

## **ACKNOWLEDGEMENT**

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Midwives attended the training

## **LIST OF ABBREVIATIONS**

AIDS	ACQUIRED IMMUNE DEFICIENCY SYNDROME
DRC	DEMOCRATIC REPUBLIC OF CONGO
FGM	FEMALE GENITAL MUTILATION
HIV	HUMAN IMMUNE-VIRUS
HTP	HARMFUL TRADITIONAL PRACTISES
MOH	MINISTRY OF HEALTH
NCA	NORWEGIAN CHURCH AID
NGO	NON-GOVERNMENTAL ORGANISATION
PPA	PARTICIPATORY PROJECT APPRAISAL
PRA	PARTICIPATORY RAPID APPRAISAL
KAP	KNOWLEDGE, ATTITUDE AND PRACTICE
SNCTP	SUDAN NATIONAL COMMITTEE ON HARMFUL TRADITIONAL PRACTISES
SCC	SUDAN COUNCIL OF CHURCHES
STD	SEXUALLY TRANSMITTED DISEASES
TOT	TRAINING OF TRAINERS

## **EXECUTIVE SUMMARY**

Mayo Farm Project was conceived in 2002 as the brainchild of SNCTP, SCC and NCA. This internal evaluation covers the two-year (to be precise 16 months) life of the project. The objective of this study (in the main) is to revisit the objectives and activities of the project and to identify challenges and constraints encountered in the implementation of the project. Ultimately, forward-looking recommendations have been drawn in an effort to redress the problems met and to give greater impetus to the project.

The evaluation used the PPA methodology. Group discussions and Semi-structured interviews were conducted to elicit information from samples of the five groups that are involved in the activities of the project: midwives, Public discussion Group facilitators, school pupils, community facilitators and popular opinion leaders. Observations were also. On the other hand, a sample of school pupils were given questionnaires. This made the evaluation both qualitative and quantitative. Secondary sources of data were also consulted. In particular the annual reports of SNCTP, KAP survey, the strategic plan, and the original project proposal were very informative.

One of the main findings of the evaluation are that the project is beginning to effect slow but sure change as evidenced by the numerous positive comments. However, some of the activists keep backsliding. There is therefore need for continuous formation. Thus far, the main thrust of the project has been to uplift FGM as a health rather than a human rights issue. In the coming phase, human rights training should be emphasized as this will give anti FGM campaigners greater leverage. More focus should be given to women in the future. SNCTP should also lobby government in the new era to issue and enforce laws to discourage FGM.

The educational materials produced have been adequately used. They are also very effective in the dissemination of messages. It is strongly recommended that materials be produced in sufficient quantities to meet the expanding need. A training manual in particular should be developed. SNCTP share of involvement in the campaign is still very large. Efforts should be made to give local communities greater ownership of the project. In this respect, formation of strong coordinating Committees is recommended. To encourage group interaction, future trainings should be held jointly rather than separately for the different groups as is the case now.

Midwives have been an effective instrument in this campaign. However, their job insecurity has made it difficult for them to give adequate attention to the campaign. In this respect, SNCTP should lobby the appropriate government authorities to place them appropriately in their employment structures.

There are many interesting living testimonies that can feedback into the campaign positively. SNCTP should document these stories and avail them for the use of activists. In like vein, a publication to help dispel misconceptions on the subjects of the campaign should be produced.

Based on the success of this project, it is recommended that SNCTP expand the project to areas where FGM is big issue. Emphasis should be on FGM in future campaigns with AIDS coming in as a crosscutting issue.



Group discussion in one of the sessions

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**SUDAN NATIONAL COMMITTEE ON HARMFUL  
TRADITIONAL PRACTISES (SNCTP)**

**INTERNAL EVALUATION REPORT OF MAYO FARM  
PROJECT**

**27<sup>TH</sup> DECEMBER, 2004 – 10<sup>TH</sup> JANUARY, 2005  
KHARTOUM, SUDAN**

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Sample of SNCTP poster

## **1.0 BACKGROUND TO THE PROJECT**

### **1.1 THE STAKEHOLDERS**

A tripartite partnership comprising the Sudan National Committee on Traditional Practices (SNCTP), Sudan Council of Churches (SCC) and Norwegian Church Agency (NCA) initiated a two-year (2003-2004) pilot project on Harmful Traditional Practises (HTP), HIV and Aids in Mayo Farm, Khartoum-Sudan. As defined in the letter of Agreement, the NCA as facilitator would shoulder the responsibility of project funding. The SNCTP, as implementer, harnessed the necessary resource needs (manpower, educational materials) besides working out and implementing the necessary Plan of Action. The SCC HIV/AIDS campaign and its education programme for school dropout girls helped to inform SNCTP's activities. For reasons beyond control, NCA funds remittances were delayed and only a fraction was released late in September in the first year of intervention. Thus the programme has in effect been on for 16 of the planned 24 months of operation. The SNCTP on the other hand upped its capacity to manage the project by appointing a fulltime project officer, one technician and one driver both of whom have been engaged on part-time basis.

The SNCTP is the leading and pioneer organization in the fight against FGM in Sudan. The NCA has placed FGM and HIV/AIDS amongst its highest priorities. The SCC has a fully-fledged and experienced AIDS unit.

FGM still gains immediacy because of the high rate of perpetration (2 million girls annually) and the fact that Sudan has a high prevalence rate 89%.

The other stakeholders in this project are the facilitators and those they trained to engage in awareness building on the issues uplifted by this project.

### **1.2 THE PROJECT AREA AND ITS PEOPLE**

Mayo Farm, the project area, is home to 37,000 persons a result of four waves of displacement and re-displacement of people from Southern and Western Sudan since 1990 to date. Dinka, Nuer, Bari, Shilluk, Zande, Moru, Balanda communities from Southern Sudan; and the Rezegat, Nuba, Gasama from Western Sudan. A minority of refugees from DRC, Chad, Uganda has made this one of the most densely populated areas of greater Mayo (El Nasir Council). Mayo Farm is thus a melting pot of the various cultures, traditions, customs and religious beliefs of the people that populate it. This proximity has encouraged the picking up of Harmful

Traditional Practises of one group by other communities. For example, Female Genital Mutilation (FGM), which was little known to Communities from Southern Sudan, is being increasingly picked up by the latter especially as a result of cross-cultural marriages. Other harmful practices such as early forced marriage, unplanned marriages as a result of pregnancy outside, cutting the uvula, milk teeth extraction etc have diffused easily in these communities.

