



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 13 of the WIC News Bulletin.

On this *issues*, we present an article on the Increased Awareness of the Gender Issues in Society and another on the International Conference on FGM, Developing a Political, Legal and Social Environment to Implement the Maputo Protocol.

On the *Ministry in Action*, we bring you two articles, one is on the Understanding the Causes of Maternal Mortality and Morbidity. The other article on this section focused on the Computer course for 16 WIW clients of the Women's Information Window (WIW).

The *Documentation Centre* section continues to provide our readers with suggestions for further reading and for websites to visit.

Your comments are welcome.

Enjoy the reading,

WIC Management

## AN INCREASED AWARENESS OF GENDER ISSUES IN SOCIETY

ISSUES

The Minister for Community Development, Gender and Children, Hon Dr Asha Rose Migiro (MP), has said that through the various courses supported by the Training Fund For Tanzanian Women (TFTW) there has been an increased awareness of gender issues, not only among women or TFTW trainees, but also in the society in general.

Hon Migiro made the remarks at the presentation ceremony of the Training Manuals of TFTW to the Canadian High Commissioner to Tanzania, His Excellency Mr. Andrew McAlister in Dar es Salaam.

She said that women have been specifically empowered by the training courses in that their capacity in the formal as well as in the informal sector have been enhanced. They have also been able to build their own self-confidence and the confidence of society in women's capability. She added that it is not only a question of capacity, since also lack of confidence pulls women behind.

Hon Migiro added that the type of training that characterized phase 1 of the project was followed up by phase 2 in 1998. Phase 2 was complementary and supportive to other Tanzanian initiatives to empower women and to enhance their participation in decision-making positions.



*Hon Dr ASha Rose Migiro, chats with His Excellency Mr. Andrew McAlister the Canadian Ambassador during the presentation of TFTW manuals.*

Apart from complementing government policy on women's empowerment, phase 1 was also linked to CIDA major priorities such as the gender equality development programmes and the Africa and Middle East branch policy framework, both of which aimed at finding more innovative ways of increasing gender equality and gender equity in Tanzania.

Receiving the training manuals, the Canadian High Commissioner, Mr. Andrew McAlister, said that TFTW was not an easy project, since it was not an ordinary scholarship programme. He said that he is aware that the project implementing unit had many steps to follow in identifying suitable candidates, and to their great credit, they did so as evident from the results in terms of number of beneficiaries now holding key decision-making positions including at the top political levels.

His Excellency the Ambassador said that he knows well that the management of the project was mainly made of women in both phases of the project, which is a further proof of the very strong capacities that exist among women in Tanzania.

He further pointed out that it is very satisfying to see such important progress in building women's capacity for positions of leadership, which will enable Tanzania to make full use of all of its people, to benefit from its full human potential to fight poverty and build a stronger society. He added that he was pleased that one of the final products of this project was to receive six training manuals, as well as a directory of TFTW Alumni 1990-2003. Three hundred copies of each have been produced for use in the colleges under the care of the Ministry of Community Development, Gender and Children, as well as in other Ministries and Institutions which have an interest in developing the capacities of both women and men. Since the establishment of the TFTW, the fund has trained more than 2,300 women at the post-graduate, undergraduate, diploma and certificate levels. The courses were offered in Tanzania, the East, Central and Southern Africa regions, the United Kingdom and Canada. A total of 1482 women were trained in various skills through group programmes.

**“ Women have been specifically empowered by the training courses their capacity in the formal as well as in the informal sector have been enhanced.”**

## UNDERSTANDING THE CAUSES OF MATERNAL MORTALITY AND MORBIDITY

ISSUES

Tanzania's maternal mortality rate continues to rise at an unacceptability high level. Maternal mortality figures vary widely by source and are highly controversial, the best estimates for, Tanzania suggest that roughly between 7,500 and 15,000 women and girls die each year due to pregnancy related complications. Additionally, many more women and girls will suffer from disabilities caused by complications during pregnancy and childbirth each year. According to population reference bureau of 2002.

