africa, 30 million women living in malaria-endemic areas become pregnant each year. For these women malaria is a threat both to themselves and their babies, with up to 200 000 newborn deaths each year.

Pregnant women are particularly vulnerable to malaria as pregnancy reduces a woman's immunity to it, making her more susceptible to the infection and increasing the risk of illness, severe anemia and death. For the unborn child, maternal malaria increases the risk of spontaneous abortion, stillbirth, premature delivery and low birth weight, a leading cause of child mortality. The problem has long been neglected, but new approaches and commitments offer hope for reducing the burden of malaria in pregnancy and improving the health of mothers and newborns.

Protecting Pregnant Women

Based on available evidence, the World Health Organization (WHO) recommends a three-pronged approach to the prevention and management of malaria during pregnancy:

- (1) Insecticide- treated nets (ITNs)
- (2) Intermittent preventive treatment
- (2) Effective case management of malarial illness

Sleeping under ITNs remains an important strategy for protecting pregnant women and their newborns from malaria-carrying mosquitoes. In addition, in areas of high and moderate transmission of plasmodium falciparum malaria (the most prevalent type of malaria in Africa), an intermittent treatment with an anti malarial drug is another cost effective means of preventing malaria in pregnancy. The current recommendation is to give at least two doses of a safe and effective anti malarial, such as sulphadoxine-pyremethamine to all pregnant women living in these areas. In areas of low or unstable malaria transmission, pregnant women have low immunity to malaria and a two- to three-fold higher risk of severe malarial illness than non-pregnant women. In these areas, use of ITNs and prompt case management of pregnant women with fever and malarial illness are the main strategies for malaria prevention and treatment.

Delivering Malaria Intervention Through Antenatal Care

About two thirds of pregnant women in sub-Saharan Africa attend antenatal clinics at least once during pregnancy, a major opportunity to prevent and treat malaria. The aim is to deliver this package, especially intermittent preventive treatment, to pregnant women as part of their routine antenatal care, using and strengthening the existing antenatal care infrastructure. This strategy is now an integral part of the WHO *"Making Pregnancy Safer"* initiative, which aims to strengthen antenatal services and provide preventive measures, treatment, care and counseling to improve all aspects of health in pregnant women and their newborns.

At the first *"African Summit on Malaria"* in Abuja, Nigeria in 2000, African heads of state committed to providing effective malaria interventions to at least 60% of pregnant women by 2005. To achieve this goal, several challenges to be overcome were identified.

Delivery of malaria intervention through antenatal clinics in Africa needs to be widespread. This approach is currently the exception rather than the rule. However, large -scale programmes are now being developed, and several African countries are reviewing their policies in light of the WHO recommendations. A few have already adopted the strategy as a policy.

In Tanzania, malaria is the leading cause of death for many more people as compared to HIV and AIDS. 18 million people suffer from malaria every year, which means that in every two people, one gets malaria once per year. The government of Tanzania has declared total war to malaria, also because it is decelerating the progress of economic development. Due to poor living conditions, the majority of Tanzanians suffer from malaria a preventable disease that can have a serious negative impact on pregnant women and young children. Malaria is the number one killer among children in Tanzania. Mothers who contract malaria during pregnancy run the risk of having low birth weight babies, maternal anemia, impaired fetal growth, spontaneous abortions, stillbirths, and premature babies.

“ Pregnant women are particularly vulnerable to malaria as pregnancy reduces a woman's immunity to malaria”

CONT.

In 2001 the United States Agency for International Development (USAID) initiated a program to revise the national guidelines for treating malaria during pregnancy and to strengthen health services for pregnant women. Working in collaboration with the Ministry of Health, USAID assisted in developing new guidelines and implementing them in three initial target regions in Tanzania, Arusha, Manyara and Iringa.

The program uses the Focused Antenatal Care (FANC) a comprehensive care approach for pregnant women that provides intermittent presumptive treatment (IPT) services in early detection and management of diseases such as malaria; and counseling on health promotion, initially in the three target regions. The new guidelines include the practice of using anti malarial drugs that prevent and control the effects of malaria on mothers and their unborn children. This approach is helping to ensure that more women are protected from contracting the disease during pregnancy.

The program quickly expanded beyond the initial three target regions. In just under two years, the guidelines have been adopted nationwide. According to the Tanzania National Malaria Control Program, the coverage of women receiving IPT using the anti malaria drugs during clinic visits increased from 29% in 2001 to 65% in 2003. This increase is due to multiple influences including the development of national FANC guidelines and the FANC package used for in service training. USAID continues to encourage the use of FANC practices in health facilities to ensure that Tanzania reaches its targeted goal of 80% coverage by 2005.