On the other hand, the low socio-economic status of the people has made the area one of the most fertile grounds in Khartoum for the spread of HIV and AIDS. Most of the people here are unemployed and idle away the hours by drinking alcohol illicitly brewed by women whose source of livelihood is either this or prostitution. For the lucky few who are lucky to find such odd jobs as bricklaying (men) and casual domestic labour (women), the rigours of these occupations forced them to stay away from their homes most of the day thereby leading to a general neglect of their households especially children. The school enrolment rate is therefore low while the dropout rate is high. Gender injustice is evident in the general preference for boy over girl education. All these factors coupled with the general ignorance of the populace have exposed them to HIV/AIDS and Harmful Traditional Practises.

Mayo Farm is sub-divided into 7 sub-blocks each with its own Popular Committee as a local management organ comprising chiefs, elderly men, youth and women. At the beginning of project intervention, the Popular Committees wielded much authority. Although the Popular Committees still exists today, most of its responsibilities have since then been shifted to the newly established Administrative Area Councils.

### **1.3 OBJECTIVES OF THE EVALUATION**

It is against this background that the project was initiated and carried out. This evaluation has been undertaken to revisit the experiences of this intervention with a view to:

- 1- Do a preliminary assessment of work done in the realization of project objectives.
- 2- Do a preliminary assessment of impact on beneficiaries.
- 3- Identify challenges and constraints encountered in the implementation of project activities.
- 4- Work out the Way Forward

### **1.4 METHODOLOGY OF EVALUATION**

The qualitative method of Participatory Project Appraisal (PPA) was basically used to gather the necessary data from the 5 primary sources of



information. These covered all the groups targeted by the project intervention. The methods used included semi-structured individual interviews, group discussions and observation. The strategic plan, project proposal, annual reports (based on activity feedback from the field) provided secondary sources of information. In addition, a small sample size of school pupils was taken as a quantitative measure of the immediate and direct result of the awareness- raising campaign on beneficiaries. An effort was also made to assess the behavioural stage that a sample of some of the activists in the programme had achieved.

**Table 1: Showing the Samples of Respondents by sex and religion**

Group	Sex		Religion		Total
	M	F	Moslem	Christian	
Midwives		30	21	9	30
Pupils	8	12	14	6	20
Debates	32	20	34	18	52
Popular Opinion Leaders	8		6	2	8
Facilitators	12	10	9	13	22
Total	60	72	74	48	132

## **2.0 PROJECT ACTIVITIES (PLANNED AND EXECUTED)**

Prior to the launching of the project, a taskforce and steering committee were formed to draw up a short-term programme. A number of activities were proposed and executed. These included:

### **2.1. Introductory meeting**

A meeting was held between the project initiators and local councilors, religious leaders, teachers, and community leaders at the project site. This groundbreaking meeting was held on 19<sup>th</sup> October 2002. The meeting succeeded in enlisting the cooperation of the local authorities and ensured community participation in the project. It also established that HTP's and AIDS were issues of major concern in this displaced community.

### **2.2. PRA Workshop (15<sup>th</sup>-26<sup>th</sup> February, 2003).**

This workshop was meant to prepare the ground for the KAP survey by transferring relevant skills in planning, data collection and information analysis as well as monitoring and eventual assessments. However, the delay in execution due to delay in receipt of financial support was not helpful. However, the long-term benefits of the training will continue to be felt as the trainees can be relied upon anytime to undertake a PRA.

### **2.3 Baseline Survey (March-April 2003).**

A consultant was engaged to undertake this activity in collaboration with the research units of the Ministry of Health (MOH) and SNCTP respectively. This collaboration and expertise ensured a reliable assessment and analysis of the Knowledge, Attitude and Practise (KAP) survey results. Indeed the findings of the survey informed the eventual project design. Some of the major findings of the survey were:

- 1-Females (aged between 20-29 years) constituted the majority of the adult population of Mayo farm.
- 2-The majority of the population have been settled in this area for more than 5 years.
- 3- the illiteracy rate is high (50% of respondents).
- 4- the majority of the adult population is Christian.
- 5-Knowledge of adult population about FGM is poor and therefore needs to be improved.

6-The prevalence of female genital mutilation is not high and the severe type (pharaonic) is the most common type performed on the Muslims. However, a gradual shift to the lesser severe Sunna type is occurring.

7-Nearly half of the population have done scarification; and about a quarter used one instrument to perform the act on more than one person.

8- Most of Mayo Farm females know the hazard of female circumcision and in spite of this, some have gone ahead and circumcised their daughters.

9- the majority of the population is against FGM; but belief that circumcision is rooted in the Moslem religious faith encourages many to support the act.

10- Knowledge about HIV/AIDS (particularly the mode of transmission and safe sex) is lacking amongst the adult population; and therefore needs to be improved.

#### **2.4-Needs assessment meeting (26<sup>th</sup> March, 2003).**

This meeting supplemented the outcome of the KAP survey. 35 persons from the local community took part in this exercise. Some of the issues identified and prioritized included:

1-HTP's-Infant milk teeth extraction, early marriage, use of skin colour changing cosmetics and FGM (mainly practiced by inhabitants from Kordofan, Darfur and Nuba Mountains).

2-Existence of a high risk HIV/AIDS group: sex workers.

The main recommendation made was that adult education HTPs/HIV/AIDS awareness programmes be initiated; and that midwives and Traditional Birth Attendants (TBA's) as well as school dropouts be trained to undertake this important task.

#### **2.5- Strategic Action Plan Workshop (20<sup>th</sup>-21<sup>st</sup> May, 2003).**

This workshop was held to draw up a long-term 3-year plan. Information gathered from the KAP survey was also shared in this meeting. Priorities were identified and strategies to combat HTP/FGM/HIV/AIDS were laid down. Particular emphasis was to be placed on FGM as a violation of human rights. Unfortunately, this emphasis was not built into subsequent trainings.

#### **2.6- Training of Trainers (TOT) Workshops**

Two Training of Trainers workshops (7<sup>th</sup>-10<sup>th</sup> and 15<sup>th</sup>-18<sup>th</sup> October, 2003 respectively) were held for 60-community awareness raising facilitators as planned.

In 2004, a further 60 persons were trained in 2 workshops on 13<sup>th</sup>-15<sup>th</sup> July and 20<sup>th</sup>-22<sup>nd</sup> July respectively. This brings the total number of those trained in this category to 120 subdivided as follows: Teachers (10), Opinion leaders (18), Household heads (47), Religious leaders (9), youth (34) and Traditional healers (4). The large participation of household heads and youth in the trainings and activities of the project has been justified by the interventions, which indicate that the outcomes of the activities of these two categories had great impact. However the small number of teachers trained and involved in the project impacted negatively as only a small number of schools (3) and pupils were eventually reached. Future trainings should therefore involve more teacher participation.

