

Final Report

Evaluation of Norwegian Church Aid's (NCA) support to GBV projects implemented by SNCTP in Mayo Farm (2004-2010)



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List of Acronyms:

AIDS	Acquired Immunodeficiency Syndrome
CPA	Comprehensive Peace Agreement
FGM	Female Genital Mutilation
FC (why?) –	definition of terminologies and cultural sensitivity
KAP -	Knowledge, Attitude, and Practice
HAC	Humanitarian Aid Commission
HIV	Human immunodeficiency virus (HIV)
HTPs	Harmful Traditional Practices
IDPs	Internally Displaced Persons
NCA	Norwegian Church Aid
SNCTP	Sudan National Committee Against Harmful Traditional Practices
UN	United Nations
UNICEF	United Nations Children's Fund

Glossary

Khifad Ferouni	
Khitan	Circumcision in Arabic
Farouni	A term used to describe type III circumcion
Ghalfa	A term used insult a girl, or a woman, if she is not circumcised
Tahara	The person who carries out the circumcision
Sheloukh	Tribal markings on the face
Gattaa' al reesha	throat cutting is a form of HTP practiced on parts of Sudan to clear any throat infections in children.

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1. Executive Summary:

2. Introduction and background to the evaluation:

Within its gender based violence (GBV) thematic priority area in Sudan and since 2004, the Norwegian Church Aid (NCA) has been working on combating FGM (Female Genital Mutilation) through its national partner Sudan National Committee on Harmful Traditional Practices (SNCTP). Over the past seven years, NCA supported SNCTP in its work to address FGM/HTP issues – primarily among the internally displaced communities within living in Mayo Farm area in Khartoum. As such it is considered that an evaluation of the impact and methodology applied within the program will provide important guidance for future models of implementation; particularly since SNCTP has sought the support of NCA to start working in a new location.

NCA is one of the largest Norwegian International Development Agencies. It is a church based diaconal organization, which works with long-term development assistance, emergency relief and advocacy across the globe. NCA shares a vision of a just world and work respectively with people and organizations of all faiths. As such, NCA empowers right holders, and strive to achieve human dignity for all regardless of race, nationality, gender, political persuasion or religious beliefs.

One of NCA's five thematic Priorities is – Men and women address gender-based violence. Gender-based violence is defined as physical, sexual and psychological violence specifically directed against people due to their gender roles or identities, especially violence against girls and women. It is a gross human right violation, a criminal act, and a human security threat. It happens in a wide range of settings, in the family, in the community, by the state, in conflict and refugee situations; examples being domestic violence, intimate partner violence, sexual abuse, and rape, trafficking in children and women, new forms of slavery, female genital mutilation (FGM) and other harmful traditional practices (HTP). GBV represents one of the most serious global health problems for women and girls.

Based on this, NCA endeavours to contribute to an environment free from gender-based violence and support partners in their efforts to expose and take actions against all forms of gender-based violence. NCA focuses on prevention of and responses to gender-based violence and promoting the rights and dignity of survivors of violence through advocacy work and challenge perpetrators to accept their duties as duty bearers.

Considering that people need to own the processes of their own change and development and benefit from them and informed by a right-based approach which recognizes Right Holders (RHs) and Duty Bearers (DBs) as vibrant actors and partners in development; NCA is aware that national leadership and ownership in all stages of program design and implementation should be fostered and promoted. In light of this, NCA implements national projects mainly through establishing partnerships guided by a right-based approach with the local institutions such as SNCTP in Sudan.

SNCTP is a Sudanese women non-governmental organization established in 1985 and has been campaigning against FGM and other traditional practices that are harmful to the population. It is one of the pioneering organizations in the field of social development in Sudan with a long history of contribution and a highly recognized role that places the organization in a highly privileged position on the national, regional and international levels – particularly in the area of HTPs/FGM. The stupendous efforts that SNCTP has been leading in Sudan in order to eradicate the practice of FGM are crucial especially in a country like Sudan where FGM is widely practiced and the prevalence rates of FGM is the highest in the world- along with Somalia and Egypt.

2.1. Evaluation Objectives:

The overall objective of evaluation is to assess the relevance and effectiveness of the SNCTP program in Mayo Farm. The specific objectives of the evaluation are:

1. To establish to what degree the program has achieved its overall goal and how it has contributed to the national work on policies and legal frameworks against FGM/HTP
2. To establish to what degree has the program been sustainable, relevant, efficient and effective.
3. To establish to what degree the program has addressed the agendas of participation, equity and protection and contributed to tangible results as expressed in the NCA GSP. To what extent right holders and other stakeholders have participated in planning and implementation of the program and duty bearers been addressed (e.g. legal issues, campaigns etc).
4. To identify constraints and challenges in the program, to reach its objectives as well as unintended effects (relate the issue to target group being IDPs from South with less FGM practices than North)

5. To identify lessons learned and come up with specific recommendations related to the future of NCA's work on FGM and support to SNCTP programs.

Based on the objectives listed above, the evaluation project aims to explore the achievements and challenges of the SNCTP activities and programs in addressing HTPs (Harmful Traditional Practices) specifically FGM - on the national level in general and among IDPs (Internally Displaced people) in the Khartoum's Mayo Farm area in particular. It explores how these activities were a catalyst for raising the awareness on the hazards and consequences of FGM and hence reducing its incidence among IDPS in Mayo Farms. It particularly looks at the relevance and effectiveness of SNCTP programs and activities and whether these activities have contributed to shifting ideas and perceptions against FGM within the target area. It further endeavours to assess the relevance, constraints and sustainability of the approaches and pedagogical methods used by SNCTP in its campaign against FGM among the displaced people in Mayo. It also aspires to provide opportunities for RHs, DBs and other stakeholders for creating future visions and planning for next steps in order to ensure the sustainability of the program and their gains that have been accomplished.

In order to implement the evaluation, NCA has recruited two international consultants who carried out the evaluation research. In addition to the review of relevant program materials and documents, the evaluation process relied on combined methodologies of both qualitative and quantitative research in order to collect and analyze data. This included focus groups discussions (FGDs) and semi-structure interviews (SSI) with key research participants as well as a survey method – based on the use of Knowledge, Attitude, and Practice (KAP) methodology.

2.2. Structure of the report

This report focuses on the evaluation rationale, process and findings. It provides description and analysis of findings related to the objectives of the evaluation. The evaluation findings and the data which were gained through various sources and methods were all integrated and synthesized in order to compose this evaluation report.

The report begins with an introductory section. The introductory section provides an executive summary which highlight the main purpose, process and outcomes of the evaluation. This is followed by two sections (I & II) which highlight the contextual information on Sudan, IDPs, Reproductive Health, FGM, etc. Section (III) describes the overall methodology of the evaluation including the implementation of the interviews, FGDs, surveys, etc. Section (IV) highlights the findings of the evaluation research. It focuses on the relevance and effectiveness of the activities and methods employed by SNCTP, including its strengths and weakness. This will be followed by conclusion and recommendation for the program on how it can be strengthened further.

3. FGM Context in Sudan

3.1. *Socio-economic and political contexts and their impact on the situation of reproductive health in Sudan*

3.1.1. IDPs in a 'new' Sudan:

As of 9 July 2011, Sudan is no longer the largest country in Africa; South Sudan succeeded and became the youngest country in the world dividing the country along fault lines. Sudan was embroiled in two prolonged civil wars for most of its post- independence period. These conflicts were rooted in northern economic, political, and social domination, whilst many of those living in the periphery have been largely sidelined and marginalized. The first civil war started in 1957 and ended in 1972, but broke out again in 1983. The second war and famine-related effects resulted in more than four million people displaced and led to more than two million deaths¹. After much international pressure to end the conflict, the Comprehensive Peace Agreement (CPA) was signed in January 2005, granted the South Sudan autonomy for six years, followed by a referendum on independence for South Sudan. During that period, oil production increased², creating further dependency on the country's GDP, and significantly for South Sudan, where more than 90 percent of its budget is dependent on the income from the oil. The referendum was held in January 2011 and indicated overwhelming support for independence, and July 2011, South Sudan seceded.

A separate conflict broke out in the western region of Darfur in 2003, which displaced nearly two million people and caused an estimated 200,000 to 400,000 deaths, according to the UN³. A peacekeeping force, under the African Union leadership was deployed to the region in 2006, and in 2007 the UN took command of the Darfur peacekeeping operation from the African Union. Sudan also has faced large refugee influxes from neighbouring countries primarily Ethiopia and Chad. Armed conflict, coupled with poor transport infrastructure and insecurity have chronically obstructed the provision of humanitarian assistance to affected populations.

¹ Christian Aid- UK, <http://www.christianaid.org.uk/whatwedo/in-focus/sudan-referendum/two-civil-wars.aspx> (accessed 16 December 2011).

² Zuhair Ali, DPH, How Many Doctors Do We Need in Sudan? Sudanese Journal of Public Health, July 2006, Vol.1(3)

³ UNICEF, http://www.unicef.org/infobycountry/sudan_darfuroverview.html (accessed 16 December 2011).

As a result of decades of civil strife and multitude of conflicts, Sudan faced some serious challenges including the largest number of IDPs in the world, with figures before the succession being quoted at 6 million, with some 2 million in Khartoum state alone⁴. Many of those who are displaced in Khartoum have resided in four official IDP camps⁵ as well as unauthorized settlement areas. Most of the populations in the camps had fled the conflict in South Sudan, however, in the last couple of years most of the influx has been from Darfur. Despite the paucity of statistical data on IDPs in Sudan, it might be suggested that the number of IDPs arriving Darfur and other western regions in Sudan might now overweighs the number of Southern Sudanese IDPs who once dominated⁶ the landscape of IDPs Camps in Khartoum including Mayo Camp and whom repatriation to the newly-formed South Sudan State is taking place collectively at a rapid pace.

The strenuous socio-economic conditions of IDPs in Khartoum are exasperated by lack of access to essential services, as well as the continuation of Harmful Traditional Practices, such as Female Genital Mutilation (FGM), which on occasion has been introduced to communities which did not practice it in the past⁷. For example, a study carried out by Ahfad University for women and revealed that among internally displaced southerner Sudanese living in Khartoum state, 6.8% of the women/girls have been circumcised (SNCTP Report, 2010:3).

Mayo farm, one of the official camps and the focus of this evaluation, where the number of IDPs recorded at 65,000 in the most recent study⁸, but the numbers have drastically dropped following the separation of South Sudan, however, there are no recent assessments or studies to show the specific figures. Many live in a legal limbo, waiting for their status to be determined and for their repatriation⁹.

⁴ LandInfo, Thematic Report: Sudan- Internally Displaced Persons in Khartoum (http://www.landinfo.no/asset/748/1/748_1.pdf), 3 November 2008.

⁵ **These four camps are:** Mayo, El Salaam, Wad El Bashir and

⁶ In 2006, the predominant in the displaced camps came from the largest Southern Sudanese tribe: Dinka Save the Children Sweden . Future scenarios of IDPs in Mayo and El Salam camps. 2006. Save the Children Sweden and Agency for Co-operation in Reseachr and Development. 2006 Save the Children Sweden and Agency for Co-operation in Research and Development – page 10 & page 13 .

⁷ **For more information on the socio-economic and political conditions of IDPs in Sudan, please refer to**

⁸ SNCTP narrative report, 2009

⁹ **Issues of citizenship, etc See SIHA Report**

3.1.2 IDPs in Mayo¹⁰ Farm (Mandela)

Mayo Farm displaced camp (or what is commonly called Mandela) is one density populated camps in greater Khartoum. It lies south of Khartoum town about 15km. it was established in 1990 and is called so (Mayo Farm) because the area was an agricultural Farm that belongs to a certain merchants. These displaced people came to settle in Mayo Farm displaced camp in groups. The first group is the internally displaced people directly from the south and the western part of the country who first settled at SOWETO displaced camp near central market known as Souk el-Markaz.