Major issues of concern still have to be addressed in Tanzania. These include drug resistance and the safe and appropriate use of different antenatal drugs during pregnancy. As resistance to anti malarial drugs increases, the challenges of treatment and prevention of malaria among pregnant women becomes greater. Research in this area is therefore a high priority. There is also a need for research to develop prevention strategies for women residing in areas of low unstable transmission, and in areas where plasmodium vivax type of malaria as a problem in pregnancy. Pregnant women who do not attend antenatal clinics or who attend only for the visit or too late during pregnancy need to be reached. New strategies will be required to encourage these women to attend antenatal care early and consistently.

Within the Roll Back Malaria Global Partnership, WHO works with governmental, nongovernmental, and bilateral donor agencies to overcome challenges, meet the Abuja goal and reduce the burden of malaria in pregnancy. The availability of insecticide-treated nets, effective intermittent preventive treatment and a means of delivery through antenatal clinics, provides a unique opportunity that must be taken to protect the millions of African women who become pregnant each year, and their babies.



VOCATIONAL TRAINING IN TANZANIA

ISSUES

The Women's Information Centre (WIC) is offering a pilot service for young women known as Women's Information Window (WIW). The service helps women with medium and high level educational background to look for job, training and scholarship opportunities inside the country and abroad.

Among the services offered to WIW clients one is the provision of information on training. This article aims at summarizing information about vocational training in Tanzania.

Vocational training is a type of training whose main objective is preparing people for work; yet vocational training should not only train people for all types of work and their modalities but also for community life in order to understand social and working relations and to act in a transforming way. Thus, it could be said that vocational training means both training for work and training for citizenship.

People who take part in vocational training activities should be able to understand working conditions and the social environment.

In Tanzania, there is a multitude of organizations dealing with the provision of technical/vocational education and training. The Ministry of Education and Culture (MOEC) runs diversified secondary schools as post-primary training centers and teacher training colleges; the Ministry of Science, Technology and Higher Education (MOSTHE) operates non-university training centers; the Ministry of Labour and Youth Development (MOLYD) administers vocational training centers and the Ministry of Community Development Gender and Children (MCDGC), parastatals and churches run training institutions.

The MCDGC has 58 Vocational education training colleges which are known as FOCAL DEVELOPMENT COLLEGES (FDCs), started in 1975 for job creation and poverty reduction in rural areas. Most of these FDCs are rural based.

The following are the three types of courses provided by all FDCs:

Long courses

These courses take three months to two years. Their main objective is to equip trainees with skills and knowledge for self employment. The courses include carpentry, masonry, tailoring, mechanics, electrical installation and computer course.

Short courses

These courses take one to nine days, and are provided upon specific demands from trainees, they are tailor-made courses. For instance courses on irrigation, HIV education, environment and forestation. The objective is to equip trainees with skills and knowledge to solve immediate problems and to identify the available resources for their life.

Outreach courses

These are normally short courses that involve groups of women, young or old people. The objective is to improve life standard of the people. All colleges must give HIV/AIDS courses and Gender courses.

The Anatoglo FDC in Dar es Salaam, Sengerema FDC, Bigwa FDC and Mamtukuna FDC also provide training for disabled people. Most of them (about 90%) are mentally disabled. These colleges enroll a total of 74 disabled people, including blind, albino and physically disabled people.

Among the institutions providing vocational training, VETA is the most known and biggest. It started as Vocational Training Division (VTCD) and was then changed into vocational Education and Training Authority (VETA) and has grown into an important institution that many enterprises in the country particularly industries, now depend upon for most of their competent and reliable workers. It has the responsibility of coordinating, regulating, financing and providing vocational education and training in the country. The VETA website for search in Tanzania is: <http://www.vetadsm.com>

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COMMONWEALTH AND GENDER EQUALITY

THE MINISTRY
IN ACTION

“The theme was Advancing Gender Equality in the Commonwealth and at the end they adopted a draft of a new Commonwealth Plan of Action for Gender Equality 2005/2015”

The Commonwealth Ministers responsible for women's affairs held their meeting in Nadi, Fiji islands from the 30th of May to the 2nd of June 2004. The theme of their meeting was *“Advancing Gender Equality in the Commonwealth”* and the adoption of new Commonwealth Plan of Action for Gender Equality 2005/ 2015.

The Permanent Secretary to the Ministry of Community Development, Gender and Children, Mrs Hilda Ausi Gondwe, who attended the meeting, gave more details in her report on The Plan of Action (POA) which will be forwarded to the Commonwealth Heads of Governments Meeting (CHOGM) next year for endorsement.