The results of the interventions of this category of trainees are discussed in Section 4.5 of this report.

A variety of aids were used during these and the following training sessions: slide/film shows, educational materials etc. An exhibition was also on display. The focus was on the negative consequences of FGM, forced/early marriages, women's/child rights, HIV/AIDS and the Millennium Development Goals.

## **2.7- Training of Circumcisers**

Two workshops (21<sup>st</sup>-23<sup>rd</sup> and 11<sup>th</sup>-13<sup>th</sup> November 2003) were held as scheduled to train altogether 51 (instead of the 40 originally planned) midwives and TBAs from the project area. Another two workshops (5<sup>th</sup>-8<sup>th</sup> and 14<sup>th</sup>-16<sup>th</sup> June, 2004) were held for 40 midwives/TBA's. Feedback from the activities of a sample (30) taken from this category of trainees is discussed in section 4.1 of this report. As has been reported there, the focus of the campaign should shift to combating FGM as a human rights as well as health issue.

## **2.8- Health Education Sessions**

To enhance the multiplier effect, a total of 8 sessions were conducted by the Trainees of the TOT in the 7 blocks of Mayo farm. Interestingly, women outnumbered men in these meetings. The presence (one-third of participants) of children (older than 9 years) as listeners is a positive indicator that the future long term impact of the campaign maybe greater than the immediate results. A total of 516 persons benefited from these activities. In 2004, 72 community health education sessions were held. Altogether 3,573 persons benefited (1,419 adult males, 1,568 adult females and 586 children). This brings the total of beneficiaries over the

two years to 4,089, which implies that the target set has been nearly achieved.

Details of the outcome of these interventions are discussed in section 4.3 of this report.

## **2.9- School Pupils**

Upper class pupils (year 6,7,8) of three basic schools: ECS, Rahma and Kizito were given a total of 324 lessons as extra-curricula activity by the teachers who were trained in the TOTs. The total number of pupils who benefited from this activity is 450, more than half of who are girls.

In 2004, another school El Ijtihad was added to the campaign. A total of 384 sessions that benefited 594 pupils (250 boys and 344 girls) were conducted in the 4 basic schools. Again the gender balance is in favour of girls. The number of pupils reached over two years is 1,044, which is far less than the projected 6,000 for 2004 alone. Section 4.2 of this report discusses the experiences of school pupils involved in this campaign and partially explains the reasons for this gap. There is, therefore, need to train more teachers to effectively cover the 4 schools if set targets are to be reached.

## **2.10-Sensitization of lactating and pregnant mothers/women**

40 of the trained midwives between them were able to conduct 240 sessions that benefited 3600 lactating (39%) and pregnant mothers (61%). The enlightenment sessions were held twice a week in four Health Centres. This far exceeded the projected target of reaching 180 lactating and pregnant mothers. The atmosphere at the Centres has proved conducive and very effective for the transmission of messages.

## **2.11- Production and distribution of educational materials**

In 2003, the following materials were produced:

- 1-Booklet on FGM holistic negative consequences (2000 copies)
- 2- Pamphlets on child marriage complications (2000 copies)
- 3- Pamphlets on forced marriage risks (2000 copies)
- 4- Pamphlets on non-spacing pregnancies and maternal mortality (1000 copies)
- 5-Fliers on FGM complications and refutation of relation of FGM practise to religion (3,000 copies)
- 6-Training manuals on FGM abandonment (30 copies)

Altogether 10,030 copies of educational materials were printed.

In 2003, 1,883 copies of various materials were distributed to the various beneficiaries of the activities of the project. In 2004, 9,200 copies were distributed, thereby exhausting the whole printed stock. It is worth noting

that the fact that some of these materials have been used outside Khartoum State is a testimony to their popularity.

In addition, video films on the themes of FGM, AIDS and early marriage drama were availed for the use of activists.

To date a booklet on Islamic views on FGM and the last issue of the annual SNCTP newsletter are still in the process of production delayed mainly due to reasons beyond control.

Given the importance and positive impact of using these educational materials and the fact that they are now out of stock, there is need to produce more such materials in quantities that will satisfy the expanded needs of the campaign.

### **2.12- Office and training equipment**

Audio-visual aids including a 20' TV set and video equipment have been purchased to aid in teaching and documentation. Activists have intensively used this equipment in the campaign particularly in the health education sessions.

An IBM Pentium 4 computer has also been purchased and has greatly facilitated the typesetting of printed matter.

### **2.13- Monitoring and Evaluation**

Two important coordination meetings were held in 2003. The first meeting (25<sup>th</sup> September) focused on implementation and policy; and the second (20<sup>th</sup> December) on impact of activities and to work out the Work-plan for 2004. These meetings were attended by over 60 IDPs drawn from community leaders, health workers, NGOs, local officials, midwives, women representatives, religious leaders and youth. This broad spectrum of participants helped ensure that future interventions would be all-inclusive.

Monthly continuous monitoring site visits were made by SNCTP in both 2003 and 2004; and as is testified to by the various groups in section 3 of this report, they have been very effective in stimulating further activity. The solidarity visit by the NCA Gender Focal Point Officer in 2004 gave greater impetus to the activities. There is therefore need to continue with or even increase the frequency of these visits.

The regular flow of field reports on the other hand has ensured that the annual reports of SNCTP came out in timely fashion.

### **2.14- Capacity building**

The capacity of the office has been boosted by the appointment of two full-time staff members (a Project Officer and his field assistant), a full time technician and a part-time driver. The 2 staff managing the project



were given training on NCA planning and reporting formats and procedures. SNCTP has adopted these formats procedures.

### **2.15- CONGO Assembly**

SNCTP participation at the CONGO Assembly in 2003 failed due to a delay in the receipt of funds. It is therefore recommended that timely remittance of funds be ensured to avoid such unfortunate failures.

The planned activities of the project have on the whole been achieved as laid out.

### **3.0 Revisiting Project Objectives**

In light of the achievements of project interventions, the objectives of the project have been revisited and some have been revised for the reasons indicated against each as follows:

- 1- Objective one has been fully realized. Therefore in the next phase the objective should be: To do an advanced training on mainstreaming FGM in particular and HTP in general and Human Rights both international and regional as well as parallel national laws.
- 2- It was realized that objective two is really targeting co-education basic school pupils. Due to the overstretched school timetable, awareness raising on FGM/HTP and HIV/Aids is treated as an extracurricular activity.
- 3- The other objectives were fully realized and remain valid for future interventions.