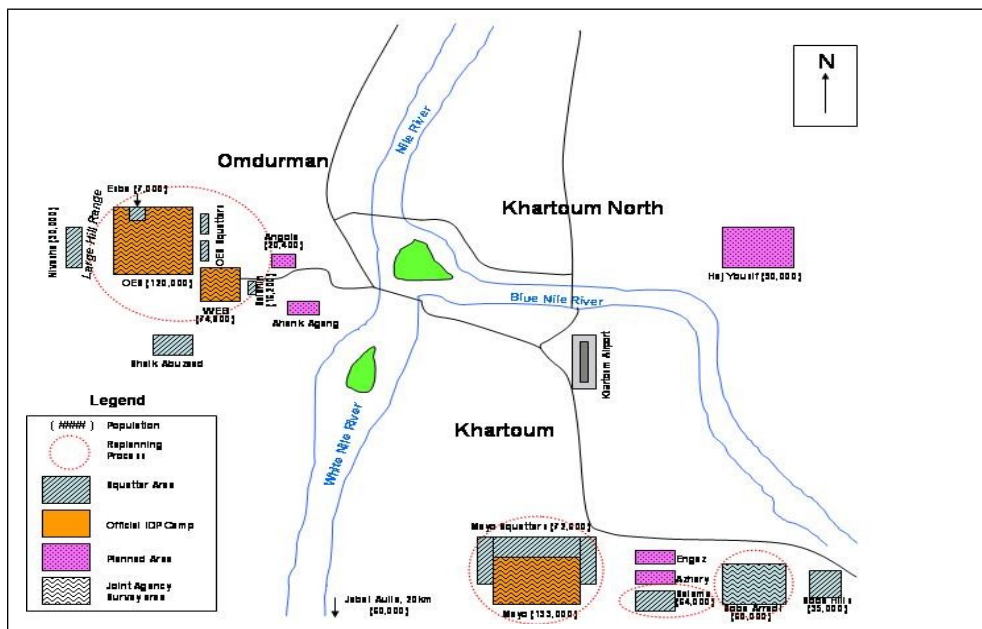


Figure 2: Map of Khartoum IDP areas¹¹

These groups of displaced people had tribal clashes among themselves and were taken to settle in Mayo Farm displaced camp in 1990. The second groups were the town squatter settlers or finally displaced from the southern Sudan. Others were from Dar El-Salam Mayo, when their area was demolished by the government in 1991¹². They went and

¹⁰ Literally means May in Arabic – the name of the month used in the Georgian calendar.

¹¹ Sudan Gender Evaluation Final Report.doc – Inter-Agency Rapid Assessment Report . Nov/Dec 2004

¹² The re-planning of towns initiatives carried out by the government, led IDPs to be relocated. The relocation was often carried out without allowing the people concerned a reasonable period of grace and as such had negative impact on the people such as deepening the feeling of insecurity and instability among IDPs. Also, relocation might end in the destruction of community cohesion and neighborhoods, lack of coordination with UN agencies and NGOs working with the IDPs, and the reduction of IDPs accessibility to services. The

settled in Mayo Farm displaced camp. These groups were followed by the third group of displaced coming from Warrap state in south Sudan in 1997 too. The fourth groups were the people displaced from the area between Kalakla and Mayo called Asian at bank El-Aghari residence, they were forced by the government to desert this residential area. So, this group started to live in this displaced camp. These groups is composed of tribes named Dinka, Nuer, Bari, Shulluk, Zande, Moru, Balanda from South, El-Rezegat, Nuba, Gasama from south west Kordofan and Darfur. Also some refugees from Uganda, Chad and DRC (Zaire) live as refugees in these camps.



Karak Mayik Nyok executive director of FACT in Mayo-Mandela - Credit: IRIN

The estimate population of Mayo in general is 28,000 including 13,000 of Mayo Farm, it falls under El-Nasr council (present Mayo). Mayo Farm is divided into seven (7) sub-blocks. Each locality has a popular committees and three are about (42) popular committee which represent the government in Mayo in general. The popular committee includes youth, women union and chives. However, there is dominance of certain tribes in each residential area (Save the Children Sweden, 2006:14).

The Mayo Farm community reflects different cultures, traditional beliefs, values, attitudes and religious beliefs. In order to 'properly' integrate in the new society, some of the IDPs communities, adapted cultures which is not of their origin such as female circumcision (FC) or Female Genital Mutilation (FGM) – classified as one severe form of the Harmful Traditional Practices (HTPs), child rights violations, and Gender based Violence (GBV) – and widely prevalent in the Sudanese culture along with early marriage, milk tooth extraction, *sheloukh* (tribal marks and tattooing), etc.

situation is aggravated by the fact that IDPs had to pay, out of their own meager resources for construction expenses. There are two studies namely Food and Power in Sudan: A Critique of Humanitarianism and African Rights (1998) and Displaced populations in Khartoum: A Study of social and Economic Conditions: Channel Research (2000) underlined other rationales of the relocation policies. These rationales include financial, socio cultural rationales, and security related ones. Source: Save the children Sweden, 2006:11.

The Internally displaced people represent the largest section of the urban poor in Khartoum (Save the children Sweden, 2006:11). With regard to the socio-economic profile of IDPs in Mayo Farm, the level of education in the camp is generally low (Save the Children, Sweden, 2006). For many of these displaced people, education does not constitute a priority which results staggering rates of school dropouts. However, for many of those who decided to send their children to schools boys' education is generally perceived to be more important than that of the girls.

The high illiteracy rates coupled with widespread poverty and dearth of services and employment opportunities put IDPs in arduous life conditions. This situation results in power quality of life and low income for both women and men. Many women depend on brewery, tea-selling, domestic work, etc as source of income to sustain themselves. While for the men, many of them spend the whole day working typically in manual jobs such as construction, street vending, etc and many others remain just unemployed. Levels of crimes, prostitution, and alcohol and drugs abuse are very high among IDPs which in turn provides an ideal environment for behavioural risks and for other serious hazards such as the spread of HTPs and fatal diseases including HIV/AIDS.

It was on these grounds that SNCTP decided to launch a campaign with generous support from NCA against HTPs focusing primarily on FGM in Mayo Farm area. SNCTP study (2003) on HTPs among IDPs in Mayo Farm laid the foundation for SNCTP and NCA to take informed decisions and to work together on addressing the issue of HTPs and FGM among these displaced communities. The study revealed a number of alarming outcomes as follow:

1. Among IDPs in Mayo, FGM is increasing within ethnic groups that did not have the tradition before in view of a false understood acculturation of internal displaced persons to their new Arab environment in north Sudan. This misconception leads to the fact that girls from southern Sudan undergo the practice to become more easily accepted for marriage.
2. The knowledge of adult people in Mayo Farms about female genital is poor and need to be improved.
3. Another negative fact is that re-circumcision after delivery becomes an interesting economic activity for Traditional Birth Attendants (TBAs) and other excisors. It also seems to be increasing.
4. A movement of conservative Islamic forces is openly advertising the medicalization of FGM, mainly; type (1). They proposed the establishment of center for circumcision all over the country combined with the training of excisors. Regardless the prompt international reaction condemning these intentions which forced high Government officials to condemn any political support to this group. This campaign

in favour of circumcision still goes on endangering the achievements of years of sensitization for the eradication of FGM in Sudan.

5. A high percentage of Mayo Farms adult population did not hear about HIV/AIDS, and the knowledge of Mayo Farms adult population about the mode of transmission of AIDS is poor and need to be improved.

During that period, the prevalence rate of FGM was appalling (90% in 1999) and the risks were already evident in IDPs camps where the practice was not only performed on the Muslim Nuba and Southerners but also among non-Muslim communities who did not practice it in the regions where they hailed from (SNCTP Report, 2010). It is in this context that SNCTP expanded its outreach and extended its program to encompass the IDPs communities living in Mayo Farm.

3.2. The context of Reproductive Health (RH) in Sudan: An overview

The health outcomes, compared with Millennium Development Goals (MDGs) for Sudan, are generally low and progress towards achieving them is slow. Maternal mortality ratio is 1,107 per 100,000 live births (638/100,000 in the Northern states), infant mortality was 81/1000 live births (71/1,000 in the Northern states), and the under-5 mortality rate was (102/1,000 in the Northern states) in 2006¹³. According to the 2006 Sudan Household Health Survey, the maternal mortality rate for Western Equatoria, a province in South Sudan, stood at 2,327 deaths per 100,000 live births. One of the main reasons is that only 20 per cent of Sudanese women deliver in a health facility (in South Sudan only 13.6 per cent of women deliver in health facilities). Overall, the accessibility and quality of health care is poor (SCS 2006). The national maternal mortality rates are also very high at 1107 per 100,000 live births. Outside urban areas, little health care is available in Sudan, helping account for a relatively low average life expectancy of 57 years and an infant mortality rate of 71 deaths per 1,000 live births - low by standards in Middle Eastern but not African countries. Furthermore, communicable diseases including vaccine preventable constitute a major burden of disease, and the health system, after years of conflict, is disrupted and inadequate to provide essential Primary health services to the population, especially those who are vulnerable¹⁴.

Health indicator	Northern states/Urban	Rural
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¹³ National Strategy for RH in Sudan 2006-2010 (page2)

¹⁴ Gamal Khalafalla Mohamed Ali, Accessibility of medicines and primary health care: The impact of the revolving drug fund in Khartoum State, African Journal of Pharmacy and Pharmacology Vol. 3(3). pp. 070-077, March, 2009.

Maternal mortality rate	638/100,000	1.107/100,000 live birth
Infant mortality rate	71/1,000	81/1000 live births
the under-5 mortality rate	102/1,000	??
Life expectancy	57 years	??

For most of the period since independence in 1956, Sudan has experienced civil war, which has diverted resources to military expenditure that otherwise might have gone into health care and training of professionals, many of whom have migrated in search of more gainful employment. Substantial percentages of the population lack access to safe water and sanitary facilities. Malnourishment is widespread outside the central Nile corridor because of population displacement from war and from recurrent droughts; these same factors together with a scarcity of medicines make diseases difficult to control. Child immunization against most major childhood diseases, however, had risen to approximately 60 percent by the late 1990s from very low rates in preceding decades¹⁵. With regard to HIV/AIDS, the years of civil war and limited epidemiological data makes it difficult to generalise about HIV and AIDS prevalence in Sudan. The estimated HIV prevalence rate is 1.6 per cent among the adult population in northern Sudan and 3.1 per cent in South Sudan¹⁶ (UNAIDS Reports 2008 cited in Al – Nagar at al, 2011:11-12).

In general, access to health services especially for children, has been especially difficult in Khartoum’s IDP camps and for other groups who reside in illegal settlements. As many NGOs are phasing or have phased out their operations and IDPs have to pay fees for treatments¹⁷. This accompanied by the spread of HTPs such as FGM, milk tooth extraction, and tattooing which are all prevalent and identified by medical experts as high risk factors for the transmission of HIV/AIDS and for causing other major health hazards.

3.3. The context of Female Genital Mutilation (FGM) in Sudan: An overview

The roots of FGM/C are tangled deep in the social and cultural traditions of many parts of Sudan. They reflect stark inequalities in the status of women and girls. FGM/C is closely linked with a girl’s modesty, and morality and family honour; girls who are cut are considered decent, chaste and morally pure. FGM/C is also considered to make girls

¹⁵ WHO, The State of Midwifery Report 2011: Delivering Health, Saving Lives, (http://www.unfpa.org/sowmy/resources/docs/main_report/en_SOWMR_Part4.pdf)

¹⁶ UNAIDS Reports 2008 cited in Al – Nagar at al, 2011:11-12

¹⁷ Future Scenarios of IDPs in Mayo P20- ADD FULL REFERENCE

suitable for marriage. Pejorative terms are used to disgrace uncut girls, including the word *qulfa*, which is associated with low status and prostitution (UNICEF, 2009:40).

Statistics on the prevalence rates of FGM in Sudan have been steadily indicating a decrease in the practice. To illustrate, successive national surveys between 1979 and 1983 recorded that 96% of women have undergone FGM. A study carried out by SNCTP between 1996 and 2000 showed that the prevalence rate of FGM among Northern Sudanese women is 84% and 91% among rural women (SNCTP-NORAD, 2006). Data from the 2006 Household Survey indicated that FGM was reducing but still widespread in Sudan and about 89% of women aged 15–49 in the northern part of the country have undergone some sort of FGM¹⁸. The most recent statistics offered by the Sudanese Survey for Family Health and the Millennium Development Goals (2010) also points to a drop in the prevalent rates of FGM by 65.5%. The same survey suggests that 42.3 of women aged 15-49 still support the practice of FGM.