The tragedy and opportunity is that most of these deaths can be prevented with cost effective health care services. Reducing maternal mortality and disability depends on identifying and improving those services that are critical to the health of Tanzanian women and girls, including antenatal care, emergency obstetric care, adequate postpartum care of mothers and babies, and family planning and STI/HIV/AIDS services. With this goal in mind, the maternal and neonatal program is the too that reproductive health care advocates, providers, and program planners can use to:

- Assess current health care services.
- Identify program strengths and weaknesses.
- Plan strategies to address deficiencies.
- Encourage political and popular support for appropriate action.
- Track progress over time.

According to the sources Population reference bureau of 2002, health care programs to improve maternal health must be supported by strong policies, adequate training of health care providers, and logistical services that facilitate the provision of those programs. Once maternal and neonatal programs and policies are in place, all women and girls must be ensured equal access to the full range of services.

Maternal mortality refers to those deaths that are caused by complications due to pregnancy of childbirth. These complications may be experienced during pregnancy or delivery itself, or may occur up to 42 days following childbirth.

For each woman who succumbs to maternal death, many more will suffer injuries, infections, and disabilities brought about by pregnancy or childbirth complications, such as obstetric fistula. In most cases, however, maternal mortality and disability can be prevented with appropriate health interventions.

Some of the direct medical causes of maternal mortality include hemorrhage or bleeding, infection, unsafe abortion, hypertensive disorders, and obstructed labor. Other causes include ectopic pregnancy, embolism, and anesthesia-related risks conditions such as anaemia, diabetes, and malaria; sexually transmitted infections (STIs), and others can also increase a woman's risk for complications during pregnancy and childbirth, and thus are indirect causes of maternal mortality and morbidity.

Since most maternal deaths occur during delivery and during postpartum period, emergency obstetric care, skilled birth attendants, postpartum care, and transportation to medical facilities if complications arise are all necessary components of strategies to reduce maternal mortality. These services are often particularly limited in rural areas, so special steps must be taken to increase the availability of services in those areas.

Efforts to reduce maternal mortality and morbidity must also address societal and cultural factors that impact women's health and their access to services. Women's low status in society, lack of access to and to control over resources, limited educational opportunities, poor nutrition and lack of decision making power contribute significantly to adverse pregnancy outcomes. Laws and policies, such as those that require a woman to first obtain permission from her husband or parents, may also discourage women and girls from seeking needed health care services particularly if they are of a sensitive nature, such as family planning, abortion services or treatment of STIs.

**“Tanzania  
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mortality rate  
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high level.”**

CTN..

ISSUES

Traditional practices that affect maternal health outcomes include early marriage and female genital mutilation. Many women in sub-Saharan Africa marry before the age of 20. Pregnancies in adolescent girls, whose bodies are still growing and developing, put the mothers and their babies at risk for negative health consequences.

Female genital mutilation is a practice that involves removing all or part of the external genitalia and/ or stitching and narrowing the vaginal opening. The practice is common in some parts of Africa and the Middle East. Social, Cultural, religious, and personal reasons support persistence of this practice. Some of these reasons include maintaining tradition and custom, promoting hygiene or aesthetics, upholding family honor, controlling women's virginity until marriage. Many women and girls who undergo female genital cutting or infibulations, experience health problems including hemorrhage, pain, infection, perineal tears, and trauma during childbirth. They often also experience psychological and sexual problems.

The consequences of maternal mortality and morbidity are felt not only by women but also by their families and communities. Children who lose their mothers are at an increased risk for death or other problems, such as malnutrition. Loss of women during their most productive years also means a loss of resources for the entire society.

Their families and communities feel not only by women but the consequences of maternal mortality and morbidity also. Children who lose their mothers are at an increased risk for death or other problems, such as malnutrition. Loss of women during their most productive years also means a loss of resources for the entire society.

Ensuring safe motherhood required recognizing and supporting the rights of women and girls to lead healthy lives in which they have control over the resources and decisions that impact their health and safety. It requires raising awareness of complications associated with pregnancy and childbirth, providing access to high quality health services antenatal, delivery, postpartum, family planning and eliminating society on harmful traditional practices.