## 4.0 FINDINGS OF THE EVALUATION

### 4.1 MIDWIVES

37% of the participants said they had participated in the initial KAP baseline survey and in the design of the project and the first TOT which was on HIV/AIDS with emphasis on ways of infection and how to avoid infection), female circumcision and other HTP's most notably teeth removal, early marriage and reproductive health. According to the midwives, the information learned then has proved useful in their campaign. They, however, found the task of combating HTP's especially FGM, a daunting one. According to them, the early removal of milk teeth in privacy by people with little if any medical knowledge (within 30 days of birth) using iron implements has made it difficult to combat this practise. Identifying some of these performers has compounded the problem of combating this practise. Resistance to change is still being met from men who insist that female circumcision is still an inviolable part of their tradition. However, after repeated persuasion, some have agreed to abandon the practise and others are softening up their attitude.

*One husband was in fact finally convinced when a midwife explained to him that the pains his wife felt during menstruation were attributed to the severe FGM performed on her. The man took a firm decision not to have FGM performed on her daughters.*

Of those interviewed, 64% said they were actively engaged in doing both HTP and AIDS enlightenment. All present had taken oath not to perform FGM.

The midwives interviewed said they had on average each reached between 35-80 persons with FGM messages over the two years. Others have even committed themselves to take the message to their homelands in Western and Southern Sudan. The majority of those reached accepted the message mainly on the strength of the fear of the dangers of the FGM practise and the AIDS disease. Others said no; but are open to further dialogue. Those who agreed to change (including midwives) still come under pressure to revert to doing the practise.

Because of their role in helping mothers during delivery, midwives have first hand knowledge of the difficulties circumcised women have during birth. In fact the midwives were unanimous in their report that many of the women they have helped to deliver were circumcised and these experienced complications at birth.

*Two midwives reported the death of a child due to complications of bleeding despite their best effort. In fact midwives have oftentimes saved lives of mothers with very serious complications (due to FGM) at delivery to hospitals. The midwives reported cases of death.*

*Another midwife reported one case in which a newly wed couple was at the point of breaking up their marriage when the husband failed to deflower the bride. The marriage has survived thanks to the efforts of the midwife in helping to open the matchstick size vaginal opening.*

Indeed half of the nurses said they had encountered similar situations. All forms of FGM including the most severe infibulations are still being practiced usually against the will of the girls who have received enlightenment from anti-FGM activists. However, they also noted that the FGM practise was declining. This is evidenced by the statements of some beneficiaries in defense of FGM e.g. *as said by a child that 'the President, Omer Beshir is against female circumcision. It is forbidden'.*

Midwives have noted with appreciation the involvement of the local Popular Committee in block 31 in the fight against FGM and AIDS as very helpful. However, midwives from the other blocks have pointed out that, people in authority did not usually listen to them because the government has not supplied them with the uniforms that give them a commanding presence. In fact local government officials have generally not paid much attention to midwives as evidenced by their lack of interest in the anti HTP and AIDS campaigns. Midwives have also never been invited to give enlightenment at government sponsored public functions despite their willingness to do so.

Usually a ceremony is held to mark the occasion of the circumcision of girls during 'Idd El Adha'. As a step-by-step approach to discouraging FGM, midwives have allowed the celebrations to be held but without going ahead with the FGM act.

One important observation made by the midwives is that youth (both boys and girls) are leading the fight against FGM. *Some boys have gone public and said they would not marry a girl if she has undergone pharaonic circumcision.*

The discouragement of FGM is used by midwives as an entry point in the fight against AIDS because they often use the fact that the risk of HIV infection from mother to child is greater at birth if the mother has undergone circumcision.

On the frequency of meetings with SNCTP officials, the majority said they had met 5 times, while others said they had met only 3 or 4 times. There was a general consensus, however that the meetings were very

useful for their work as they discussed matters pertinent to the campaign. They recommended that these contacts should continue.

As regards population targeting, the midwives normally disseminated information on other Harmful Traditional Practices (HTP's) to Southerners among whom female circumcision is not common; while the latter is the main message to the other people from Western, Eastern and Northern Sudan. It is in this respect that HIV/AIDS dissemination becomes universal and is integrated into any enlightenment.

Unfortunately, a few of the midwives trained to engage in the campaign, have backslide and have continued to perform FGM. In fact of the midwives sampled, only 27% had advanced to the Action stage (4), while 16% are in the Preparation stage (3), 23% are in the contemplation stage (2) while 33% are still in the pre-contemplation stage. Significantly, none has reached the maintenance stage of individual change. This means that there is still need for continuous formation as some of the midwives particularly those in stage 1, still keep backsliding.

Table 2: showing the stages of behavioural change

CATEGORY	STAGE 1	STAGE 2	STAGE 3	STAGE 4	TOTAL
Midwives	10	7	5	8	30
Pupils	8	9	3	-	20
Debates group	4	6	10	-	20
Total	22	22	18	8	70

At most of the interventions of the midwives, the method frequently used by most midwives is to give literature on the subject matter and then explain the contents in summary to the beneficiaries. This ensured that they had something to fall back on in case they wanted to check on relevant information later as the latter in turn try to explain the same information to others.

Many constraints continue to hinder the work of the midwives in their campaign. The hardest nut to crack is HTP:

- One of the most notable problems is that most of the HTPS especially FGM is performed on children at the critical age of 13/14 years. At this stage they are still minors and under the tutelage of their parents who often would like in most cases to perform HTP's on them. In this respect an intensification of public health sessions in schools through appropriate media (e.g. films-shows) for this age category should be encouraged.

- There was also much apathy towards the campaign from the mothers and other care-givers on the issues raised by the campaign.
- On the other extreme hand, there was resistance from mothers in particular since they claim these practices have been on for generations.
- Lack of delivery equipment such as gloves, scissors (two pairs), and ergomatrine tabs (to stop bleeding) etc has made it difficult for midwives to avoid HIV infection, perform normal delivery or help in case of complications.

It is obvious that midwives are critical in the fight against FGM. However, they often come under great financial and social pressure to revert to doing FGM. For this reason, a system of reward has to be worked out, whereby those who persevere in the anti-FGM campaign receive a token of appreciation. A good incentive would be the provision of a Kit replete with all the requirements of their trade.