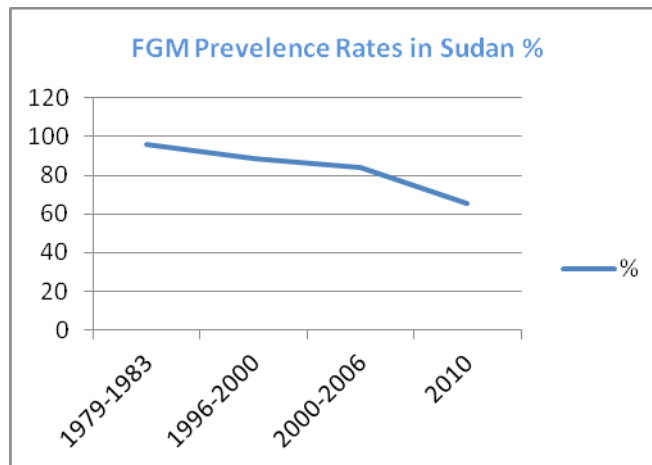


Table (), 2010

Despite these improvements, the persistence of the practice is still common in Sudan; however, the prevalence varies on basis of geographical locations, religion, age, level of education, etc. For example, FGM is practiced to a wide extent in Northern Sudan and in rural areas, compared to the Southern parts and the urban centres. For instance, support for FGM is weakest among women in Khartoum (32%) and highest among women in Kassala (69%) and south Darfur (66%) - (Al-Nagar at al, 2011:12). Furthermore, it was shown that better educated women and women in the wealthiest quintile are less likely to favour the continuation of FGM (28%) compared to women who are uneducated and in the poorest quintile (63 %). Interestingly, younger women were more inclined to support the

¹⁸ Sudan Household Survey 2006. http://www.unicef.org/sudan/health_4284.html

continuation of female circumcision. For example, 58% of women aged 15–19 support the practice compared to 49% of women aged 15–49 (Ahmed et. al 2009). Similarly, a recent study among the students of the Khartoum University suggests that the number of female students supporting the continuation of the practice is exceeding that of their male counterparts (University of St. Andrew, Scotland, UK. 2011). This steady drop of the rates of female circumcision in Sudan is reflected not only in the total number of incidents but also in the practice of ‘milder’ form of FGM – i.e. from the severe form of infibulations commonly known in Sudan as *Farouni* (type III) to *Sunna* circumcision (type II)¹⁹.

However slow, the gradual shift in public attitudes toward female circumcision in Sudan has been largely driven by intensive efforts of advocacy and policy led by the government, NGOs, individuals, and other stakeholders (LandInfo, 2008). Historically, political and religious leaders, with the support of medical doctors and British colonial officials, initiated the first efforts to promote the abandonment of FGM in the Sudan during the 1930s. Toward the end of 1970s social movement largely driven by local NGOs and motivated by individual cases of girls who had died while being cut had begun to campaign against FGM (UNICEF, 2009:41). Today in Sudan, FGM abandonment programs and activities are promoted at all levels – community, state and national. As civil society organizations became involved and drew attention to the dangers of FGM/C, the Government of the Sudan also began to show greater interest in the subject and hosted a number of regional conferences that framed FGM/C within the broader context of protecting the rights of children (UNICEF, 2009:41). The evolving interests and voices against FGM are manifested not only in the quantity of actors and campaigns but also in the approaches and methods adopted in advocacy. In other words, many groups shifted their approach from focusing on the medical aspects (which is deemed to limit the impact of these campaigns) of the practice to a rather broader one which emphasizes FGM as a form of GBV and as a dreadful threat for the human rights of women and children and an impediment to effective and sustainable development.

Moreover, SNCTP along with other NGOs propose new and creative ways in their efforts to reach out to local communities and advocate for eliminating the practice of FGM.

¹⁹ Female genital mutilation is classified into four major types.

- Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
- Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

WHO. Female Genital Mutilation, Factsheet No 241, February 2010,
<http://www.who.int/mediacentre/factsheets/fs241/en/> (accessed 15 December 2011)

For example, the national *Saleema* campaign which was launched in March 2008, uses an 'appreciative approach' in which women's - body as they were born - is perfect and should remain intact. The Arabic word *saleema*, meaning whole, undamaged, unharmed, complete, was eventually chosen to describe the uncut female. An added advantage was that *saleema* could also be used as a girl's name (UNICEF, 2009).

These efforts would not be fully successful or sustained unless the FGM practice is completely banned and the perpetrators are held accountable. The body of legislations that addressed HTPs and child rights are largely ambiguous, and is not enforced. In addition, in some occasions activists and NGOs combating FGM can be subject to pressure from the authorities to stop their activities; whilst there are well organized pro-FGM campaigns (LandInfo. 2008).

For example, in the past two years, the National Council for Child Welfare²⁰, has carried out joint activities with SNCTP, as well as other relevant national NGOs, in 2009 to formulate a new Child Rights Act, which included provisions criminalizing all forms of FGM. The article, referred to as article 13, had provisions criminalizing all types of FGM, and allows for the arrest and imprisonment of the person, or persons, who carry out the procedure, as well as the guardians and anyone who was aware of the act. However, the attempts to criminalize all forms of FGM failed, after senior government officials, supported by a fatwa supporting the use of FGM type I and II, blocked article 13 and threatened to scrap the whole of the Child Act. The Child Act was finalized and came into force in 2010, without clear language regarding the criminalization of FGM. This was a major set-back for the campaign, as it encouraged the continuation of the practice. In addition, it leaves room for interpretation what type of FGM can be carried out. Furthermore, this has given the green light for the continuation of the practice, as there are no consequences for those who carry out circumcision or allow it. This can also set precedents in other countries where FGM is still being practiced, such as Somalia, Djibouti, Yemen, Ethiopia, Eritrea, and Chad and in parts of West Africa could implement the fatwa that the Sudanese government used to reject the full criminalization of FGM (SNCTP Report, 2010:3).

²⁰ a department within the Ministry of Social Welfare, Women and Child Affairs, works to monitor and implement the Convention on the Rights of the Child nationally in the Sudan



'We are committed to eliminate FGM from the societies despite the move of the government in dropping FGM law from child act 2009'. Said the midwives. SNCTP report 2010

SNCTP has been playing an instrumental role on many levels in the FGM campaign, as well as in the wider awareness campaigns on Harmful Traditional Practices (HTP). While recognized as a significant contributor in bringing positive change in attitudes and an end to FGM, there are numerous challenges for SNCTP- internal and external- which reduces and weakens its impact and its ability to meet the goals it has set for itself.

3.4. SNCTP program goals, objectives and initiatives in the context of FGM in Sudan

Please note that this section will be completed

3.4.1. SNCTP in Sudan: an overview

Privileged position:

- Widely recognized and highly respected leadership
- Long history and experience and pioneering role
- Outreach across various sectors of society including with top policy makers and with religious leaders
- Outreach on the regional and international levels – e.g. SNCTP is the national committee in Sudan of the Inter-African Committee against Harmful Traditional Practices (IAC)

Approaches:

- FGM is a form of GBV (health) – then later linked to HIV/AIDS
- FGM should be seen in the context of women, child and human rights – and MDGs
- Rights-based approach

Program pedagogical methods:

- Cultural-based tools
- Innovation and the use of art and audiovisual learning
- Technology?

3.4.2. Summary of major activities and contributions in the area of FGM – 2004-2011:

SNCTP in Mayo 2004-2011:

Project title: Local communities together stop FGM/HTPs reduce GBV & HIV/AIDS

Project Overall Goal: to contribute in improving the protection of health rights and well being of women, children and family affairs at Mayo farms IDPs camp & its surroundings areas in Khartoum state.

Total Population of IDPs in Mayo in 2010	No if IDPs who benefited from SNCTP program 2003-2010
28000	15000
	<i>Question: is this gender differentiated?</i>

Target Groups

The target groups involved in the project: are Midwives, teachers, opinion community leaders, traditional healers, lactating and pregnant mothers, parent's religious leaders, local council members, women organizations and schools' pupils.

Objectives, Activities: - Methods:

SNCTP uses community dialogues, fast education via participation, as well as rights-based approach, and psychological intervention. SNCTP uses five years strategy – currently SNCTP is implement ting 2008-2012 strategy

To be completed

Summary of SNCTP objectives and activities in Mayo:

Activity	Year(s)	No of participants and their affiliation	Number of Activities	Method(s) used	Outcome	Cost	Other
WSs							
ToTs							
posters							
T-shirts							
Football Competition on FGM elimination Cup							
Inter-Schools debate competition on FGM/HTPs							
Celebration of the 6th Feb event_							
Meetings							
Monthly Follow up Missions							
Monitoring Mission							

To be completed

4. Methodology:

With guidance from NCA and SNCTP, the design of this evaluation was developed on a right-based approach principle in accordance with NCA Global Strategic Plan 2005-2009. Hence, a participatory research approach that relied on a combination of qualitative and quantitative methodologies was implemented. As the evaluation relies principally on the rights holders and duty bearers who have been involved in the program, relevant data has been collected through focus groups discussions (FGDs) and semi-structured interviews (SSI) with individuals. In addition, a research questionnaire was set up in line with KAP study methods in order to measure changes in IDPs knowledge, attitudes and practices in response to the interventions made by SNCTP in addressing FGM. KAP is a useful tool to facilitate the exchange of opinions and experiences, which are essential in the process of changing attitudes towards FGM. The evaluation sample was selected in a systematic manner based on engaging an even number of participants affiliating to the five focus groups i.e. mothers and midwives, religious and community leaders, teachers, school pupils, and youth. Furthermore, the evaluation data has been gathered through reviewing relevant program materials and documents such as program proposals, SNCTP reports to NCA and national and international reports on FGM, HTPs and woman and child rights. Finally, a meeting will be held in Khartoum (on 20 December) where the preliminary findings of the evaluation will be discussed and analyzed. The background information extracted from the documents and the data which were gained during the fieldwork will all be integrated and synthesized in order to compose the final report for this evaluation.

According to NCA, the indicators of achievement which are common objective level indicators for SNCTP since 2006 are generally derived from:

1. A reduction in FGM/HTP's is observed in the target area (Mayo Farm)
2. The role of men and male children in activities that used to be traditionally assigned for girls and women increased in the target area
3. Increased knowledge on negative consequences of FGM/HTP's and violence on women's health and rights shown in the target area
4. Changes in parents, grandmothers, midwives behavior towards gender roles and sensitivity realized in the target areas
5. Increased knowledge on women's legal rights and leadership

In order to conduct the evaluation, an international consultant (Dr. Amira Ahmed) was selected to lead the evaluation. She then identified a co consultant (Ms. Bashair Salaheldin E. Ahmed) and they have been both working closely together with NCA and SNCTP teams. Both consultants were highly skilled researchers and their entrenched

knowledge and familiarity with the context and the official language of Sudan as well their experience working with refugees and IDPs have all presented an important advantage for the evaluation. In consultation with NCA and SNCTP, the consultants developed the evaluation plan and design including the evaluation methodology and data collection tools. The work plan and the evaluation methodologies set by the consultants were thoroughly discussed and were approved during a Workshop which took place in the NCA Khartoum Office on 14 November 2011 (please see Annex II). The workshop involved Mr. Tarig Ali (NCA), Mr. Samuel (SNCTP), and the two consultants mentioned above. It is important to mention that during the workshop, it was decided that the evaluation should attempt to underpin the above listed five indicators, but should give particular attention to indicators number (1) and (3) due to their relevance to the subject matter. Upon the approval of the work plan and the evaluation methodology, a data collection phase was launched and continued until almost the end of the same month.

The research sample reflected a diversity of internally displaced people who are living in Mayo Farm. The evaluation research participants were identified by SNCTP and represented five main groups or categories of RHs and DBs as follows: mothers and midwives, religious and community leaders, teachers, school pupils, and youth.

4.1. Fieldwork in Khartoum (November 2011): Data collection tools

As it was mentioned earlier in the report beside the review of the pertinent documents and materials, relevant data for this evaluation report were gained through FGDs and SSIs.

4.1.1. Focus Group Discussions (FGDs)

Overall, a total of 75 RHs and DBs were invited and participated in five FGDs in accordance with the various groups of RHs and DBs identified above. The structure and activities of the FGDs sessions were developed in a creative way in order to engage both the participants and evaluator and to allow for proactive engagement and interaction (please see Annex III). All FGDs took place in SNCTP Office in Khartoum-Gabra. The first FGD was held with the group of 'mothers and midwives' and it took place on 16 November 2006. Amira Ahmed and Ms. Bashair Salaheldin E. Ahmed co-facilitated the first FGD; then Ms. Ahmed was fully in charge of the facilitation process for the rest of the four FGDs. Note takers were recruited by SNCTP in order to capture the discussions which took place through the various activities of the FGDs and photos have been also taken.