***“Traditional practices that affect health outcomes include early marriage and female genital mutilation”***

## INTERNATIONAL CONFERENCE ON FGM: DEVELOPING A POLITICAL, LEGAL AND SOCIAL ENVIRONMENT TO IMPLEMENT THE MAPUTO PROTOCOL

THE MINISTRY  
IN ACTION

The Kenyan Government and No Peace Without Justice (NPWJ) held a three-day conference in Nairobi, Kenya on Female Genital Mutilation (FGM) from the 16<sup>th</sup> to the 18<sup>th</sup> of September 2004.

The conference was organized by the Government of Kenya and NPWJ in partnership with the Association of Media Women in Kenya (AMWIK), with the technical support of AIDOS (Italian Association for Women in Development) and RAINBO (Research, Action and Information Network for the Bodily Integrity of Women), with the financial support of CIDA-GESP and UNICEF together with the Italian Cooperation, the Norwegian Government, UNIFEM jointly with the Swedish Government, the Sigrid Rausing Trust, and GTZ, as well as the political support of the European Union.

Representatives from several international organizations, including the African Union, UNICEF, UNDP, RAINBO, UNPO and the European Network against Traditional Practices attended this conference, in view of developing a political, legal and social environment for implementing the *Maputo Protocol* to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa.

The conference formed an integral part of the *Stop FGM! Campaign* at regional media campaign conducted by NPWJ/AIDOS in collaboration with various African organizations, including AMWIK, for the eradication of FGM. It was also aimed at promoting the ratification of the *Maputo Protocol* as an instrument for the abandonment of the practice.

The 53 Heads of State of the African Union adopted the Maputo Protocol on the 11<sup>th</sup> of July 2003, on the Rights of Women in Africa. In Article 5, stipulates that FGM should be prohibited and condemned. It requires ratification by 15 States Parties of the African Union in order for it to enter into force.

To date, only four States have formally ratified; the countries are Libya, Comoro, Rwanda, Namibia and in Tanzania ratification processes are currently underway in other countries, including Kenya. The Ratification of the Protocol by as many countries as possible would be a considerable step forward not only for the fight against FGM, but also for women's rights and gender issues in general.

The Vice-President of the Republic of Kenya, H.E. Arthur Moody Awori, taking the floor on behalf of H.E. President Emilio Mwai Kibaki, officially opened the meeting. He said that he was proud of the level of equality promoted in the communities. The Kenya nation aspires to offer the same opportunities of safety, freedom, education and choice to all, regardless of gender, race or ethnic identity.

The Vice President Awori added that the practice of FGM, undermines these aspirations and rich cultural heritage by stripping the girl child of the right to choose her future and claim for independence.

He said that, he views FGM as a representation of the historical subservience and inequality of women, going hand in hand with the abuse of women, including domestic violence". Let us leave it in history and only look back so that we might know how to fight it in the future he said.

He added that the practice of FGM occurs throughout the world. It is estimated that 135 million women and girls across the world have undergone FGM and nearly two million remain at risk. While FGM is most prevalent in Africa and the Arab world, it is by no means an isolated problem.

The Vice President Awori narrated that there are reports of FGM in Asia and among migrant communities in other part of the world, from Australia to North America, to Europe, making FGM a truly global issue deserving the attention of all.

CTN..

THE MINISTRY  
IN ACTION

The conference was conducted in plenary as well as in thematic working sessions, to enable maximum participation and in-depth discussions of the complex issues involved in the fight against FGM.

The conference concluded with the unanimous adoption of the *Nairobi Declaration*, with which the regional delegations present made the following recommendations, among many others:

All Afro-Arab States, as well as other States concerned with the practice of FGM, should implement the *Cairo Declaration* in an integrated manner; Member States of the African Union should implement the provisions of the *Maputo Protocol* on FGM in their domestic legislation; Arab countries not members of the African Union, should call upon the Arab League to include harmful practices in the *Arab Charter for Human Rights* as a regional mechanism to protect the human rights of women and girls;

Comprehensive legislation prohibiting FGM must be enacted;

The use of law should be one component of a multi-disciplinary approach to stopping the practice of FGM.

Governments and international actors should provide political support and, where possible, financial resources to empower NGOs in their struggle to stop FGM.

States affected by FGM should formulate a national plan of action for the eradication of FGM with time-bound objectives.