## 4.2 DEBATES GROUP

The entire group (52) sampled said they had participated in the KAP baseline survey that was carried out before the launching of the project. Only 55% however said they had participated in the eventual project formulation. With respect to participation in enlightenment debates and conversations, 31% of the people said they had taken part in 4 functions, 39% said they had taken part in 3 functions, 7.5% had taken part in 2 functions, and 15% had taken part in only 1 function. The remaining 7.5% had not yet taken part in any function. This clearly shows that there is much enthusiasm amongst members of this group. This is also reinforced by the fact that the majority (80%) of them are in stages 3 and 4, the preparation and action stages of behavioural change.

Table 3: Showing frequency of participation in functions

Number of functions	One	Two	Three	Four	Zero
Number of participants	8	4	20	16	4

### 1- HTP/FGM

Of the commonest harmful traditional practices in the local communities, the group identified the following:



- Cicatrisation
- Tooth extraction
- Female circumcision
- Early marriages

More than half of those queried said they had resolved to continue with the fight against HTP and FGM in particular for the rest of their lives because of their awareness of the disadvantages of FGM.

Queried about knowledge about the linkage between FGM and human rights, about one-third said they had heard mention about this while 10 had not.

Nearly half of the respondents said they had shared the knowledge they had gained with others on an interpersonal basis. Asked as to how their messages were received, 55% said their messages were well received while one-fifth said the reception was bad. The negative reception included outright rejection, to defense that such practices had been the tradition since time immemorial, that they are not bad after all, for example cicatrisation do not cause blindness as claimed by some, and that milk teeth extraction was a solution to the fever, diarrhea that often afflicts a child. 12 of those who were thus challenged said they succeeded in convincing the unbelieving to accept the truth.

## 2- HIV/AIDS

A greater number, more than half of the respondents said they had taken a firm irrevocable decision to combat HIV/AIDS. At the same time, Nearly two-thirds of the respondents said they had participated in at least one Aids awareness discussion group. In their enlightenment campaigns, they stressed on the ways of transmission and prevention of infection by the HIV virus. The people targeted by the campaign were well aware of the risk of transmission from the infected to the uninfected through sharing of sharp instruments (syringes, razor blades, toothbrush), blood transfusion, pregnant mother to child and sexual intercourse. On closer examination a few of the participants couldn't distinguish between ways of HIV transmission and STD's. The ways of prevention mentioned by the group include getting married only after testing, and use of condoms (half). However, some respondents were unaware that the condom is not a full proof way to safe sex. One-third of those queried said they had shared HIV/AIDS information with others on an interpersonal basis. 24 of those queried said their messages were well received while the rest (28) either had difficulty in convincing some of their audiences or met with apathy. After prolonged persuasion, they were able to counteract such doubts as whether AIDS *'can be contracted through the bite of mosquitoes and other insects'*, *'if one contracts AIDS is there any cure?'* *'What if one is*

*in love and sees no point in going for a test' or asking such defeatist questions as ' what is the point in protecting oneself against AIDS since we are fated to die' etc.*

The fact that this group has recommended the need for more community mobilisers and training to target mainly women in the FGM campaign is an indication that the community is beginning to feel the value of this campaign. Moreover, in mosques on Fridays and in churches on Sundays, preaching anti FGM and AIDS messages has become common.

*One man reported that in his village, a man has been fined 3 cattle for doing scarification on his children.* This deterrence seems to have worked and could be applied here.

The group agreed that attitudes are changing and that FGM is reducing. Early marriage however is still a problem. The fact that pregnancy before marriage is still common suggests that there is much illicit sex and hence more risk of HIV/AIDS infection. However, the fact that more and more people are willing to handle the body of an AIDS victim and eating with PLWAs is an indication that the community is beginning to understand the disease. Barbers are also using a different razor blade for each customer. In order to ensure sustainability of the project, the group recommends that there should be a gradual hand over with the community taking more and more responsibility from SNCTP, which should continue to provide the necessary resources. They also stressed on the need for continuous formation on the issues of the campaign especially for the young generation.

### **4.3 SCHOOL PUPILS**

A sample of 20 school children (8<sup>th</sup> formers aged above 14) from 2 basic schools was taken in an effort to assess how much information they had gained from their teachers trained as facilitators in the HTP and AIDS campaign.

In one of the schools, Rahama the pupils had had between 15-20 lessons while at Mayada only 6 lessons had been given. In both cases the lessons were extra-curricula activities organized for selected groups of pupils. These were then expected to share the information with their peers. The hope of the project that the subject matter of the campaign be integrated into classroom teaching time was not possible due to timetable congestion as the pupils had a heavy school curriculum to learn. Activities had just begun in a third school: El Ijtihad.

## FGM/HTP

When queried about whether they had undergone FGM after the training, 38% of the girls said yes they had undergone female circumcision. The fact that only about one-third had undergone the act is an indication that the awareness is beginning to take effect. More work, however needs to be done to ensure that more and more girls are empowered to resist such acts.

85% of the pupils said they were knowledgeable about FGM. 70% of the pupils said they were not in favour of the perpetuation of FGM (See table 4).

75% of those pupils know that FGM has complications and are a danger to the health of women. (Table 4).

Table 4: showing knowledge & Attitude to FGM

	Yes	No	No response
Knowledge of FGM	17	-	3
Accept FGM	5	14	1
FGM has Complications	15	-	-

75% of the pupils said they were knowledgeable about AIDS

Table 5: Showing knowledge of AIDS

	Yes	No	No response
Knowledge of AIDS	15	2	3

60% of those pupils said they had communicated message to their peers.70% had communicated messages to their parents (Table 6); and as shown in (Table 6). 20% had transmitted messages at morning parade while 30% had done so in church or mosque.

Table 6: Showing targets of information dissemination

Category	Number
Peers	12
Parents	14
Morning parade	4
Mosque or church congregations	6

All the boys had communicated messages to their parents. 35% had their messages received with no interest (Table 7). 45% were well received. The rest did not respond.

Table 7: Showing boys communication of messages and attitude of parents to FGM messages

	Number
No interest	7
Change in attitude and understanding	9

Asked about their knowledge of AIDS the pupils were able to identify the following modes of transmission of the disease:

- Sex with infected partners
- Sharp instruments
- During birth

They said prevention could be achieved through:

- Abstaining from sexual intercourse
- Not playing with or sharing sharp instruments e.g. razor blades, toothbrush.
- Infected to another or kissing an infected person with wound.
- Taking an HIV test before couple marries.

Asked about ways commonly misconceived as vehicles for transmission, the pupils correctly mentioned the following:

Sharing clothes with an infected person.