Table (): A Summary of FGDs conducted by Category

Category	No of women participants	No of men participants	Total no of participants
Mothers & Midwives	20	0	20
Community & Religious Leaders	0	8	8
School Pupils	20	0	20
Teachers	16	2	18
Youth	3	6	9

4.1.2. Semi-Structured Interviews (SSIs)

SSIs were based on guiding questions which were crafted in live with the evaluations objectives and indicators. The guiding questions were always adjusted and tuned depending on the person who will be interviewed (please see Annex V). Ms. Bashair Salaheldin E. Ahmed carried out all the nine interviews in Khartoum. The interviewees were selected by both NCA and SNCTP. The identified key participants in these interviews reflected persons who had an interest in the area of HTPs/FGM and/or the NCA-SNCTP program including midwives, teachers and youth as well as representatives from NCA staff, SNCTP staff, NGO's working on women and girls rights issues and cooperating with NCA, relevant UN Agencies, Sudanese Federal Ministry of Health and other relevant national and international organizations. Most of the interviews were conducted in Arabic; each interview took an average of 1 hr 15 minutes and they were interactive and conversational. The followings table demonstrates the names and affiliations of people who have been interviewed:

S/No.	Name	Position	Date of interview
1.	Mr. Amin El Fadil	Country Director, Save the Children Sweden.	22 Nov. 2011

2.	Dr. Samira Ahmed El Amin	Child protection specialist UNICEF Khartoum	<i>interview did not take place due to travels of interviewee</i>
3.	Ms. Elisabeth Mustorp	NCA Country Director	22 Nov. 2011
4.	Mr. Tarig Ali	NCA	21 Nov. 2011
5.	Dr Amna A. R. Hassan	Executive Director SNCTP	16 Nov. 2011
6.	Mr. Samuel Kabi	Project Officer for SNCTP and Project Coordinator for FGM project in Mayo	19 & 21 Nov. 2011
7.	Ms. Wafa Kamal Alamin, Journalist and Board Member since 2010	SNCTP: SNCTP board members	20 Nov. 2011
8.	Ms. Samira Suliman Da'oud, Activist and Board Member since 2010; was a founding member of SNCTP in 1985	SNCTP: SNCTP board members	20 Nov. 2011
9.	Dr. Omer Abdelmtalib	Director of Omer Ibn Alkatab Medical Centre in Mayo	20 Nov. 2011
10.	Ms. Fatma Abdallah Agir	Mothers/Midwives	16 Nov.2011
11.	Ms. Munira Suliman	Mothers/Midwives	16 Nov. 2011
12.	Ms. Mariam Haroun	Teachers	23 Nov. 2011
13.	Ms. Amira Azhari	FGM Programme Coordinator, National Council for Child Welfare	23 Nov. 2011

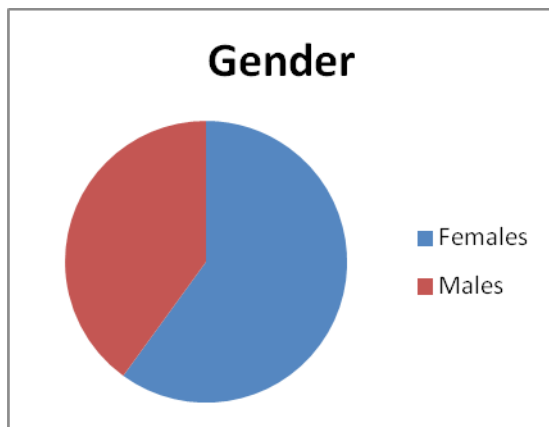
4.1.3. Surveys

In addition to FGDs and SSIs, a survey technique in the form of a research questionnaire was designed and distributed evenly (20 questionnaire per each group) among the five categories of focus. A total number of 100 RHs and DBs responded to the survey. The questionnaire's design was informed by the KAPs²¹ approach and was structured to cover three main sections as follows: a) demographic and Socio-economic background data, b) Knowledge, Attitude and Practice of FGM, and c) SNCTP community-based activities. The content in all categories of questionnaires resembled each other; however some questions

were adjusted and customized in order to suit the specific category of respondents. Hence, five sets of questionnaires were developed and were translated in Arabic before distribution. In order to use time effectively, five data collectors were recruited by NCA/SNCTP in order to carry out the survey, each data collector was in charge of one of the identified five categories (please see Annex IV). The five data collectors met with the evaluators in an orientation whereby the collectors and the evaluators discussed the structure, content and the expected outcome of the survey

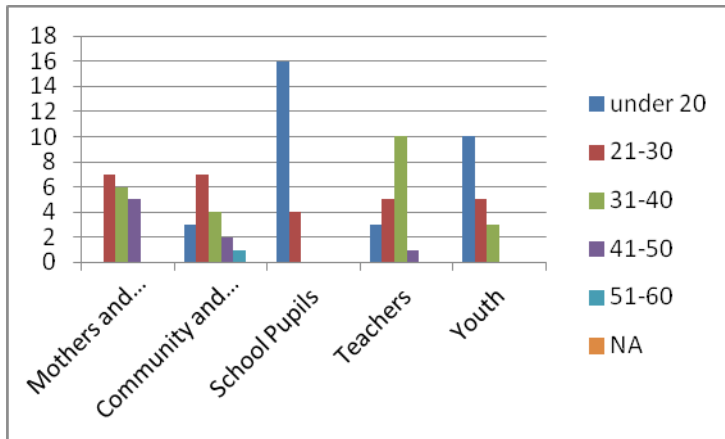
The following graphs illustrate the demographic and socio-economic profile of the IDPs:

Gender:



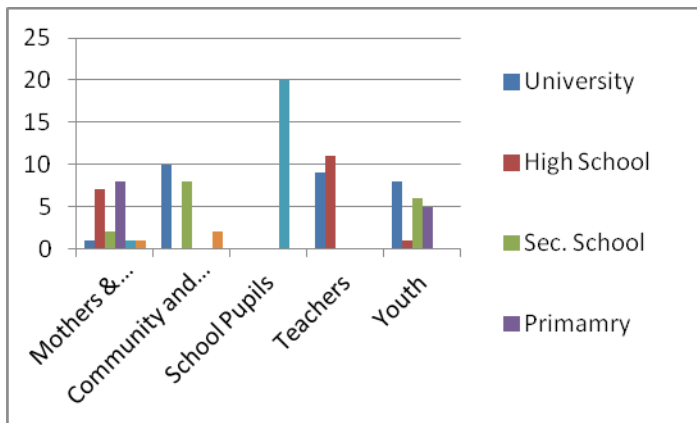
Category/sex	Females	Males
Mothers & Midwives	20	
Community & Religious Leaders	6	14
School Pupils	11	9
Teachers	13	7
Youth	10	10

Age:



Under 20	27
21-30	35
31-40	23
41-50	8
51-60	1
(NA)	6

Education:

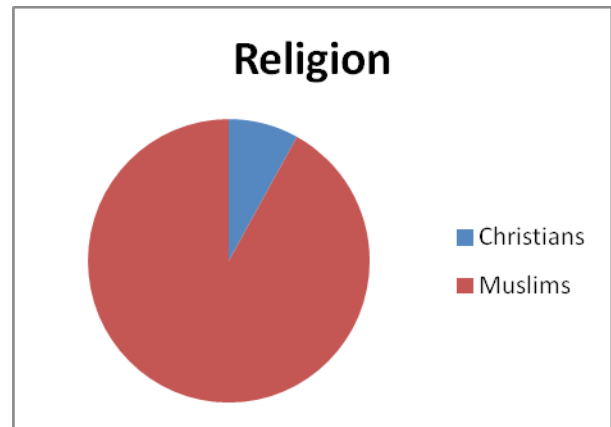
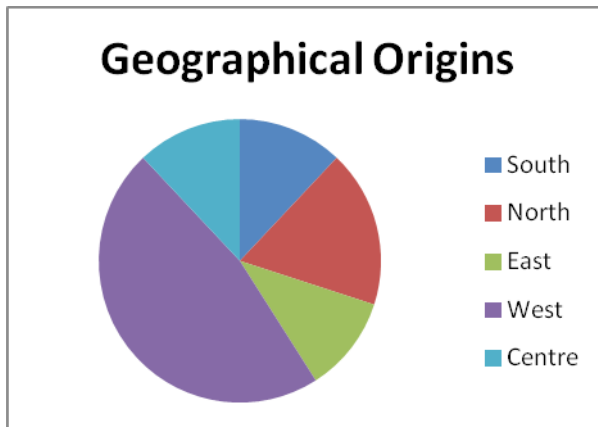


University	28
High School	19
Secondary School	16
Primary	13
Still at School	21
never	3

Marital Status:

single	married	divorced	widowed
47	44	2	7

Geographical origin:



Employment:

House-wife	Nurse of midwife	Tea seller	Domestic worker	teacher	student	Religious leader	Tribal leader	clerk	worker	Other
8	6		2	30	35	6	2	2	1	7

Years of living in Mayo Camp:

No information available on school pupils?- will be checked and completed

Will provide some discussion and analysis under each graph

Overall, the methodology has been implemented fairly well and both NCA and SNCTP helped to make the process of the evaluation smooth and very efficient. On the other hand, there were some constraints and challenges during evaluation, which are highlighted below.

Challenges

- There was ambiguity on the definition of the five groups of RHs and DBs under the focus of this evaluation. For example, lumping mothers and midwives in one category, the differentiation between school pupils and youth at least in term of age, etc.
- Time keeping: continued delays have interrupts the program; several meetings had to be cancelled or postponed due to lack of time-keeping
- The period covered by the evaluation is too long *and the time offered for the evaluation is too short* - only a handful of people have been involved or know about the project since its inception in 2004
- Some beneficiaries were difficult to reach- this might reflect that they are not as engaged with the organisation as other groups. For example only 9 people participated in the youth focus group and 8 for the religious and community leaders group.
- Some of those who participated in the focus group discussion were not aware of the organisation or its activities, this rendered some of the discussions as irrelevant, also, it reflected that SNCTP was probably trying to fulfil number requirements for participants, rather than the quality of information.
- Access to Mayo: this is a problem for NCA, making it more difficult to evaluate and monitor the work. The lack of access has also made the evaluation more difficult- beneficiaries had to be transported to SNCTPs office so the process was more complicated.
- The notes which came out from the FGDs could have included more details and captured the key issues in the group discussions more accurately.

5. Evaluation findings:

This section offers preliminary findings for the evaluation. The findings will be clustered under two main sections: prevalence and KAP of FGM and the specific impact of SNCTP efforts and activities in combating FGM in Mayo Farm area.

Section A: Relevance, Knowledge, attitude and practice of FGM in Mayo Farm

a. Prevalence: Incident rates and type of circumcision

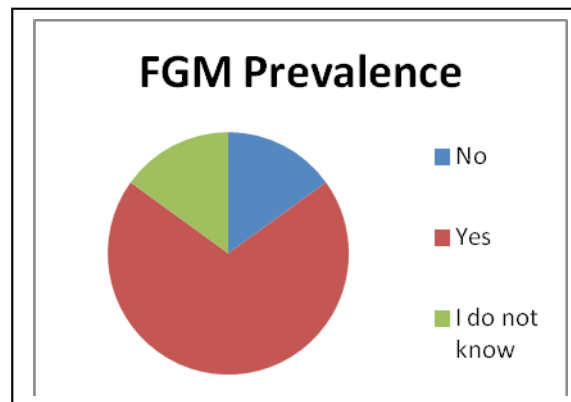
Indicator: A reduction in FGM/HTP's is observed in the target area (Mayo Farm)

Total number of female circumcised:

For female respondents, are you circumcised?

Yes	42
No	9
I do not know	9
Total	60

Total number of circumcisions



Category	yes	no	I do not know
Mothers & Midwives (20)	18	2	4
Community & Religious Leaders (6)	5	1	
School Pupils (11)	7	4	4
Teachers (13)	11	1	1
Youth (10)	9	1	

Number of circumcisions by category:

Indicator: Young girls are less likely to be circumcised

This finding suggests that almost 70% of the female respondents are circumcised. As the above table demonstrates FGM is still carried out across age groups though slightly decreasing among the younger generation as it is the case in the category of school pupils. The percentage (70%) is close to the national prevalence rate cited by surveys. However, this finding contradicts the indicated below responses which suggest that the number of female circumcisions is dramatically decreasing.

During the past 10 years, do you think that circumcision is still practiced in your community?

Yes	30
No	60
Other	6
I do not know	4

Do you think that the number of girls who get circumcised is less than before?

Yes	76
No	8
Other	3
I do not know	12

This could disturbingly imply that FGM still takes place but in clandestine. Some respondents pointed out that FGM, though reducing, is still practiced by some individuals whom along with the excisors tend to conceal avoiding legal persecution or any pressure or confrontations with campaigners. In addition, an internal evaluation report by SNCTP in Mayo Farm project (2004 - 2005) revealed that some of the midwives who have received training continue to practice FGM- it remains a lucrative business, and there are not many,

if any, alternative financial incentives. This has been also confirmed by many participants in this evaluation research. Moreover, there are confusing religious messages, which are dictating support for this attitude. For example in a study conducted among Khartoum University students, it was found that because of reasons related to religion, almost 20% of all students supported the practice of FGM, even though averages of 90% were aware of the complications associated with it (E Herieka, J Dhar 2003).

Types of circumcision:

Indicator: Sunna type of circumcision is more common among younger generations.