The African Union should assign to the African Commission on the Rights of the Child and other relevant bodies the responsibility to monitor implementation of the commitment by States Parties of the abandonment and eradication of FGM.

At the national level, the participants to the conference were affected persons, former circuciers, doctors, teachers, judges, representatives from all levels of government (both provincial and national), parliamentarians and representatives of civil society, NGOs, cultural and religious community leaders and the media from across the country. The participation of representatives from the local communities was an integral aspect of the conference that maximized the effective distribution of the message throughout Kenya.

Closing the conference, the Kenyan Minister for Foreign Affairs, Hon Chiaru Ali Mwakwere, reiterated that Kenya will ratify the *Maputo Protocol* and added on his commitment to make the issue part of Kenya's bilateral and multilateral priorities with other African countries. He said that as Minister for Foreign Affairs of Kenya, it is his honour and privilege to fulfill Kenya's will and commitment, as expressed by the Vice president Awori, and proceed within the shortest possible time to the formal ratification and effective implementation of the protocol.

He said, " as a Foreign Minister, I will add my own commitment to make this part of our bilateral and multilateral priorities with our fellow African countries," and added " our common objective is that the Protocol enters into force without delay, and with no reservations to article 5 on FGM.

Hon Makwere said that the *Maputo Protocol* is an important step forward for the human rights of women and girls, covering a broad range of topics aimed at improving the lives of women and girls and strengthening the protection and promotion of their rights, including the important issues of early marriage, violence and functional literacy, which are key priorities for young girls. The conference saw the participation of high-level dignitaries and representatives of civil society from Djibouti, Eritrea, Ethiopia, Ghana, Mali, Senegal, Sierra Leone, Somalia, Sudan, Tanzania and Yemen.

The Maputo protocol the Nairobi and Cairo declaration are available at the WIC documentation centre, as well as on the *stop FGM!* Campaign website at <http://www.stopfgm.org>, with all documents of the conference.

**"The conference  
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## COMPUTER COURSE FOR 16 WIW CLIENTS.

THE MINISTRY  
IN ACTION

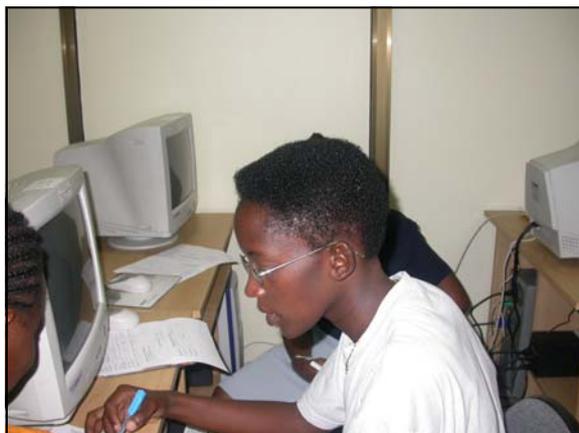
Women Information Window (WIW) has sent sixteen women to get computer course at Power computers and Telecommunication Limited. The course started with basic computer packages including Microsoft word, excel, access and Internet.

The classes started on 7<sup>th</sup> October 2004 and have been divided into two groups, each group involves eight women. The first group starts class at 8.30 am to 10.30 am and the second group starts class at 11 am to a.00am.



The course will take four to five weeks and at the end of the course they will do examination and will be given the certificate. Those who will perform well will get an opportunity to continue with the advanced courses for free.

The age of women are between age 25 and 30 who have just completed their studies. Most of them are graduate ones from different universities who are looking for job. Therefore the computer course will be very important for them as they will be able to get computer skills and secure job elsewhere.



The Women Information Window (WIW) is a new service available at the Women's Information Centre (WIC) within the Ministry of Community Development, Gender and Children in Dar es Salaam. The objective of the services is to provide women, in search for job, training and scholarships opportunities and updates information.