In a report on the Seventh Meeting of Commonwealth Ministers Responsible for Women's Affairs (7WAMM), Mrs Gondwe said “Despite all measures undertaken to improve the status of women during the past decade at the national and international levels, there are still challenges and obstacles that need to be addressed for the purposes of advancing the status of women and eventually bring about gender equality.”

The Commonwealth Plan of Action is therefore a complementary framework for advancing gender equality and development for the post Beijing decade. It aims at consolidating and building on the outcomes of the Beijing Platform for Action 1995/2005 and the Commonwealth Plan of Action 2000/2005, which are both coming to an end, rather than starting on new areas. If approved by CHOGM next year, the Plan of Action will complement the efforts to realize the Millennium Development Goals and the New Partnership for Africa Development (NEPAD) objectives.



Winston Cox, Deputy Secretary-General with Adi Asenaca Caucau during the 7WAMM

It is important to note that both initiatives have adopted a gender mainstreaming strategy with a view to ensuring that women, who form more than 50% of the population of any society, are central in the process of bringing about gender equality and eventually sustainable development.

It is within this context that the Plan of Action focuses on critical areas such as democracy, peace and good governance, economic empowerment and poverty eradication, HIV and Aids and human rights and the rule of law. Capacity building and institutional strengthening components will form an integral part of strategies for the implementation the Plan of Action in response to the challenges of realizing gender equality based on the principles of democracy, good governance, human rights and sustainable development.

Immediately after the approval of the plan, “it will remain the responsibility of the Ministry of Community Development, Gender and Children and its partners to translate it into the national context with a view to mainstream it into the various National Medium Term Plans for implementation during the next decade (2005/2015)”, Mrs Gondwe said. Regarding the enhancing of the plan, it will remain the responsibility of respective countries to mobilize funds for the implementation of the PoA. The role of the Commonwealth secretariat will be to coordinate and follow up the implementation of the PoA.

ERADICATION OF FEMALE GENITAL MUTILATION IN TANZANIA

THE MINISTRY
IN ACTION

Tanzania is one of the countries in which Female Genital Mutilation (FGM) is still practiced. In Tanzania, FGM represent a culturally rooted practice, which is used to socialize girls into prescribed roles within the community and the family.

In the regions where it is practiced, i.e. Dodoma, Arusha, Kilimanjaro, Singida, Mara, Iringa-Morogoro, it is strongly supported by the elders, the families and the girls themselves. According to the Tanzania Demographic Health Survey (TDHS) of 1996, more than 18% of women undergo FGM every year, but the actual extent of the problem is not fully known because of the reluctance of some communities to talk openly about the subject. Arusha and Manyara regions are leading with 81%, Dodoma with 67%, Mara 43%, Kilimanjaro 36.8%, Iringa 27% and Singida 25%.

TDHS data further reveals that a total of 1,214,769 women between the ages of 14/49 have been genitally mutilated. It is also noted that many of such women are between the ages 15/19 years. Tribes practicing FGM include Maasai, Gogo, Kurya, Pare, Chagga, Nyaturu and Hehe. The most common type of FGM practiced is excision of the clitoris and the labia minora, accounting for up 80% of all cases, the most extreme form, infibulations, constitutes about 15% of all FGM procedures practiced in Tanzania.

There have been efforts in Tanzania to eradicate the practice. The Parliament passed the Sexual Offences (Special Provisions Act) 1998 that amends the penal code and makes the practice of FGM on anyone under the age of 18 illegal, and rules that the persons mutilating children are subject to prosecution. The act stipulates that mutilating children is a violation of children's rights therefore subject to prosecution. If proven guilty, a mutilator or a cutter is charged between 5/15 years in jail or repayment of a fine amounting to Tanzanian Shilling 300,000.

Several studies carried out in Tanzania show that, despite the enactment of the law, FGM still prevails in many communities. This is mainly because the practice is deeply rooted and is highly supported by men, the elderly, the incisors and even the girls themselves. There are reports of young girls going against their parents wishes and being mutilated hoping to get presents and to be accepted by their peers.

The government has recognized that the practice of FGM is a human rights violation and, in accordance with international standards, has taken the first steps towards its eradication. Through the Ministry of Community Development, Gender and Children, the government has initiated several programmes to raise awareness on this harmful traditional practice by using both traditional leaders and local governments leaders.

The government also ratified the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) in 1985, which prohibits FGM among other things. Moreover, the government is signatory to the Beijing Declaration and its Platform for Action of 1995 and the SADC declaration on Gender and Development together with its addendum on the prevention and eradication of Violence Against Women and Children.