Category	Faruni	Sunna	I do not know	Other
Mothers & Midwives (20)	12	5		2
Community & Religious Leaders (6)	3	1	2	1
School Pupils (11)	1	7	2	1
Teachers (13)	11	1	1	
Youth (10)	9	1		

Types of circumcisions by categories

One way to measure the decline of female circumcision in Sudan is to note the type of circumcision which is commonly practiced. In general, stakeholders suggest that the transition from the severe form of Faruni to Sunna is regarded as a positive step on the road of FGM eradication. The data illustrated in the above graph indicate that the sunna type is more common among the new generation. For example, out of the 11 female school pupils, seven respondents stated that the type of the circumcision they have undergone was sunna while 1 of them had been under the Faruni type, two were not aware of the type

of their circumcision and one of the respondents had been through another form of FGM which was not clearly identified.

More analysis and more feedback from FGDs and SSI will be incorporated here

b. Knowledge about female circumcision

Indicator: knowledge on negative consequences of FGM/HTP's and violence on women's health and rights shown in the target area

Do you think that circumcision is a good practice?

Category	yes	no	I do not know
Mothers & Midwives	2	18	0
Community & Religious Leaders	1	16	0
School Pupils	1	19	0
Teachers	0	19	1
Youth	0	20	0

Do you think the practice of circumcision should continue?

Category	yes	no	I do not know
Mothers & Midwives	0	18	2
Community & Religious Leaders	0	18	1
School Pupils	0	20	0
Teachers	0	20	0
Youth	1	10	0

If your answer is yes, why do you think that circumcision should discontinue?

- 1) Not good for women's health

There was overwhelming consensus on the hazardous consequences that FGM might cause for women's health. When asked whether they believe that circumcision is a good practice or should continue to be performed, many responded negatively elaborating that it is risky for a number of reasons such as:

Mothers & Midwives	16
Community & Religious Leaders	18
School Pupils	17
Teachers	15
Youth	11

2) Illegal

Mothers & Midwives	14
Community & Religious Leaders	12
School Pupils	3
Teachers	9
Youth	11

3) None of religion

Mothers & Midwives	7
Community & Religious Leaders	12
School Pupils	2
Teachers	10
Youth	8

On the other hand, those who believed that FGM should continue based their responses on the grounds that female circumcision is a good practice as it is considered one of the old and good traditions, protects girl's chastity, keeps female genital organs clean.

Is circumcision legal under Sudanese law?

Category	yes	no	I do not know
Mothers & Midwives	0	18	2
Community & Religious Leaders	0	16	3
School Pupils			
Teachers	2	16	2
Youth	2	18	0

More analysis and more feedback from FGDs and SSI will be incorporated here

c. Attitude towards female circumcision

Indicator: *An increasing number of women and men have no intention to circumcise their daughters or continue to support circumcision*

The intention of women and men about their ‘daughters’ circumcision indicates positive changes.

If you have female children under your care, would you circumcise them in the future?

Category	NA	yes	no	I do not know
Mothers & Midwives	9	0	8	3
Community & Religious Leaders	4	2	14	0
School Pupils				
Teachers	4	0	13	3
Youth	0	4	16	0

Is there a difference between circumcised and uncircumcised girls?

Category	yes	no	I do not know
Mothers & Midwives	16	1	3
Community & Religious Leaders	17	1	2
School Pupils	17	3	1
Teachers	18	1	1
Youth	17	1	2

If you decided to go back to your region, would you support the performance of girl’s circumcision?

Category	yes	no	I do not know
Mothers & Midwives		10	1
Community & Religious Leaders	1	18	1
School Pupils			

Teachers		20	
Youth	1	19	

Indicator: Men are less likely to have preference for future partner to be circumcised

We asked the youth if they would be willing to marry uncircumcised woman in the future.

yes	no
9	1

More analysis and more feedback from FGDs and SSI will be incorporated here

d. Practice: who perform female circumcision?

In the past, female circumcision was performed widely by traditional health attendants, by elder women and to some degree by medical workers.

Have you heard of a girl who has been recently circumcised?

30	Yes
59	No
4	I do not know
7	Other

In order to get insights on who performs female circumcision at present, we asked the respondents who have heard of girls who got circumcised recently the following question:

If yes heard of a girl who has been recently circumcised who did the circumcision?

20	Midwives
2	Grandmother
2	I do not know
8	Others

Social sanction against performs (the midwife who got her tool box confiscated by her colleagues because she performed circumcision despite that she has taken the midwife oath)



Figure 1: Midwives' code of honor against the practice of FGM

Midwives' Oath

I swear to God Almighty to perform my duties faithfully and diligently, that I practice my profession as I learned, not to hesitate if I was called to any place under all circumstances regardless of colour, race or creed, to preserve the secrets of homes; not to practice female circumcision and to be honest and truthful in all my words and my actions.

Midwives Code of Honour to abstain from practicing female circumcision

I swear to God Almighty that:

- I do not perform female circumcision of any kind or any surgical operation of the genital organs for any child, even at the insistence of her parents.
- I do not perform female circumcision of any kind or any surgical operation on any adult woman but only at the reversal of

Figure 2: Midwives' code of honor against the practice of FGM (unofficial English translation).

Section B: SNCTP program relevance and effectiveness

Please ignore this section – further data required

- a. **Approaches – Rights based approach**

b. Methods:

Pedagogical methods and approach used in awareness raising: right-based, AIDS, accessibility to religious circles and policy makers

Who are the sources of messages against FGM in your community?

Parents	5
Relatives	1
Friends	1
Religious leaders	30
Community leaders	7
Teachers	33
Health workers	22
Midwives	33
Radio	19
TV	23
Posters	28
workshops	34
SNCTP	50
All	7
None	2

Outreach

Have you ever heard about SNCTP?

yes	No	Other
88	6	6

If the answer is yes, have you been aware of any of their activities? Such as:

Workshops	62
Meetings	27
Work in Mayo Schoold	55
Work with mothers and midwives	50
FGM Intenrational Day	33
Posters	49
Football	17
T-Shirts	16
All	17
None	3

If you have ever participated in one of these activities, what was it/they?

- I participated in awareness raising activities against FGM and I support that (8)
- I gave orientation sessions for mothers (2)
- I have never participated in their activities (6)
- Carried out awareness raising activities during my work in one of the NGOs
- Awareness raising activities (4)
- Lectures and awareness raising activities
- I participated in one workshop against FGM
- I participated in many activities and I preach against FGM in the mosque in Friday Prayers and in the religion oratories and occasions
- I always preach that FGM is forbidden both legally and in the religion
- I participated in the activities which were organized by SNCTP in my school (6)
- Distributing anti-FGM posters for people in markets and streets (6)
- International FGM day and I distributed anti-FGM posters and materials (7)
- I met with Prof. Amna Abderahman and went to workshops in SNCTP
- Creating awareness against FGM in Mayo's schools and in the society (5)
- Creating awareness among mothers and for kids in the school (3)
- Participating in workshops in the schools, awareness raising for mothers, meeting with religious leaders to explain the risks associated to FGM (2)
- Participated and helped in implementing workshops which advocate for fighting FGM and HTPs and violence against women
- Participated in creating awareness around the risks of FGM among friends and in the neighbourhood where I live (2)
- Helped to organize and participated in a workshop with mothers and pupils in the school and gave lectures on the risks of FGM (2)
- Participated in a workshop which was entitled 'the risks of FGM on women at present and in the future'
- As a teacher I participated in almost all activities which were organized in my school
- I thank SNCTP for the important role they have been playing in combating such an ugly tradition – their activities are very important affecting IDPs including those who came from regions where FGM is widespread (2)
- I gave lectures for midwives in health centres on the hazards of FGM and its consequences on women's health
- I gave awareness during the school's morning assembly and gave lectures inside the school and for mother and midwives

- I did not participate (4)
- Participated in a first aid course and in women and child health courses
- Participated in various activities related to FGM and HTPs such as *sheloukh* , *throat cutting* and not using personal stuff e.g. shaving tools, etc (6)
- Advocated for abandoning FGM because of its severe consequences on women

What are the key lessons you have learned from you participation in it/them?

Evaluation participants articulated that they have learned the following through their engagement in the SNCTP activities:

- I learned to fight against HTPs such as FGM and *sheloukh* and throat cutting and teeth breaking – I also learned about AIDS **(10)**
- Lots of things and useful experience
- I got a training course on how to combat HTPs
- Fight against HTPs in the society
- Work and cooperation with friends and relatives to fight HTPs
- FGM risks and impact
- That we are leaders and we are able to convey a message
- Confronting society without fear or hesitation in order to fight against HTPs
- I learned to ask questions and receive the right answers
- All religions called for protecting the rights of women and children – in Islam e.g. the Prophet said ‘awssekoum alnessaa’
- FGM causes alot of risks and complications for women’s health especially when they give birth
- I try to raise awareness on FGM inside my family and among friends
- To promote awareness on the risks of FGM in my society **(11)**
- To promote awareness on the risks of FGM within my family including uncles and aunts **(7)**
- I became aware of the danger of FGM
- I received awareness and learned on public health and child health and on fighting FGM and HTPs **(2)**
- I learnt that all types of FGM are dangerous for women’s health

- I learned that we should not repeat the mistakes of our parents with our children and to create awareness among our families, relatives and neighbours and to warn them by reminding them that they are practicing something which is illegal. Contributing with the society in combating HTPs and AIDS **(3)**
- Understanding the hazard which FGM presents for women and its consequences on women and on the society as a whole **(2)**
- Fighting FGM and protecting mothers and motherhood **(1)**
- Protecting the rights of the child and mother **(2)**
- I learned that FGM is as dangerous as it might lead to women's death especially during labour **(2)**
- I learned how to avoid and fight AIDS and how I should treat AIDS patients with respect **(3)**
- I learned a lot of lessons – using what I have learned I will be able to convey the message to my pupils in the classroom and in the school so they can be aware of those risks
- I learned to pass the message to the community in the most proper way and without fear **(3)**
- I received through information on the risks of FGM and I understood that as a woman I have rights and duties towards the society and my duty is to contribute to create change and abolish HTPs
- Education and learning about the hazards of FGM and Zar
- Not to violate child rights including child labour and child military conscription
- Fighting against AIDS and how to protect myself from it **(11)**
- I learned the FGM has bad consequences on women's health and exposes her to risks and that both religion and law do not encourage women circumcision.

c. **Networks and Partnerships: locals + other stakeholders**

To be completed

Section C: Program implementation

Lessons Learned:

To be completed

Sustainability and the way forward: administration, etc

To be completed

Conclusion

The program has made considerable progress vis-à-vis the intended results and continued to be relevant to the target beneficiaries, despite the challenges- numerous interviewees spoke highly of the work carried out in the FGM campaign.

The program was designed with some weaknesses in terms of translating the focal target groups and strategies for different phases of the project and different targets. Some important weakness observed; the program management tends to initiate activities but was less concerned about engaging beneficiaries and partners in the process of policy/strategy change and about follow up.

Recommendations

For SNCTP

1. Improvements to current program monitoring tools and practices and in particular impact measurement.
2. Clear Monitoring and Evaluation (M&E) framework should be established and implemented.
3. Diversify funding sources (SNCTP) so work is not completely relied upon funding from NCA.
4. Reach out to mothers and grandmothers as a priority. Create engaging materials targeting them and which would also allow them to share it with other relatives etc
5. Empower young girls (school pupils), and ensure that ALL get trained on FGM and its dangers. Maybe consider having volunteer doctors visit their families to tell them about the health complications associated with FGM.
6. A clear long term strategy (2-5 years) with the aim to clear focus on key areas of change, i.e. changing laws at state level, and then progress to federal level, identifying and addressing stoppages etc.
7. Need to have better engagement with the community to give them ownership,
8. Establish an exit plan from the onset of the project to ensure a smooth transition and to not loose gains made.

For NCA

1. Set-up regular monitoring visits to the field, security permitting

2. Ensure faster transfer of funds to SNCTP, so as to not delay the implementation of the programme. If necessary, the programme start dates should be changed in anticipation of delays.
3. Carry out capacity building trainings for all SNCTP staff, and not just those working on the project; this will ensure continuity and institutionalization of the programme and activities.