***“The course will take four to five weeks and at the end of the course they will be awarded certificates”***



## WOMEN'S INFORMATION CENTRE

Kivukoni Front  
P.O Box 3448  
Dar es Salaam  
Tanzania

Phone +255 22 2111 459.  
Fax: +255 22 2110 933.  
Email: [info\\_wic@uccmail.co.tz](mailto:info_wic@uccmail.co.tz)  
Website:  
<http://www.mcdgc.go.tz>

[info\\_wic@uccmail.co.tz](mailto:info_wic@uccmail.co.tz)



Desk editor: Emmy  
Marealle  
Graphics: Sophia  
M.Chando

Pictures:  
Page 2 & 7: WIC

The views expressed in  
this bulletin do not  
necessarily represent the  
views of the Ministry of  
Community Development,  
Gender and Children

### WIC DOCUMENTATION CENTRE

The WIC documentation centre is pleased to inform its readers about a recently acquired useful reference material entitled: "**Primary education development plan 2002 - 2006: annual performance report for the period of July 2002 - June 2003**", published in July 2004 by the President's Office, Regional Administration and Local government and the Ministry of Education and Culture. This report is brought up from a series of Primary Education Development Plan (PEDP) implementation follow-up reports focusing on strategic components of enrolment expansion, quality improvement, capacity building, strengthening institutional arrangements, cross-cutting issues and resource allocation.

#### ABSTRACTS OF KEY DOCUMENTS RELATED TO ISSUE No.9

***Gender sensitization training manual for employers, trade unions, NGOs, CBOs and other community members: training guide for trainers on gender sensitization/ Ministry of Community Development Gender and Children (MCDGC). - Dar es Salaam (Tanzania): MCDGC, 2003. - ix, 120 p; bibliog.; fig.***

This training manual has been designed to provide hand-on training tools for training institutions, individual trainers, community and social workers, experts and consultants working in the public, private and NGO sectors. The main objectives of this manual are: provide gender sensitive tools for organizational development; ensure that gender needs and gender specific issues are focused in organization and development activities; ensure that interests are fully covered in all stages of organizational planning, implementation, monitoring and evaluation; provide a selected range of gender sensitive tools for use by employers, trade unions, NGOs, CBOs, and other community members.

***Report on follow-up symposium for religious and traditional leaders on violence against women with emphasis on female genital mutilation/ Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children. - Addis Ababa (Ethiopia): IAC, 2000. - 182 p.; fig.***

This report compiles papers presented and panel discussions on cultural implications and religious position on female genital mutilation and other harmful traditional practices. It contains countries' progress reports on activities undertaken by religious/ traditional leaders since the 1998 Banjul symposium. The report contains guidelines for writing plan of actions on the eradication of harmful traditional practices and explores existing legal instruments which protect women and girls against harmful traditional practices.

***How to make maternal health services more women-friendly: a practical guide / by Institute of Child Health. - London (UK), 2001. - 112 p.; ill.; annex***

This practical guide is based on the experiences and reports from the Lusaka Women-friendly Service Project. It aims to provide low cost tools for improving the quality of services in reproductive health care facilities in resource poor settings. It also recognizes that staff need to be affirmed and supported in their work. The guide starts from the assumption that both "technical" and "emotional" care are essential in these services. Women-friendliness should include both technically sound services and a supportive and respectful human environment. The book contains an annex of useful websites for general information on safe motherhood, and suggested list of readings on health care manuals and practical research methods.

#### USEFUL LINKS

<http://www.childinfo.org/eddb/maternal.htm>

This is the official website of UNICEF's statistical databases from around the world. This website provides links to descriptions of activities, reports, news and events of UNICEF around the world. On this particular link, you will find UNICEF's key statistics on the area of Maternal Health, covering the Antenatal Care; Delivery Care; Fertility and Family Planning and Maternal Mortality. A detailed country-specific information that was used for the end-decade assessment, as reported in the "Progress since the World summit for Children – A statistical review", is available.

[http://www.religioustolerance.org/fem\\_cirm.htm](http://www.religioustolerance.org/fem_cirm.htm)

This site advocates for global religious tolerance. This particular link, it contains a lot of classified information on Female Genital Mutilation (FGM) practice in Africa, The Middle East and Far East, and it aims at depicting that the practice has nothing to do with religion, rather it's a traditional one. Meaning of FGM in its diverse ways is explained, countries where it's being practiced, religious perspectives, global campaigns against it and also provides additional information resources on FGM books and web links.