

# Interim Report

Name of organization: Women Wake Up (WOWAP)

Name of programme: Grassroot activism against FGM in Mombose, Makorongo and  
Donsee villages, Farkwa division, Kondoa district

Status of the document: approved by project committee

Reporting period: Reporting period: 31<sup>st</sup> August, 2006

# Interim Narrative Report

## **Socio-economic, cultural, political and ecological developments that influenced the implementation of the project**

The practice of FGM represents not a singular value, but a single way to demonstrate physically otherwise socially constructed concepts like gender and sexuality.

One of the main factors behind the persistence of FGM is its social significance for females. In this area, a woman achieves social recognition mainly through marriage and childbearing. Men in this community refuse to marry women who have not undergone circumcision as these render themselves unmarriageable. Therefore to be uncircumcised is to exclude oneself from social status and achievements in the social community. Further more the father of the circumcised girl is given a considerable amount in bride price payment.

Hygiene and prevention of the diseases commonly known as lawalawa is the most cited reason for the practice, though cultural identity has also lost its significance. It is believed that children contracted the said disease because of not undergoing the ritual. People in this part believe that, lawalawa is unknown in modern hospital and that it has no medicine so the only treatment is to undergo FGM. The symptoms of this disease are itching of the vagina. To them circumcision reduces itching of the genitalia something which is not true as itching is a symptom of infection after the accumulation of dirt in the genitalia. Lawalawa is easily treated by ordinary medicine and not through circumcision.

Since the law outlawing FGM was enacted; in 1998, the general trend of the operation of the practice in all societies where FGM is practiced has changed. The provision covers.. only girls who are under 18 years. Unfortunately adults are not protected. The Act has assumed that, women of 18 years and above have ability to consent or not to practice. This assumption does not work as women of 18 years and above may voluntarily decide to be mutilated as happened in Mkhome village in Dodoma region. The example cites indicates that the law has changed the general trend of the practice to be worse.

It calls for the practice of FGM for economic gains. The mutilators are paid dearly for performing FGM in which case the practice becomes an important source of their income. Also during the FGM ceremonies the mutilated girls receive many presents from their parents and friends. On the other side, the parents of mutilated girls fetch a higher bride price than their counter parts un mutilated ones, the latter in certain if not most cases cannot be married, hence parents cannot get the bride price expected from them. So even parents encourage the practice because from it they expect to be paid a high bride price from their daughters when they get paid.



**In the middle is the young woman with over 18 years old who voluntarily decided to be circumcised because of social pressure.**

## Summary of activities implemented for the past six months

### Background

Female genital cutting, the removal of part or all of the female genitalia, has existed for thousands of years. Yet during the past six months, 3 villages in Farkwa division, Kondoa district representing approximately 8,000 people have been received the information on the harmful aspects of FGM. The grassroots movement arising from people that was actually installed by WOWAP tries to put an end of FGM. Advocacy committee against FGM is the leader in that movement.

This movement to end genital cutting began in Mombose, Makorongo and Donsee villages. The movements sensitized the villagers to abolish the tradition after participating in a Equality Now. Funded community education run by NGO WOWAP. The real impetus for abandoning female genital cutting is at the grassroots where women, men and religious and traditional leaders are engaged in a dynamic collaboration.

### Activities implemented included

The activities implemented in the period under review featured at addressing the gender masked and self-inflicted pain; female genital mutilation, the activities implemented were:

- ❖ Acquiring of audio – visual equipments; with generous support from Equality Now, WOWAP managed to purchase video projector, generator and stabilizer. These equipment were purchased to help the project which was designed to fight FGM and promote the welfare of women and girls.
- ❖ Training of different stakeholders on Elimination of FGM, in Mombose, Makorongo and Donsee villages for this six months WOWAP managed to accelerate the abandonment of female genital cutting. WOWAP addressed FGC holistically, within a community development strategy, using culturally sensitive and non-judgmental approaches and engaged a wide range of participants and stakeholders.



**Participants in group work.**

- ❖ Monitoring / Project review / Evaluation  
The team of WOWAP supervisors, monitored, reviewed evaluated activities and supervised community was performed by members of village advocacy committee.

### **Impact of activities**

The use of video show approach in context of eradicating female genital cutting produced some extraordinary results. The videos showed were designed to convince family members to abandon the practice of FGM and it was accompanied by facilitated group discussions. The showed playbacks generated intense interests from viewers. The playbacks were on hazards of FGM, women health and women empowerment. Women described the physical, emotional and spiritual damage they attributed to their own FGM. Mothers lamented putting their daughters through FGM. One man also told of his sister's death from FGM. The project need to be continued to build new local support for abandonment of FGM in other areas.

Fifty four community facilitators were recruited and trained to start grass-root activism to end FGM. The subject covered were four modules namely human rights; In this module. Participants learn about the human rights guaranteed in international and national documents, their rights to health, their right to protection against all forms of violence and their right to education. The new understanding gained in this module serve as an empowering foundation for the remaining themes and is constantly referred to throughout the programme.



**Facilitator leading plenary discussions.**

Problem solving process: participants learnt a generic process for problem solving that helps them better identify and analyze their own problems relating to human rights and responsibilities, health and the environment. This process helps them find solutions appropriate to their problems and to implement them on an individual, family and community levels.

Basic hygiene: Participants understand the importance of personal and family hygiene by learning about germ transmission and the benefits of prevention over the costs. Women's health: - Through open and honest dialogue, participants gained information to improve women's physical and mental health in the community. Focusing on the importance of respecting women's human rights. Participants weighed the merits of certain positive traditional practices (breastfeeding and infant massage) against the dangers of others, such as early marriages and FGM.

In the end the participants formed grassroots advocacy committees and developed committee and personal advocacy plans for changing FGM practice in their own families, workplaces and communities.

Focused groups and interviews with community members confirmed that community members' knowledge, on FGM has increased while they have shorted their attitude from positive to negative on the practice of FGM. A number of outreach activities to educate community members about FGM had been implemented. The activities included lectures for church and mosque groups, seminars with women's groups and more. After six months of project life, it appears that the project has successfully mobilized a number of people as anti-FGM advocates, encouraged trainees for abandon their own support of FGM and sensitized the community about the harmful effects of FGM. The information gained through project review, monitoring and mid term evaluation were crucial in rectifying project activities.

#### **Lessons learnt/ challenges**

- ❖ Involving potential 'change agents' from various community groups is key to project success.
- ❖ Participatory training approaches established a good base for project implementation and helped to promote "community ownership" of the project.
- ❖ Publicity and press coverage have helped the movement spread beyond the initial three villages.
- ❖ In order to sustain high-quality volunteer work, paid, dedicated staff, must be part of programme
- ❖ Campaigns aimed at changing deeply - rooted behaviors take time and intervention efforts must be maintained long enough for new behaviors to become the norm

Evaluation suggested that the project was clearly successfully at increasing awareness of negative effects of FGM among various community groups.