To be completed

Annexes

I. Work plan

Updated: 29 October 2011

Dates	Task	Lead
25- 29 October	Preparations (5 working days):	
	<ul style="list-style-type: none"> ▪ Collection and review of documents and relevant materials (list of documents – see TOR page 6) ▪ Search and collection of contextual documents (FGM, Sudan, FGM in Sudan) 	Amira and Bashair
	Tentative report outline (background, objectives, research questions, literature review, etc)	Amira- feedback from Bashair
	List of interviewees (share with NCA in advance to prepare schedule) + no of interviewees	NCA
	Conference call with NCA	Amira and Bashair
30 October- 6 November	Methodology (6 working days):	
	<ul style="list-style-type: none"> ▪ Outline achievement indicators – research Matrix (TOR page 4) - research questions - methodology and data collection tools: ▪ Preparations of guide questions for semi-structured interviews (target group, midwives, community leaders, NCA, policy makers in Sudan, Norwegian Embassy, NGOs other stakeholders – KIIs) ▪ Focus group (questions and methodology) ▪ Survey (knowledge and practice survey) - to assess the prevalence rates in 2003-2010 – Baseline survey <p><i>Note: Guide questions (for team) have to be adjusted according to interviewees:</i></p> <ol style="list-style-type: none"> 1. Beneficiaries 2. Community leaders 3. Officials (government, funders) 4. NGOs 5. health workers (midwives) 	Amira and feedback from the team
13- 15 Nov	Travel to Khartoum to finalise methodology, conduct interviews	Team

	and assessment (3 working days):	
	Meeting and presentation to NCA Khartoum on methodology + collecting more relevant materials	
	Identify and schedule meetings with target groups and relevant stakeholders	Amira , Bashair with NCA
	Collection of quantitative data	Bashair
15 -23 Nov.	Field work: interviews with relevant stakeholders (6 working days)	Bashair
	Midterm Review and further steps	Amira + Bashair
	Type notes and summaries from field work	Bashair
23 Nov - 4 December	Work on the first draft of the report (5 working days)	Amira with input from Bashair
	Draft structure of the report	
	Put together analysis , strategies and recommendations	
	Put together appendices, detailed notes etc	
	Submit draft report to NCA	
4-7 December	Discuss draft report with NCA Khartoum (2 working day)	Amira, with support from Bashair
8-12 Dec	final report, incorporating all comments (4 working days)	Amira and Bashair
14 Dec	Presentation of final report (1 working day)	Amira with support from Bashair
16-17 Dec	Tweaking and finalisation of report (2 working days)	Amira and Bashair
20 Dec	Final submission	Amira

II. Khartoum meeting Agenda – 14 November 2011

	ITEM	PAGE
	List of Acronyms List of Tables List of Figures & Illustrations Excusive Summary	
1	Executive Summary	
2	Introduction and Background to the Evaluation: Evaluation Objectives Structure of the Report	
3	FGM context in Sudan: Socio-economic and Political Context and their impact on reproductive health	

	<p>situation (Mayo)</p> <p>The context of female circumcision in Sudan</p> <p>SNCTP FGM program goals, objectives and initiatives in Mayo and its contribution on the national level</p>	
4	<p>Methodology:</p> <p>Documents Review</p> <p>FGDs</p> <p>SSIs</p> <p>Survey</p>	
5	<p>Evaluation Findings:</p> <p>Section A: Prevalence, Knowledge and attitude towards FGM</p> <p>Section B: SNCTP Program Relevance and Effectiveness:</p> <p>Approaches – Rights based approach</p> <p>Awareness raising methods and tools</p> <p>Outreach</p> <p>Networks and Partnerships: locals + other stakeholders</p> <p>Section C: Program Implementation</p> <p>Lessons learned</p> <p>Sustainability and the way forward</p>	
6	<p>Conclusion</p> <p>Recommendations</p>	
	<p>List of Annexes</p> <p>List of References</p>	

III. FGDs Design

FGD - Evaluation for SNCTP FGM Activities in Mayo (Draft)

Date:

TIME	ACTIVITY	METHODOLOGY	Logistics/Setting
08:30-09:00	Registration and coffee		Attendance sheet Notebook & pens
Session 1: INTRODUCTIONS/ HOPES AND FEARS			
09:00- 09:10	Opening: 1. Welcome and Introduction 2. Introducing participants	Welcoming remark (10 min) <ul style="list-style-type: none"> - Samuel and Tarig welcome participants and give a background of the evaluation and rationale for this focus group. - Participants introduce themselves briefly - Samuel introduces the Evaluation Consultant/Facilitator(s). Afterwards, s/he hands over the “process” to the evaluators/facilitator(s) and leaves meeting room. 	Three tables will be placed at the corners of the room for later use.
09:10- 09:30	3. Hopes and Fears regarding the Evaluation	Exercise- Hope and fear exercise (20min) In Plenary: the Facilitator(s) will ask the participants to reflect and comment on the following questions: Q. What are your hopes and your fears about this SNCTP activities evaluation process? Facilitator comments on the reason for discussing these hopes and fears: understanding ourselves requires us knowing what we want to achieve and what concerns we have. We all hold concerns about ourselves and our abilities but we don't always acknowledge them so we can recognize our fears when they emerge and can possibly address them. A reporter should collect the information gained during the discussion and then hand them in to the consultant	
Session 2: WORLD CAFE			
09:30- 10:30 including tea break (if possible)	World Cafe	Group work 1 – SNCTP FGM activities in Mayo – World Café (1hr 30min – 2hr) Facilitator(s) explains the process that we will use in this exercise. She notes that there are three different topics we will be considering and during the next 90 minutes or so, we will get a chance to visit each table. It doesn't matter where you start, you will move to another table after the first discussion. At each table there are a set of questions. The questions will guide your discussion but you can consider other questions that may come up. We ask one of you to volunteer to “anchor “the table. That means you will not move but will be responsible for sharing what people talked about during the previous round so that the discussion can build on what has already taken place. The anchor will also report out the key points of the discussion at the end of the process. The purpose of this methodology is to help cultivate the collective wisdom of the group and to build on each other's observations and ideas. Facilitator tells everyone they will have approx 25 minutes for discussion. She will ring a bell or make a sound when it's time to move. When it's time to move, please move to a different table with different people. Mix up as much as possible. Try not to stay as one group moving around. Participants rotate to	Preparations: Room Set up: Three tables for the three groups

		<p>different tables after about 20 minutes. An anchor remains on each table to ensure that the discussion from the previous table is summarised for the new table participants. In total 3 rounds are conducted ensuring that all participants, except for anchors have visited all the tables.</p> <ul style="list-style-type: none"> - Round One: (20 minutes) - Round Two: (20 minutes) - Round Three: (20 minutes) <p><i>They will cover the following themes (TRANSLATED):</i></p> <ol style="list-style-type: none"> 1) “Relevance of methods used by SNCTP in their awareness raising activities against FGM in Mayo” 2) “community participation in design and implementation of SNCTP activities” 3) “prevalence of FGM” 	Questions, themes, etc
10:30: 10:45 COFFEE/TEA BREAK TO BE SERVED DURING WORLD CAFÉ EXERCISE			
10:45- 11:30		<p>Report out (15 minutes) Each anchor is invited to briefly share the main themes of discussion emerging from their table. Each person will have about 5 minutes.</p> <p>Plenary reflection (30 min) The facilitator asks the participants the following question for reflection Given the discussions from the World Café, how would you assess SNCTP intervention for TP/FGM? How effective are these awareness raising activities in a country like Sudan?</p>	
Plenary			
11:30- 12:00	<p>Lessons learned and best practices</p> <p>Sustainability and way forward</p>	<p>Open Discussion In Plenary – participants will discuss the following questions:</p> <ol style="list-style-type: none"> 1. What might be replicable for future FGM Campaigns? 2. What was the least effective part of SNCTP activities against FGM in terms of implementation and contribution to the awareness raising around FGM in the community? 3. How do stakeholders and other key actors apply, expand or sustain the gains from SNCTP activities against FGM and from the FGM campaign in Sudan in general? 	<p>Preparations: Questions, themes, etc</p>

		Closing Circle. Facilitator will ask all participants to express one thought, learning, or experience from the day this FG to close.	
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- Energizers will be used when needed and participants will also to be invited to bring own

IV. Surveys

QUESTIONNAIRE- MOTHERS AND MIDWIVES

All questions contained in this questionnaire are strictly confidential.

Demographic and socio-economic background	
Name (optional)	2. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Age group:	<input type="checkbox"/> Under 20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> over 60 <input type="checkbox"/> I do not know <input type="checkbox"/> no response
4. Level of Education	<input type="checkbox"/> Never been to school <input type="checkbox"/> Still in school
	<input type="checkbox"/> Primary (complete or incomplete) <input type="checkbox"/> Secondary (complete or incomplete)
	<input type="checkbox"/> High school (complete or incomplete) <input type="checkbox"/> University (complete or incomplete)
	<input type="checkbox"/> Other (please specify)
5. Current Employment	<input type="checkbox"/> Housewife <input type="checkbox"/> Nurse or Midwife
	<input type="checkbox"/> Domestic worker <input type="checkbox"/> Teacher
	<input type="checkbox"/> Student <input type="checkbox"/> Construction Worker
	<input type="checkbox"/> Street Vendor <input type="checkbox"/> Officer Worker
	<input type="checkbox"/> Tea seller <input type="checkbox"/> Other (please specify)
6. Current marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Not specified
7. Religion:	<input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> No answer <input type="checkbox"/> Not specified
8. Geographical Origin:	<input type="checkbox"/> South ²² <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Central <input type="checkbox"/> Other (please specify):
9. How many years have you been living in Mayo Farm (Mandela)?	
<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> more (please specify)	
10. Are you planning to go back to your home area?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer	

Knowledge, Attitude and Practice of FGM²³

11. During the past 10 years, do you think that circumcision is still being practiced in your community?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To some extent <input type="checkbox"/> I do not know <input type="checkbox"/> Other (please specify):
12. Have you heard of a girl who has been recently circumcised?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):
13. If yes, who did the circumcision?
<input type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> I do not know <input type="checkbox"/> Other (please specify):

²² Former South Sudan, currently Republic of South Sudan

²³ For sections B & C - respondents may choose more than one answer

14. Are you circumcised?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
15. If yes, what is the type of circumcision?			
<input type="checkbox"/> Faruni (Infibulations) <input type="checkbox"/> Sunna (type I & II) <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
16. If you have female children under your care, are they circumcised?			
<input type="checkbox"/> Not relevant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
17. If you have female children under your care, would you circumcise them in the future?			
<input type="checkbox"/> Not relevant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
18. If yes, what would be the type of circumcision?			
<input type="checkbox"/> Faruni (Infibulations) <input type="checkbox"/> Sunna (type I & II) <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
19. Whom are you going to seek to carry out the circumcision?			
<input type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
20. Is there a difference between circumcised and uncircumcised girls?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
21. Is circumcision legal under Sudanese law?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
22. What are the reasons for girl's circumcision?			
<input type="checkbox"/> Religion	<input type="checkbox"/> Good tradition	<input type="checkbox"/> Better hygiene	<input type="checkbox"/> Protects girl's honor
<input type="checkbox"/> Marriage	<input type="checkbox"/> All	<input type="checkbox"/> No response	<input type="checkbox"/> Other (please specify):
23. Do you think circumcision is a good practice?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
24. If yes, why?			
<input type="checkbox"/> Religion	<input type="checkbox"/> Good tradition	<input type="checkbox"/> Better hygiene	<input type="checkbox"/> Protects girl's honor
<input type="checkbox"/> Marriage	<input type="checkbox"/> All	<input type="checkbox"/> No response	<input type="checkbox"/> Other (please specify):
25. If no, why?			
<input type="checkbox"/> It is not important now		<input type="checkbox"/> no difference between circumcised and uncircumcised girls	
<input type="checkbox"/> not good for women's health		<input type="checkbox"/> Not good for girl's education	
<input type="checkbox"/> it is illegal		<input type="checkbox"/> against religion	
<input type="checkbox"/> heard message ²⁴		<input type="checkbox"/> all	
<input type="checkbox"/> I do not know		<input type="checkbox"/> no answer	
<input type="checkbox"/> Other (please specify)			
26. Do you think the practice of circumcision should continue?			

²⁴ Information regarding the risks associated with FGM

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):
27. If you decided to go back to your region, would you support the performance of girl's circumcision?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):

SNCTP COMMUNITY-BASED ACTIVITIES

28. Do you think that the number of girls who get circumcised is less than before?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):	
29. Who are the sources of messages against FGM in your community?	
<input type="checkbox"/> Parents	<input type="checkbox"/> relatives
<input type="checkbox"/> friends	<input type="checkbox"/> religious leaders
<input type="checkbox"/> community leaders	<input type="checkbox"/> teachers
<input type="checkbox"/> health workers	<input type="checkbox"/> midwives
<input type="checkbox"/> radio	<input type="checkbox"/> TV
<input type="checkbox"/> posters	<input type="checkbox"/> workshops
<input type="checkbox"/> SNCTP	<input type="checkbox"/> none
<input type="checkbox"/> All	<input type="checkbox"/> Others (please specify)
30. Have you ever heard about SNCTP?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):	
31. If the answer is yes, have you been aware of any of their activities? Such as:	
<input type="checkbox"/> Workshops	<input type="checkbox"/> meetings
<input type="checkbox"/> work in Mayo schools	<input type="checkbox"/> work with mothers and midwives
<input type="checkbox"/> FGM international day	<input type="checkbox"/> Football competition
<input type="checkbox"/> Posters	<input type="checkbox"/> T-Shirts
<input type="checkbox"/> All	<input type="checkbox"/> None
<input type="checkbox"/> Other (please specify):	
32. If you have ever participated in one of these activities, what was it/they?	
33. What are the key lessons you have learned from you participation in it/them?	