Eating together	“	“	“	“
Greeting	“	“	“	“
Sleeping in one bed	“	“	“	“

Interestingly, when two other pupils who had not been trained were asked the same questions they gave such erroneous statements as:

*‘HIV could be transmitted through using or handling the clothes of an infected person or through insect bites especially mosquitoes’. It is worth mentioning that nearly half of those who received enlightenment still believed that mosquito bites could help transmit the disease.*

Asked as to what they did with the knowledge they had acquired, the majority said they had shared it with peers, sisters/brothers, and other members of the family, friends and neighbours.

The pupils were unanimous in saying that their messages were well received although they were often challenged as to the source of their information. In a few cases they were told outright that they were too young to discuss such as adult matters.

Usually, the pupils tried to find adequate settings to do their enlightenment e.g. around prime TV (serial film) time, when neighbours pay them a visit, on rest days (Fridays & Sundays), especially immediately after prayers or in the evenings, after school or during informal group gatherings.

All those interviewed said they were against HTP particularly FGM and early marriage. Some of the pupils said that they encountered more resistance in trying to pass FGM messages than in disseminating AIDS information. Some of the counter arguments they continue to encounter include:

*‘Boys will not marry an uncircumcised girl’*

*‘Uncircumcised girls are loose’*

According to the pupils, they usually encounter resistance at the beginning but with the passage of time, their messages are eventually accepted especially when they are able to produce backup information materials.

Some observations are worth noting:

It is clear from the report of the pupils that they find it difficult to convince their superiors. The information is however good for their consumption and if any change in attitude is effected in them, this could augur well for the future of the campaign. They are more certain and dependable than their parents to bring about the desired change. As shown in the stage of behaviour change most of these youth are in ....

A long-term strategy, has, therefore, got to be put into place in raising pupil awareness. This programme should, therefore, be continued and enlarged to make use of this important category of change agents.

Since parents do not readily believe the ‘adult’ information their children share with them, there is need to target them through a school based sensitization programme.

The campaign has also encouraged these children to read more literature and good utilization of educational materials on the subject.

#### **4.4 POPULAR OPINION LEADERS (CHIEFS, POPULAR COMMITTEE MEMBERS, RELIGIOUS LEADERS)**

A sample of 15 Opinion leaders was taken. Out of this, one quarter had participated in the KAP survey and in drawing up the eventual project. They have subsequently participated in about 25-30 meetings with SNCTP to help monitor and give direction to the direction of the project. These leaders subsequently received enlightenment from participants of the first TOT.

In their view, female circumcision and other HTP’s e.g. scarification and milk teeth extraction will die with time because fewer and fewer people see any merit in continuing these practices.

The chiefs have encouraged couples that come before them (for reasons of finalisation of their marriages in the traditional courts) to go for HIV testing before consummating their marriage. They have also levied severe penalties on those who practise sex outside marriage. Fear of this has resulted in a decline of cases of pregnancies outside marriage.

They also pointed out that since there are no religious justifications for the performance of FGM, they have come out openly to combat this act; and all they need is support from NGOs to enable them do their part. They have identified more than 6 HTPs that need to be combated with the collaboration of parents. So far their attempts to share information has been received well. They, however, noted that there are instances of the controversy over FGM causing conflict in families. Chiefs have also been able to stop a few Female circumcisions from taking place. They were prepared to bring in the police to stop some of these performances from being done. They feel that there is also need to hold regular weekly or monthly meetings to review progress and exchange experiences in the campaign. The chiefs believe that the anti FGM campaign could get a boost if it is reinforced by TV information provided by qualified persons (e.g. doctors).

*One chief narrated that in his home village a fine of 3 cows has introduced if anybody performs an HTP in his area. They have also*



*forbidden the practise of compensating the parents of a girl who is impregnated and the person responsible is unwilling to marry. Such a person is given a jail term. This deterrence seems to be working.*

The chiefs and Popular Committee members have recommended that they should be given enlightenment on human rights, the law and FGM. They also feel that the programme should be expanded beyond the 7 areas currently targeted.

*The issue of modern harmful practices such as use of 'henna' and skin-colour changing creams was raised.* In the ensuing discussion, it was felt that there is need to introduce more enlightenment on some of the 86 types of HTP in future trainings (especially refresher workshops) for activists.

#### **4.5 FACILITATORS**

A sample of 22 facilitators who were fully trained at the first TOT was taken. All present agreed that the information they had acquired was useful. The facilitators said they concentrated mainly on HIV/AIDS in their campaign mainly because the disease is becoming widespread and therefore needs to be urgently combated. Many of the trained did not make use of their knowledge of FGM because they come from constituencies that did not practise this act. However, information was shared on the disadvantages of such HTPs as scarification, cutting of the uvula and milk teeth extraction. Most of the information on Aids concentrated on ways to avoid contracting the virus particularly unprotected sex.

Generally, the information was well received although many couldn't understand why HTP are bad or why it is wrong to share one razorblade in scarification. Some insisted that the cutting of the uvula was good for the child as it healed fever. It took some persuasion to turn their minds round to the fact fever is a natural consequence of teething. Many believe that the cure for malaria is the burning of the forehead; or that jaundice can be cured by burning the arm with red-hot implements. People (mainly Moslems from Darfur) wanted to know the source of the information on FGM as they believed it is sanctioned by their faith (Islam). Some people got the wrong impression that condoms are a full-proof way to safe sex and are unaware of the danger that it could rupture and allow infection by the virus during sexual intercourse. However, many of those reached especially men now have a good understanding of the issues.

Out of the total of 6 public health sessions planned and held in the area, 18% of the participants said they had taken part in 1 and 5 sessions respectively, 22.5% respectively in 4 and 3 sessions, and 29% in 2 sessions. None had taken part in all 6 sessions

Table 8: showing the frequency of participation at functions

Number of functions	1	2	3	4	5	Total
Number of participants	4	2	6	6	4	22

*Some of the beneficiaries began to change after attending more than one session e.g. a chief who converted after 3 encounters. A TBA (mother to one of the activists) threw away her circumcision instruments after an encounter.*

However the unwillingness of many people to attend the enlightenment forums is a big setback. The fact that there are frequently more new arrivals also calls for continuous formation. The campaigners have also been met with the problem of their age: they are either too small or elderly depending on the particular situation obtaining in the target audience. There is, therefore, need to do the enlightenments and trainings bearing in mind the need for age and gender segregation or balance. On the average, women were in the majority of those enlightened, which in any given session ranged from 40-85 persons. This good attendance is due to the fact that invitations to participants were made through chiefs. Most of these enlightenments target good moments e.g. during the Moslem holy month of Ramadan when people are more readily available in the early evening hours after the Ramadan ‘breakfast’. Usually posters, books, group discussion and event evaluation supplement the talks.

