Saleema Youth Victorious Ambassadors (SYVA)

Call for application

The African Union Commission Social Affairs department in partnership with the Office of the Youth Envoy are launching the call for Saleema Youth Victorious Ambassadors.

The Saleema Initiative aims at eliminating Female Genital Mutilation in Africa by 2030 as well as protecting girls and empowering women. In this respect we wish to amplify the voices of 6 young African women on the elimination of Female Genital Mutilation (FGM) from the 6 regions of the African Union who will work closely with the African Union Youth Envoy to advocate to end FGM.

The Saleema Initiative’s communication campaign will thus focus on working at the grassroots level, engaging communities, young people and women to take an active part in the dialogue that will shape the Saleema Campaign.

To apply use this link https://auyouthenvoy.org/syva/

The Concept of Saleema:

This Saleema Initiative aims at changing the negative social norms which Female Genital Mutilation is rooted in, by adopting a holistic approach that considers this harmful practice a result of a given social, political, economic and anthropological context. The Commission believes that it is only through enhancing the cognitive social capital of communities as a whole, and community members individually, that Female Genital Mutilation will be abandoned.

This approach aims to accelerate actions that ensure every African girl can grow to maturity in her natural and original form: complete, unharmed, saleema. It is based on the premise that FGM is rooted in socio-cultural norms and contexts and therefore the power to abandon the practice resides with families and communities. The focus is not on what communities ‘need to give up’ but rather on “what they stand to gain by changing”. Only people-driven change can effectively end the practice. A distinctive feature is the use of strong and positive communication techniques and approaches, affirming important cultural values, while building aspiration for change, and empowering communities to create an environment conducive to a positive decision making process that will lead to a cultural shift regarding this harmful practice.
Following this line of thinking, the African Union Commission wishes to engage young people at the earliest stage, and at the core, of this process by launching acontinental Call for application open to all young African women between the ages of 18 and 35, to become our Saleema Youth Victorious Ambassadors.

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This call for application will be revisiting the traditional African art of storytelling, so that you can share with us and the world your story and how it motivated it you to wish to advocate for the elimination of Female Genital Mutilation.

In order to be one of the 6 future **Saleema Youth Victorious Ambassadors** you must be:

- Between 18 and 35 years old
- Female
- Willing to express yourself publically on the elimination of Female Genital Mutilation
- Able to send your content on the medium of your choice: video, article, poetry, song, painting, drawing etc
- Able to send your application between by 20th of December 2019 by filling this form
- Willing to travel to represent the Saleema Initiative
- By sending applications candidates must be aware that they accept the content to become property of the Saleema Initiative and can be used by the African Union and its partners in the context of events, promotion on any media with the assurance that credit will always be given to the author.

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**Frequently asked questions on Female Genital Mutilation:**

**What is Female Genital Mutilation:**
Female Genital Mutilation (FGM) refers to “all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons”.

The World Health Organization (WHO) has identified four types of FGM:

1. **Type I**, also called clitoridectomy: Partial or total removal of the clitoris and/or the prepuce.
2. **Type II**, also called excision: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. The amount of tissue that is removed varies widely from community to community.
3. **Type III**, also called infibulation: Narrowing of the vaginal orifice with a covering seal. The seal is formed by cutting and re-positioning the labia minora and/or the labia majora. This can take place with or without removal of the clitoris.
4. **Type IV**: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping or cauterization.

FGM is recognized internationally as a violation of the human rights of girls and women, and a form of gender based violence, as stated in numerous regional and international human rights instruments such as the African Charter on People and Human Rights and its Protocol on the Rights of Women (the Maputo Protocol), the African Charter on the Rights and Welfare of the Child, Convention on the Elimination of All Forms of Discrimination against Women, the Universal Declaration of Human Rights, the Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil and Political Rights.

Different communities express varying internal rationales for FGM when challenged on the practice. The most consistent defence at base is culture and identity. However, there are numerous social drivers and root causes of FGM. These stem from gender inequality, including a desire to control female sexuality, supporting religious narratives, ritual marking of a girl’s transition to adulthood, limited access to education and economic opportunities for girls and women, and assurance of girls’ or women’s social status, chastity or marriageability. Research and assessments have shown that FGM operates as a social convention and norm and is held in place by reciprocal expectations within communities. As a result, the social rewards and sanctions associated with FGM are a powerful determinant of both the continuation or the abandonment of the practice.

Does the practice of Female Genital Mutilation affect only women?
As a harmful practice, FGM presents a significant obstacle for addressing poverty and advancing human development outcomes. The practice is a significant driver of negative maternal, new-born and child health outcomes. It is critical that African Union Member States, building on ongoing efforts, accelerate efforts to eliminate the practice. Africa’s Agenda 2063 on the “Africa We Want”, under aspiration 6, priority 6.1.2, calls for the “eradication of all forms of gender-based-violence…including female genital mutilation”. This is linked to 2030 Agenda for Sustainable Development, under goal 5 of the Sustainable Development Goals on “achieving gender equality and the empowerment of women and girls”, and calls for the elimination of all harmful practices, including female genital mutilation.

How many girls and women are concerned by Female Genital Mutilation?

More than 200 million girls and women have undergone female genital mutilation globally, with 125 million of these in Africa. Girls are subjected to female genital mutilation in Africa between the ages of 0 - 14 years than other age brackets. The age at which female genital mutilation is practiced within countries varies. Nonetheless, it is usually performed on girls during childhood and before puberty. However, it is also carried out on adult women. Based on current estimates, more than 50 million girls between 0 - 14 years of age will be at risk of undergoing FGM by 2030 in Africa if no urgent action is taken to reverse current trends. Across the continent, prevalence rates range from 15% to over 95% for girls and women aged 15 to 49 years, with select countries in the Central and Western Africa regions accounting for a large part of the figures.

In recent years many signs of positive change have emerged, including significant drops in prevalence among some groups. Progress overall has been slower than expected, however, and alongside successes efforts to end the practice have also given rise to some troubling developments. In several Member States, qualified medical practitioners now perform FGM under the pretext of reducing the risks associated with traditional methods. More than 20 million women globally have been cut at the hands of health providers, and of these 93% are in three African countries – an estimated 18 million. In many communities across the continent, the practice has been de-ritualized and driven underground, leading to girls being subjected to cutting at younger and younger ages amidst greater secrecy about the practice. These trends are widely interpreted as reactionary, springing from pressure to change when it is not authentically rooted in the worldview and culture of the people most affected by the issue. Such developments speak of a need not only to accelerate and extend current efforts but also to innovate and to diversify our approaches. Above all, increased efforts must be made to engage holistically with the social contexts in which communities today are compelled to navigate, including the
negative cultural heritage of FGM. One significant approach that embodies these aims is the conceptualization behind the Saleema Initiative.

Although concerns remain at the continued practice of female genital mutilation it is estimated that 68 million girls, of which 50 million in Africa, are at risk of undergoing Female Genital Mutilation by 2030 if action is not taken.

**What is the African Union’s position on Female Genital Mutilation?**

The African Union Heads of State and Government Assembly Decision Assembly/AU/Dec.737(XXXII) endorsed the implementation of a Saleema Initiative to advocate for the implementation of strong legislation, allocation of domestic financial resources and engagement of communities most affected by the practice of female genital mutilation. The Plan of Action of the Saleema Initiative and its accountability framework shall provide guidance to Member States, partners, civil society and communities. It is expected that the Saleema Initiative shall create a momentum that results in scaling-up efforts to bring to an end the practice of FGM in Africa by 2030.