QUESTIONNAIRE- religious and community leaders

All questions contained in this questionnaire are strictly confidential.

Demographic and socio-economic background	
Name (optional)	2. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Age group:	<input type="checkbox"/> Under 20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> over 60 <input type="checkbox"/> I do not know <input type="checkbox"/> no response
4. Level of Education	<input type="checkbox"/> Never been to school <input type="checkbox"/> Still in school
	<input type="checkbox"/> Primary (complete or incomplete) <input type="checkbox"/> Secondary (complete or incomplete)
	<input type="checkbox"/> High school (complete or incomplete) <input type="checkbox"/> University (complete or incomplete)
	<input type="checkbox"/> Other (please specify)
5. Current Social Status	<input type="checkbox"/> Religious leader <input type="checkbox"/> tribal leader
	<input type="checkbox"/> public figure <input type="checkbox"/> Grandmother/relative
	<input type="checkbox"/> Other (please specify)
6. Current marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Not specified
7. Religion:	<input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> No answer <input type="checkbox"/> Not specified
8. Geographical Origin:	<input type="checkbox"/> South ²⁵ <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Central <input type="checkbox"/> Other (please specify):
9. How many years have you been living in Mayo Farm (Mandela)?	
<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> more (please specify)	
10. Are you planning to go back to your home area?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer	

Knowledge, Attitude and Practice of FGM²⁶

11. During the past 10 years, do you think that circumcision is still being practiced in your community?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To some extent <input type="checkbox"/> I do not know <input type="checkbox"/> Other (please specify):
12. Have you heard of a girl who has been recently circumcised?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):
13. If yes, who did the circumcision?
<input type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> I do not know <input type="checkbox"/> Other (please specify):
14. For female leaders, are you circumcised?

²⁵ Former South Sudan, currently Republic of South Sudan

²⁶ For sections B & C - respondents may choose more than one answer

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
15. For female leaders, if yes, what is the type of circumcision?			
<input type="checkbox"/> Faruni (Infibulations) <input type="checkbox"/> Sunna (type I & II) <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
16. If you have female children under your care, are they circumcised?			
<input type="checkbox"/> Not relevant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
17. If you have female children under your care, would you circumcise them in the future?			
<input type="checkbox"/> Not relevant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
18. If yes, what would be the type of circumcision?			
<input type="checkbox"/> Faruni (Infibulations) <input type="checkbox"/> Sunna (type I & II) <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
19. Whom are you going to seek to carry out the circumcision?			
<input type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
20. Is there a difference between circumcised and uncircumcised girls?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
21. Is circumcision legal under Sudanese law?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
22. What are the reasons for girl's circumcision?			
<input type="checkbox"/> Religion	<input type="checkbox"/> Good tradition	<input type="checkbox"/> Better hygiene	<input type="checkbox"/> Protects girl's honor
<input type="checkbox"/> Marriage	<input type="checkbox"/> All	<input type="checkbox"/> No response	<input type="checkbox"/> Other (please specify):
23. Do you think circumcision is a good practice?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
24. If yes, why?			
<input type="checkbox"/> Religion	<input type="checkbox"/> Good tradition	<input type="checkbox"/> Better hygiene	<input type="checkbox"/> Protects girl's honor
<input type="checkbox"/> Marriage	<input type="checkbox"/> All	<input type="checkbox"/> No response	<input type="checkbox"/> Other (please specify):
25. If no, why?			
<input type="checkbox"/> It is not important now		<input type="checkbox"/> no difference between circumcised and uncircumcised girls	
<input type="checkbox"/> not good for women's health		<input type="checkbox"/> Not good for girl's education	
<input type="checkbox"/> it is illegal		<input type="checkbox"/> against religion	
<input type="checkbox"/> heard message ²⁷		<input type="checkbox"/> all	
<input type="checkbox"/> I do not know		<input type="checkbox"/> no answer	
<input type="checkbox"/> Other (please specify)			
26. Do you think the practice of circumcision should continue?			

²⁷ Information regarding the risks associated with FGM

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):
27. If you decided to go back to your region, would you support the performance of girl's circumcision?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):

SNCTP COMMUNITY-BASED ACTIVITIES

28. Do you think that the number of girls who get circumcised is less than before?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):	
29. Who are the sources of messages against FGM in your community?	
<input type="checkbox"/> Parents	<input type="checkbox"/> relatives
<input type="checkbox"/> friends	<input type="checkbox"/> religious leaders
<input type="checkbox"/> community leaders	<input type="checkbox"/> teachers
<input type="checkbox"/> health workers	<input type="checkbox"/> midwives
<input type="checkbox"/> radio	<input type="checkbox"/> TV
<input type="checkbox"/> posters	<input type="checkbox"/> workshops
<input type="checkbox"/> SNCTP	<input type="checkbox"/> none
<input type="checkbox"/> All	<input type="checkbox"/> Others (please specify)
30. Have you ever heard about SNCTP?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):	
31. If the answer is yes, have you been aware of any of their activities? Such as:	
<input type="checkbox"/> Workshops	<input type="checkbox"/> meetings
<input type="checkbox"/> work in Mayo schools	<input type="checkbox"/> work with mothers and midwives
<input type="checkbox"/> FGM international day	<input type="checkbox"/> Football competition
<input type="checkbox"/> Posters	<input type="checkbox"/> T-Shirts
<input type="checkbox"/> All	<input type="checkbox"/> None
<input type="checkbox"/> Other (please specify):	
32. If you have ever participated in one of these activities, what was it/they?	
33. What are the key lessons you have learned from you participation in it/them?	

QUESTIONNAIRE- SCHOOL PUPILS

All questions contained in this questionnaire are strictly confidential.

Demographic and socio-economic background			
Name (optional)		2. Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
3. Age group:	<input type="checkbox"/> Under 10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16-20 <input type="checkbox"/> above 21 <input type="checkbox"/> I do not know <input type="checkbox"/> no response
4. Religion:	<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> No answer <input type="checkbox"/> Not specified
5. Geographical Origin:	<input type="checkbox"/> South ²⁸	<input type="checkbox"/> North	<input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Central <input type="checkbox"/> Other (please specify):

Knowledge, Attitude and Practice of FGM²⁹

6. Do you think that circumcision is being practiced in your community?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To some extent <input type="checkbox"/> I do not know <input type="checkbox"/> Other (please specify):			
7. Have you heard of a girl who has been recently circumcised?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
8. If yes, who did the circumcision?			
<input type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> I do not know <input type="checkbox"/> Other (please specify):			
9. For female pupil, are you circumcised?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
10. For female pupil, if yes, what is the type of circumcision?			
<input type="checkbox"/> Faruni (Infibulations) <input type="checkbox"/> Sunna (type I & II) <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
11. Is there a difference between circumcised and uncircumcised girls?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
12. What are the reasons for girl's circumcision?			
<input type="checkbox"/> Religion	<input type="checkbox"/> Good tradition	<input type="checkbox"/> Better hygiene	<input type="checkbox"/> Protects girl's honor
<input type="checkbox"/> Marriage	<input type="checkbox"/> All	<input type="checkbox"/> No response	<input type="checkbox"/> Other (please specify):
13. Do you think circumcision is a good practice?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
14. If yes, why?			

²⁸ Former South Sudan, currently Republic of South Sudan

²⁹ For sections B & C - respondents may choose more than one answer

<input type="checkbox"/> Religion	<input type="checkbox"/> Good tradition	<input type="checkbox"/> Better hygiene	<input type="checkbox"/> Protects girl's honor
<input type="checkbox"/> Marriage	<input type="checkbox"/> All	<input type="checkbox"/> No response	<input type="checkbox"/> Other (please specify):
15. If no, why?			
<input type="checkbox"/> It is not important now		<input type="checkbox"/> no difference between circumcised and uncircumcised girls	
<input type="checkbox"/> not good for women's health		<input type="checkbox"/> Not good for girl's education	
<input type="checkbox"/> it is illegal		<input type="checkbox"/> against religion	
<input type="checkbox"/> heard message ³⁰		<input type="checkbox"/> all	
<input type="checkbox"/> I do not know		<input type="checkbox"/> no answer	
<input type="checkbox"/> Other (please specify)			
16. Do you think the practice of circumcision should continue?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			

SNCTP COMMUNITY-BASED ACTIVITIES

17. Do you think that the number of girls who get circumcised is less than before?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):	
18. Who are the sources of messages against FGM in your community?	
<input type="checkbox"/> Parents	<input type="checkbox"/> relatives
<input type="checkbox"/> friends	<input type="checkbox"/> religious leaders
<input type="checkbox"/> community leaders	<input type="checkbox"/> teachers
<input type="checkbox"/> health workers	<input type="checkbox"/> midwives
<input type="checkbox"/> radio	<input type="checkbox"/> TV
<input type="checkbox"/> posters	<input type="checkbox"/> workshops
<input type="checkbox"/> SNCTP	<input type="checkbox"/> none
<input type="checkbox"/> All	<input type="checkbox"/> Others (please specify)
19. Have you ever heard about SNCTP?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):	
20. If the answer is yes, have you been aware of any of their activities? Such as:	
<input type="checkbox"/> Workshops	<input type="checkbox"/> meetings
<input type="checkbox"/> work in Mayo schools	<input type="checkbox"/> work with mothers and midwives
<input type="checkbox"/> FGM international day	<input type="checkbox"/> Football competition
<input type="checkbox"/> Posters	<input type="checkbox"/> T-Shirts
<input type="checkbox"/> All	<input type="checkbox"/> None
<input type="checkbox"/> Other (please specify):	
21. If you have ever participated in one of these activities, what was it/they?	

³⁰ Information regarding the risks associated with FGM

22. What are the key lessons you have learned from you participation in it/them?

QUESTIONNAIRE- TEACHERS

All questions contained in this questionnaire are strictly confidential.

Demographic and socio-economic background	
Name (optional)	2. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Age group:	<input type="checkbox"/> Under 20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> over 60 <input type="checkbox"/> I do not know <input type="checkbox"/> no response
4. Level of Education	<input type="checkbox"/> Primary (complete or incomplete) <input type="checkbox"/> Secondary (complete or incomplete)
	<input type="checkbox"/> High school (complete or incomplete) <input type="checkbox"/> University (complete or incomplete)
	<input type="checkbox"/> Other (please specify)
6. Current marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Not specified
7. Religion:	<input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> No answer <input type="checkbox"/> Not specified
8. Geographical Origin:	<input type="checkbox"/> South ³¹ <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Central <input type="checkbox"/> Other (please specify):
9. How many years have you been living in Mayo Farm (Mandela)?	
<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> more (please specify)	
10. Are you planning to go back to your home area?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer	

Knowledge, Attitude and Practice of FGM³²

11. During the past 10 years, do you think that circumcision is still being practiced in your community?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To some extent <input type="checkbox"/> I do not know <input type="checkbox"/> Other (please specify):
12. Have you heard of a girl who has been recently circumcised?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):
13. If yes, who did the circumcision?
<input type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> I do not know <input type="checkbox"/> Other (please specify):

³¹ Former South Sudan, currently Republic of South Sudan

³² For sections B & C - respondents may choose more than one answer

14. If you are female, are you circumcised?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
15. If you are female, if yes, what is the type of circumcision?			
<input type="checkbox"/> Faruni (Infibulations) <input type="checkbox"/> Sunna (type I & II) <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
16. If you have female children under your care, are they circumcised?			
<input type="checkbox"/> Not relevant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
17. If you have female children under your care, would you circumcise them in the future?			
<input type="checkbox"/> Not relevant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
18. If yes, what would be the type of circumcision?			
<input type="checkbox"/> Faruni (Infibulations) <input type="checkbox"/> Sunna (type I & II) <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
19. Whom are you going to seek to carry out the circumcision?			
<input type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
20. Is there a difference between circumcised and uncircumcised girls?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
21. Is circumcision legal under Sudanese law?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
22. What are the reasons for girl's circumcision?			
<input type="checkbox"/> Religion	<input type="checkbox"/> Good tradition	<input type="checkbox"/> Better hygiene	<input type="checkbox"/> Protects girl's honor
<input type="checkbox"/> Marriage	<input type="checkbox"/> All	<input type="checkbox"/> No response	<input type="checkbox"/> Other (please specify):
23. Do you think circumcision is a good practice?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
24. If yes, why?			
<input type="checkbox"/> Religion	<input type="checkbox"/> Good tradition	<input type="checkbox"/> Better hygiene	<input type="checkbox"/> Protects girl's honor
<input type="checkbox"/> Marriage	<input type="checkbox"/> All	<input type="checkbox"/> No response	<input type="checkbox"/> Other (please specify):
25. If no, why?			
<input type="checkbox"/> It is not important now		<input type="checkbox"/> no difference between circumcised and uncircumcised girls	
<input type="checkbox"/> not good for women's health		<input type="checkbox"/> Not good for girl's education	
<input type="checkbox"/> it is illegal		<input type="checkbox"/> against religion	
<input type="checkbox"/> heard message ³³		<input type="checkbox"/> all	
<input type="checkbox"/> I do not know		<input type="checkbox"/> no answer	
<input type="checkbox"/> Other (please specify)			
26. Do you think the practice of circumcision should continue?			