Encouraging statements heard have been a good indicator that the messages are taking effect. *For example one elderly woman has been known to praise the campaigners for the good work they are doing.*

Another encouraging sign is the formation of Working Groups to help monitor and evaluate progress. These reports are shared with SNCTP on a regular basis. Six meetings have in fact been held with SNCTP. The facilitators recommended that these meetings should be held before and after the holding of a forum or at least once a month. There is, however, a felt need for further coordination of activities through formation of a coordinating body. This is particularly so in view of the fact that there are other similar interventions e.g. by the organization AZZA.

The facilitators also expressed their desire to attain membership of SNCTP, as this would make their work progress more smoothly. Possession of SNCTP identity cards would also enable the bearers to have access to free medical service. There is also consensus that some

token appreciation should be given to activists in the form of certificates of service recognition.



Samples of beneficiaries attended one day evaluation workshop on the findings of internal evaluation before final draft at NCA office, Khartoum

## **5.0 CONCLUSIONS OF THE EVALUATION**

### **5.1 GENERAL**

1. As stated in the KAP survey, his pilot project has been undertaken in area where FGM is not a big concern. However, this choice has been justified by the fact that as a cultural melting pot this displaced location is encouraging communities who did not hitherto practise FGM to pick it up. There is thus need to nib this at its bud before it is transferred to homelands when they (the displaced) relocate.
2. SNCTP is a credible pioneer organization that has sustained its anti-FGM campaign for over 20 years with support from the Dutch Embassy in Khartoum. It also has a countywide presence and 53 fulltime staff supported by 5020 volunteers working as Community based units. It has also become the focal point for FGM work and doing regional consultancy in Eastern and West Africa. Based on the above facts and the success of this pilot project, there is a demonstrated need to expand the programme to other areas where FGM is a very big concern.
3. So far, trainings have been organized separately for the different groups. In order to enhance team spirit, there is need to conduct future trainings jointly.
4. The pharaonic and other forms of FGM continue to be practiced. There is also a tendency to opt for the 'lesser' types of circumcision e.g. the Sunna. Because most of these practices are carried out mainly on the urging of mothers, in our view, more attention should be focused on women.
5. In the course of the campaign, many interesting testimonies are heard. In order to add to the momentum of the campaign, we encourage activists to document them. These stories have a powerful effect on the hearer, as they are often very moving.
6. In the course of the campaign, activists have heard many misconceptions and queries on the various subjects. Many of those involved in the campaign are at a loss as to how to respond to these misconceptions.
7. Most of the campaigners lack adequate knowledge of FGM as a violation of human rights and The UN and AU Human Rights Instruments. This has affected the drive of the campaign as many regarded it as a health issue. This has its limitations, because many do not see it as a legal issue that could be tackled through law enforcement. In fact, there is need to enlighten campaigners that there is a law in force to discourage FGM.

8. The belief that law sanctions FGM is so entrenched that it would take the concerted effort of religious leaders in the area to dispel such beliefs; and even so, this can only be a gradual, slow change.
9. Little attention has been given to the use of general forums to focus action on the subject matter of the campaigns most notably the FGM Zero tolerance date of February 6<sup>th</sup> and the December 1<sup>st</sup> AIDS Day.
10. Activists have been reporting regularly on a timely basis. This is good as it facilitates project monitoring and self-evaluation in the course of project implementation.

## **5.2 MIDWIVES**

1. It is unfortunate that some of the midwives trained by this project still continue to practice FGM. This does not augur well for the future. Moreover, the fact that the 7 areas covered by this project are subject to invasion by midwives from other areas who have not received the necessary enlightenment to abandon the practice of female circumcision is weakening the effort to eradicate the practice. The lucrative, never ending source and ease of making money in this business is a major incentive for the continuation of this practice. This monetary motive has failed past attempts to discourage FGM through availing midwives alternative means of income generating projects, cash payments or the taking of oath. Therefore in order to effectively discourage this practice, there is need to promulgate laws with well-spelled punishments including imprisonment. This should be complemented with a system of rewards for deserving anti FGM campaigners. It would also be helpful if a comprehensive strategy were adopted to disseminate FGM enlightenment.
2. The health centre is an ideal place to target mothers who come for maternity follow-ups. Midwives therefore have an ideal opportunity to give enlightenment on FGM in their homes when they eventually help them to deliver.
3. Midwives by virtue of their status in society have a commanding presence and are more readily listened to. Their continued involvement in the project is therefore of paramount importance. Their access to the target population should, therefore, be enhanced by issuing them with letters of introduction to whomsoever it may concern. Efforts should be made to ensure that they continue to be appropriately involved in the campaign by giving them continuous formation. In order to reduce temptations to backslide for reasons

of financial gain, efforts should also be made to appropriately place them in the job labour system.

### **5.3 GROUP DISCUSSIONS AND DEBATES**

1. The project lacks efficient means of local mass information dissemination media. This has forced activists to resort to use of small media such as public debates forums. This has greatly crippled attempts to reach a wide audience.
2. Available evidence points to the fact that he debates and discussion forums have been popular. Therefore as a tried means, ways and means should be explored to enlarge participation in these debates

### **5.3 SCHOOL PUPILS**

1. In their campaign effort, pupils have often been challenged on the source of their information especially on FGM. This is natural since they are regarded as minors. The campaign should, however, continue to target this category, as they will greatly benefit from the information and in fact later use it to advantage when they themselves become decision-makers. Ways and means should, however, be found to help these minors to get their parents on board, as this still remains a big challenge.
2. Since enlightenment can only be carried out as an extra-curricula activity, ways and means should be found to attract pupils to these sessions. They should also be sufficiently equipped with educational materials.
3. The young are more readily influenced by creative activity. Enlightenment should, therefore, make effective use of this communication media.
4. There is a general lack of organization in conducting these activities in schools. Pupils should therefore be encouraged to associate themselves around the themes of this campaign.

### **5.5 CHIEFS AND FACILITATORS**

1. Despite the momentum achieved by the campaign so far, ownership of the project by the local communities is still below par as evidenced by the heavy dependence on SNCTP. The locals should be encouraged to take an increasing share of the process as

time progresses. Communities are encouraged in this respect to strengthen the coordination of their activities at the local level.

2. Although some Popular committee members are getting involved in the campaign, they are still far too few. Moreover the absence of other responsible local government authorities is negating the positive impact of the campaign. Ways and means should be found to encourage the involvement of these responsible authorities.