The Women and Gender Development Policy (2000) provides for guidelines on how to effectively sensitize the Tanzanian community to stop harmful traditional and cultural practices such as FGM.

The National Health Policy also provides guidelines on how to accelerate the elimination of FGM and other harmful practices for women. At the same time the government has put in place a National Plan of Action to Eliminate FGM (2000) and Tanzania is a member to the Eastern African Network on the Elimination of FGM. The Tanzanian chapter was inaugurated in December 2001.

Some NGOs have launched educational and awareness-raising campaigns. The Inter- Africa Committee and Amnesty International have been particularly active and have developed educational and training materials. Other NGOs like AFNET, TAMWA and TAWLA are doing a lot of work around the country and others are struggling with how to approach the issue. There is the need to coordinate educational and advocacy plans in Tanzania. A strategy needs to bring together those working from a legal perspective, those working from a community development perspective and those working from a medical perspective.

“There have been efforts in Tanzania to eradicate the practice. The Parliament passed the Sexual Offences (Special Provisions) Act of 1998”

GENDER IN THE MCDGC 2004/2005 BUDGET SPEECH

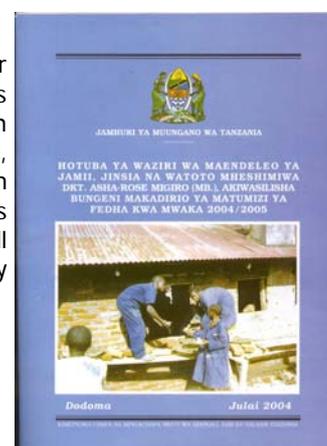
THE MINISTRY
IN ACTION

Presenting before the National Assembly her Ministry's 2004/2005 budget, the Minister for Community Development, Gender and Children (MCDGC), Hon Dr Asha Rose Migiro (MP), spoke about the efforts to enhance gender development in Tanzania.

Below is a summary of the main issues raised in the budget speech by Hon Dr Asha Rose Migiro (MP), during the parliament session in Dodoma. The full text of the budget speech is available in the MCDGC website at <http://www.mcdgc.go.tz>.

“Hon Migiro said that efforts are underway to establish an Organ, in the form of a commission, which will unite all women irrespective of their political ideologies and other differences”

- The *MCDGC is finalizing a National Strategy for Gender Development*. The strategy will enable stakeholders to have a common perspective in the implementation of gender issues in order to accelerate equality and will define the role of each stakeholder in its implementation
- To achieve the objectives of the *National Strategy for Gender Development*, Hon Migiro said that her Ministry decided to establish a *Gender Desk* in each ministry, region, district, council, independent department and all government institutions. To date, 83 out of 171 proposed gender desks have been established. The desks are links between relevant sectors and the parent Ministry in follow up of implementation of gender development nationwide
- *The Policy on Women and Development* was reviewed in 2002 to allow to adopt a more gender focus. It was renamed *Policy on Women and Gender Development*, with a new focus calling for all development sectors to mainstream gender issues in policy, planning and in decision making. Within this framework all government sectors are required to consciously work towards mainstreaming gender equality objectives by taking into account women and men's needs, contribution and impact on policies, plans and budgets in order to enhance women's participation in policy, planning and decision making
- Hon Migiro said that efforts are underway to establish an *Organ*, in the form of a commission, which will unite all women irrespective of their political ideologies and other differences, and a steering committee has been formed to oversee its establishment
- Tanzania has been in the frontline for the implementation of *regional and international conventions* including the Convention on Elimination of All Forms of Discrimination Against Women, (CEDAW ratified by Tanzania in 1985) and the SADC gender development protocol, to ensure 30% of decision making positions held by women by 2005. In Tanzania the targets are close to be achieved: women represent 15% of cabinet ministers, 28% of deputy ministers, 24% of permanent secretaries, 10% of regional commissioners, 18% of district commissioners and 38% of civil servants
- In the area of women's economic empowerment, efforts are underway to establish *women's banks* to provide credits to women entrepreneurs to raise their income and enhance poverty reduction struggle. This is in addition to financial support from various donors including the Equal Opportunity for All Trust Fund (EOTF)
- Regarding the *Women Development Fund (WDF)*, the Minister said that the Ministry has made several efforts to follow up on its use. The follow up shows that there is a technical problem which the Ministry will have to solve: the funds were not used properly, the money was given to ineligible people, there were delays in the reimbursement of loans and a weak monitoring of the funds to the district council level. She promised that her Ministry will continue to design different programmes which will help many women



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Pictures:
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represent the views of the
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