³³ Information regarding the risks associated with FGM

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):
27. If you decided to go back to your region, would you support the performance of girl's circumcision?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):

SNCTP COMMUNITY-BASED ACTIVITIES

28. Do you think that the number of girls who get circumcised is less than before?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):	
29. Who are the sources of messages against FGM in your community?	
<input type="checkbox"/> Parents	<input type="checkbox"/> relatives
<input type="checkbox"/> friends	<input type="checkbox"/> religious leaders
<input type="checkbox"/> community leaders	<input type="checkbox"/> teachers
<input type="checkbox"/> health workers	<input type="checkbox"/> midwives
<input type="checkbox"/> radio	<input type="checkbox"/> TV
<input type="checkbox"/> posters	<input type="checkbox"/> workshops
<input type="checkbox"/> SNCTP	<input type="checkbox"/> none
<input type="checkbox"/> All	<input type="checkbox"/> Others (please specify)
30. Have you ever heard about SNCTP?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):	
31. If the answer is yes, have you been aware of any of their activities? Such as:	
<input type="checkbox"/> Workshops	<input type="checkbox"/> meetings
<input type="checkbox"/> work in Mayo schools	<input type="checkbox"/> work with mothers and midwives
<input type="checkbox"/> FGM international day	<input type="checkbox"/> Football competition
<input type="checkbox"/> Posters	<input type="checkbox"/> T-Shirts
<input type="checkbox"/> All	<input type="checkbox"/> None
<input type="checkbox"/> Other (please specify):	
32. If you have ever participated in one of these activities, what was it/they?	
33. What are the key lessons you have learned from you participation in it/them?	

QUESTIONNAIRE- YOUTH

All questions contained in this questionnaire are strictly confidential.

Demographic and socio-economic background	
Name (optional)	2. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Age group:	<input type="checkbox"/> Under 15 <input type="checkbox"/> 15-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 25-30 <input type="checkbox"/> over 30 <input type="checkbox"/> I do not know <input type="checkbox"/> no response
4. Level of Education	<input type="checkbox"/> Never been to school <input type="checkbox"/> Still in school
	<input type="checkbox"/> Primary (complete or incomplete) <input type="checkbox"/> Secondary (complete or incomplete)
	<input type="checkbox"/> High school (complete or incomplete) <input type="checkbox"/> University (complete or incomplete)
	<input type="checkbox"/> Other (please specify)
5. Current Employment	<input type="checkbox"/> Housewife <input type="checkbox"/> Nurse or Midwife
	<input type="checkbox"/> Domestic worker <input type="checkbox"/> Teacher
	<input type="checkbox"/> Student <input type="checkbox"/> Construction Worker
	<input type="checkbox"/> Street Vendor <input type="checkbox"/> Officer Worker
	<input type="checkbox"/> Tea seller <input type="checkbox"/> Other (please specify)
6. Current marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Not specified
7. Religion:	<input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> No answer <input type="checkbox"/> Not specified
8. Geographical Origin:	<input type="checkbox"/> South ³⁴ <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Central <input type="checkbox"/> Other (please specify):
9. How many years have you been living in Mayo Farm (Mandela)?	
<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> more (please specify)	
10. Are you planning to go back to your home area?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer	

Knowledge, Attitude and Practice of FGM³⁵

11. During the past 10 years, do you think that circumcision is still being practiced in your community?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To some extent <input type="checkbox"/> I do not know <input type="checkbox"/> Other (please specify):
12. Have you heard of a girl who has been recently circumcised?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):
13. If yes, who did the circumcision?
<input type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> I do not know <input type="checkbox"/> Other (please

³⁴ Former South Sudan, currently Republic of South Sudan

³⁵ For sections B & C - respondents may choose more than one answer

specify):			
14. For females, are you circumcised?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
15. For females, if yes, what is the type of circumcision?			
<input type="checkbox"/> Faruni (Infibulations) <input type="checkbox"/> Sunna (type I & II) <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
16. If you have female children under your care, are they circumcised?			
<input type="checkbox"/> Not relevant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
17. If you have female children under your care, would you circumcise them in the future?			
<input type="checkbox"/> Not relevant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
18. If yes, what would be the type of circumcision?			
<input type="checkbox"/> Faruni (Infibulations) <input type="checkbox"/> Sunna (type I & II) <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
19. Whom are you going to seek to carry out the circumcision?			
<input type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
20. Is there a difference between circumcised and uncircumcised girls?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
21. For males, would you marry uncircumcised girl?			
<input type="checkbox"/> Not relevant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
22. Is circumcision legal under Sudanese law?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
23. What are the reasons for girl's circumcision?			
<input type="checkbox"/> Religion	<input type="checkbox"/> Good tradition	<input type="checkbox"/> Better hygiene	<input type="checkbox"/> Protects girl's honor
<input type="checkbox"/> Marriage	<input type="checkbox"/> All	<input type="checkbox"/> No response	<input type="checkbox"/> Other (please specify):
24. Do you think circumcision is a good practice?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):			
25. If yes, why?			
<input type="checkbox"/> Religion	<input type="checkbox"/> Good tradition	<input type="checkbox"/> Better hygiene	<input type="checkbox"/> Protects girl's honor
<input type="checkbox"/> Marriage	<input type="checkbox"/> All	<input type="checkbox"/> No response	<input type="checkbox"/> Other (please specify):
26. If no, why?			
<input type="checkbox"/> It is not important now		<input type="checkbox"/> no difference between circumcised and uncircumcised girls	
<input type="checkbox"/> not good for women's health		<input type="checkbox"/> Not good for girl's education	
<input type="checkbox"/> it is illegal		<input type="checkbox"/> against religion	
<input type="checkbox"/> heard message ³⁶		<input type="checkbox"/> all	

<input type="checkbox"/> I do not know	<input type="checkbox"/> no answer
<input type="checkbox"/> Other (please specify)	
27. Do you think the practice of circumcision should continue?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):	
28. If you decided to go back to your region, would you support the performance of girl's circumcision?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):	

snctp COMMUNITY-BASED ACTIVITIES

29. Do you think that the number of girls who get circumcised is less than before?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):	
30. Who are the sources of messages against FGM in your community?	
<input type="checkbox"/> Parents	<input type="checkbox"/> relatives
<input type="checkbox"/> friends	<input type="checkbox"/> religious leaders
<input type="checkbox"/> community leaders	<input type="checkbox"/> teachers
<input type="checkbox"/> health workers	<input type="checkbox"/> midwives
<input type="checkbox"/> radio	<input type="checkbox"/> TV
<input type="checkbox"/> posters	<input type="checkbox"/> workshops
<input type="checkbox"/> SNCTP	<input type="checkbox"/> none
<input type="checkbox"/> All	<input type="checkbox"/> Others (please specify)
31. Have you ever heard about SNCTP?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> I do not know <input type="checkbox"/> No answer <input type="checkbox"/> Other (please specify):	
32. If the answer is yes, have you been aware of any of their activities? Such as:	
<input type="checkbox"/> Workshops	<input type="checkbox"/> meetings
<input type="checkbox"/> work in Mayo schools	<input type="checkbox"/> work with mothers and midwives
<input type="checkbox"/> FGM international day	<input type="checkbox"/> Football competition
<input type="checkbox"/> Posters	<input type="checkbox"/> T-Shirts
<input type="checkbox"/> All	<input type="checkbox"/> None
<input type="checkbox"/> Other (please specify):	
33. If you have ever participated in one of these activities, what was it/they?	
34. What are the key lessons you have learned from you participation in it/them?	

³⁶ Information regarding the risks associated with FGM

V. Interview questions

Interviews' Questions for NCA-SNCTP Joint Activities Against FGM in Mayo

A. Interviewee's background information (for All if possible/relevant/proper to ask)

Date of interview:

Location:

Name:

Sex:

Age group:

Education:

Material Status:

Organization and position:

B. FGM Prevalence in Sudan/Khartoum/Mayo (for Duty Bearers and Right Holders when applicable)

1. From your own observations, do you think there has been a reduction in the FGM practice (in Mayo, and/or in Sudan overall)?
2. Are you aware of any recent statistic which shows the prevalence rates of FGM in Sudan, Khartoum or in Mayo?
3. How would you describe the context of FGM/TP in 2004? And how would you describe it today?
4. Think back to 2004, were there any activities or initiatives that aimed to raise awareness against FGM?
5. Do you think that FGM is still practiced now? If so, at what level- amongst most of the population, or only some?
6. Do many people still support girls' circumcision, in your view?
7. Have there been any notable changes- in the practice or within the legal framework (jurisprudence- prosecutions of those who carried out type III, which is illegal under the Sudanese penal code)? In other words, does the law support FGM, or provide protection against it? How – and which article in specific?

8. What about those who have shifted to or still practice Types I & II?
9. Do you think that the awareness of people on the risks of FGM has increased?
10. Does this have to do anything with an increasing awareness around women rights in general and GBV in particular via campaigns?
11. Or – is it due legal obligations- i.e. does this have to do anything with the convention of child rights? And in particular protecting the rights of female children? Or both?
12. Sudan is a signatory to the child convention (1991), what implication did this have on the practice of FGM, if any?
13. So what are the efforts that have been made in order to eradicate FGM in Sudan, Khartoum and Mayo by the government and other stakeholders?
14. Are you aware of the activities that SNCTP have been implementing in its campaign against FGM – particularly in Mayo? If yes, how did you get to know about that?
15. Have you been engaged in any sort of collaborative activities with SNCTP in Mayo?
16. How do you evaluate the approaches and strategies used by SNCTP in the campaign to eradicate FGM in Mayo? Were they effective, were they responding to the context and to the needs of the target population?

C. SNCTP Programs (awareness raising methods) relevance and effectiveness: (for Right Holders)

17. Are you aware of the activities that SNCTP have been implementing in its campaign against FGM - particularly in Mayo?
18. Can you specifically give some examples of such activities? Which ones do you feel were the most successful?
19. Have you been part of these activities?
20. Were you involved in previous planning, evaluation or implementation of SNCTP activities in Mayo Farm? In other, do you think that SNCTP followed a right-based approach during the campaign against FGM in Mayo?
21. How relevant/effective was their approach and strategies? For example the approach of mixing the campaign against FGM and HIV/AIDS?
22. Overall, in your opinion: do you think these activities have responded to the needs of the community in order to address FGM and raise awareness around its associated risks?
23. In what ways, if any, do you feel that SCNTP contributed or influenced the changes which may have occurred during the past 10 years?

D. For NCA and SNCTP only

24. Would you tell us about this story of collaborations and partnerships with SNCTP with regard to their activities against FGM in Mayo?
25. Would you tell us about SNCTP Partnerships with IAC and other donors and how this is relevant to the organization's work in Mayo?
26. How relevant was the approach of mixing work against FGM/HTP with HIV/AIDS in Mayo? Would you advise that the two issues should be split in the future? - *consider recommendations as to split the two issues (ref. Sudan Country Case Study, 2010)*
27. What are the best practices that can be replicable in the future with regard to the methods used by SNCTP in the FGM/HTP awareness campaign in Mayo?
28. What would be the way to improve the current programs against FGM in Mayo in terms of monitoring tools and practices and in particular in impact measurement?

29. What were the constraints and challenges which have been encountered during the implementation of the FGM campaign in Mayo?

E. Recommendation: Sustainability and way forward (for Right Holders + NCA + SNCTP)

What are some concrete next steps which should be taken in order to sustain the gains which have been accomplished through the activities which SNCTP has implemented during the campaign against FGM in Mayo?

List of References:

Documents reviewed for this evaluation include the following: *(edit and organize the list in alphabetical order)*

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