The trained group discussing on the next phase of the project implementation

## 6.0 RECOMMENDATIONS

Based on the findings and conclusions above and in order to ascertain the way forward for this project we recommend that:

### 6.1 GENERAL

1. NCA should expand this programme to other areas where FGM is a very big concern.
2. In order to enhance team spirit and make the process interactive, future trainings should lump all groups together. An experience-sharing workshop for those already trained would be a first step in this direction
3. All stakeholders should put pressure on the Government of Sudan in the new era to issue and enforce laws to discourage FGM. NGOs on the other hand are to do the necessary sensitization.
4. Efforts should be made to eliminate all forms of circumcision through an intensive and comprehensive sensitization campaign without any compromise as we have observed many activists lead us to belief.
5. Activists should document testimonies that can feedback into the campaign in a positive way; and SNCTP should cluster and publish texts of these hearings
6. A publication *‘You ask and SNCTP answers’* should be availed for the use of campaigners to dispel misgivings on the subjects of the campaign. Advanced training on FGM as a violation of human rights and The UN and AU Human Rights Instruments and National Laws issued in accordance with these should be given to Popular Committee members, chiefs, religious leaders, municipalities, decision-makers, teachers, midwives and other community facilitators (including university students and graduates).
7. General forums to focus action on the subject matter of the campaigns shall be organized around global dates to mark these events notably: February 6<sup>th</sup> and November 25<sup>th</sup> for FGM and December 1<sup>st</sup> for HIV’ AIDS.
8. More educational Materials should be produced in adequate quantities to meet the expanded future needs of the project.
9. For effective monitoring and evaluation, all activists are encouraged to use the SNCTP activity report guide.



## **6.2 MIDWIVES**

1. Midwives who have not benefited from FGM enlightenment be likewise trained in order to make the strategy to combat FGM more comprehensive.
2. As an incentive midwives who have abandoned the FGM practice, be provided with a complete delivery kit containing hypertension-measuring equipment, weighing scale and a stethoscope.
4. Midwives are more involved in the dissemination of information to girls in schools.
5. Midwives in the campaign, should be issued with a letter of introduction to enable them have access to everybody including the high and the low.
6. Advanced refresher courses should be organized for midwives from time to time. These courses should focus on and associate the practise with human rights and violence against women.
7. SNCTP should lobby the Government Ministry of Health to appropriately place midwives in the job labour system.
8. To motivate midwives who have sustained their involvement in the campaign, SNCTP should request 150 kits annually to be given to deserving activists in all project areas of SNCTP involvement.

## **6.3 GROUP DISCUSSIONS AND DEBATES**

3. A car equipped with loudspeakers, cassette recorder be deployed to pass messages, information and advertise events on FGM, HTP and AIDS in local Arabic or vernaculars to wider audience.
4. More debates and discussion forums be organized in the future.

## **6.4 SCHOOL PUPILS**

1. SNCTP should lobby the ministry of Education to increase the information on FGM in the authorized school syllabus; and more importantly that supplementary materials should be available in schools for the easy reference of enquiring parents etc.
2. A training manual should be developed for use for extra-curricula teaching on FGM.
3. More parents should also be encouraged to participate in public health education sessions specifically targeting them organized by schools.
4. FGM and Aids enlightenment be integrated into such extracurricular activities as poetry, drama, drawing, wallpaper

journalism, sports (especially football); and SNCTP is to organize interschool competitions in this respect.

5. In order to facilitate the campaign in schools, should societies on the issues of the campaign should be formed.

## **6.5 CHIEFS AND FACILITATORS**

1. Local communities should own the process by organizing more education forums as a multiplier effect; and the SNCTP is to give thanks and gratitude certificates of appreciation to zealous participants. For those who are very committed, further training at the local or regional level is recommended. Strong Coordination Committees (with the presence of Popular opinion Leaders) should be formed to handle activities at the local level and to link with SNCTP.
2. The Training of Trainers workshops for Facilitators should be extended to other areas in Khartoum.
3. Efforts should be made to actively involve Popular Opinion Leaders in the campaign.

## REFERENCES

- Alan Bryman (2001), *Social Research Methods* (New York, Oxford University Press)
- *Future Family Journal* (2001), Khartoum, SNCTP
- Manual for economical project management, a guide to planning, monitoring and evaluation (2002), WCC, Geneva.
- *SNCTP Project Proposal*, 2003.
- *SNCTP Strategic Plan*, 2002.
- *SNCTP Annual Report* 2003
- *SNCTP Annual Report* 2004
- Suzan Izett, Tobia N. (1999), *learning about social change* (New York, Rainbo).
- *Use of indicators in the campaign against Female Genital Mutilation* (FGM), 2003, Addis Ababa, Inter African Committee on Traditional practices (IAC).
- A research study on knowledge, attitude and practice of adult population aged (15-49) towards FGM and HIV/AIDS among the Internal Displaced Persons (IDPs) in Mayo Farms (2003), Khartoum, a study conducted by SNCTP.

**Mayo Farms project internal evaluation**  
**The term of reference (TOR)**

The internal evaluation is part of the activities of the programme; and accordingly, the guidelines for TOR were developed as shown below:

- Background information on the project was provided.
- Project site indicated and time frame for evaluation was agreed upon.
- Budget for evaluation was agreed upon.
- Criteria for evaluator formulated.

**Evaluators responsibility:**

- To conducted the evaluation.
- To revise the objectives and activities of the project as information mentioned above .
- To Reviewed the activities of the project.
- To gather information using different methods, tools
- To organize a one day workshop for discussion and recommendations.
- To Complete the evaluation work within (8) days (.27<sup>th</sup> Dec. 2004 – 8<sup>th</sup> Jan. 2005).
- To disseminate the draft evaluation report to SNCTP beneficiaries and SNCTP council of directors and staff before its final submission.

## **APPENDIX TWO: SCHEDULE OF INTERNAL EVALUATION ACTIVITIES**

1-Preparatory meetings:-

- December (27<sup>th</sup>, 29<sup>th</sup>) and January 2<sup>nd</sup>, 11<sup>th</sup> & 14<sup>th</sup>.

2-Field interview visits: -

-January 3<sup>rd</sup>: Midwives

-January 4<sup>th</sup>: Pupils

-January 5<sup>th</sup>: Community Conversations and debates

-January 6<sup>th</sup>: Session one- Chiefs, religious leaders, popular committee members

Session two-Trained Facilitators

-January 7<sup>th</sup>: Report write-up (draft)

-January 8<sup>th</sup>: Workshop

-January 9<sup>th</sup>: Report write-up (final)

-January 10<sup>th</sup>: Submission of report