

# Norwegian Church Aid

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## **Evaluation of Gender Based Violence Program**

### **Final Report**

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## **ACRONYMS**

NCA: Norwegian Church Aid  
APAF: Aide à la Promotion des Aides Ménagères (Aid to the Promotion of House Keepers)  
CRC: Convention of the Right of the Child  
ECOWAS: Economic Community of West African States  
CEDEF: Convention for Elimination of all forms of Discrimination toward the Woman  
IEC: Information Education and Communication  
GREFFA: Group of Research, Study, Training, Woman-Action  
MDM: Medecins du Monde (Doctors of the World)  
FGM: Female Genital Mutilation  
NORAD: Norwegian Government  
ONG: Non Governmental Organization  
PNLE: National Program of Fight against Excision  
PTC: Pose Ton Couteau (Lay Down your Knife)  
TFP-Female genital mutilation: Technical and Financial Partner – female genital mutilation  
RML/MGF: Malian Network of Fight against Female Genital Mutilation  
TOR: Terms of Reference  
GBV: Gender Based Violence  
Wildaf-Mali: Women in Law And Development In Africa/Women Right and Development in Africa.

### MAP 1: Intervention zones of NCA partners

([www.voyage.gc.ca/clf2/images/maps/173000\\_big-fr.gif](http://www.voyage.gc.ca/clf2/images/maps/173000_big-fr.gif))

- **Bamako :**
  - Réseau Malien de Lutte contre les MGF (Malian Network of Fight Against FGM) ;
  - Pose ton couteau (Lay down your Knife)
  - Wildaf/Mali (and all the country)
- **Segou :**
  - Apaf Muso Dambé
- **Mopti :**
  - Médecins du Monde (Doctors of the World)
- **Gao :**
  - GREFFA



## EXECUTIVE SUMMARY

The Norwegian Church Aid, (NCA), is one of the largest Norwegian International Development Agencies. NCA's operations cover diverse domains for a sustainable development.

NCA started its operations in Mali 25 years ago: many projects and programs have been initiated among which a 5 years Country Strategy plan from 2005-2009 and the Gender Based Violence (GBV) program evaluated herewith and which covers the same period.

The Gender Based Violence Program, (GBV) focuses on 2 areas: Female Genital Mutilation (FGM) and Early Marriage (EM). Both are identified as violations of the rights of girls and women.

As such, it is **relevant** and is in line with the national policy on women's reproductive of health which is affected by female genital mutilation, early marriage and their consequences (fistulas, Cheloid, pain during sexual intercourse, etc.)

NCA carries out its program in Mali throughout the country .The GBV program is implemented in partnership with six (6) local partners chosen according to their skills and work experience in reproductive health and violence issues against women.

**The effectiveness** of the GBV program is seen through its implementation. NCA has brought an institutional, technical, logistical support that strengthened all its partners. It has also brought annual funding to each individual program; or at least to one part of its program pertaining to GBV.

In addition, NCA has conducted more refined thematic studies on violence against women in the northern regions of the country; the organization has organized meetings and workshops on early marriage and has involved religious leaders in the fight against violence. NCA is also an active member of a network called Technical Financial Partner in Gender

The NGOs, partners of NCA have on their parts, conducted various sensitization and information activities through various tools, including the media, radio, and theater.

The communities on their parts have been sensitized and have received training on the subject of excision and fistula. They have worked in places with peer educators to relay messages into their communities.

The administrative and municipal authorities has also participated in the fight against female genital mutilation and forced marriage; they have a framework for consultation with NGOs, by organizing special events including the Pan-African Days of zero tolerance on FGM.

**The numerous number of program impacts** include, at the community level, the increasing participation of the populations (especially many men), to

the fight against female genital mutilation, forced marriage which are no longer viewed as taboo topics. The treatment of fistula is less perceived as an incurable disease and many women referred to hospitals for its treatment, agree to speak about their illness without shame and believe it "is not from occult origin". Travel costs and living expenses are freely provided during their treatment and so is their stay in the center.

The NGOs partners of NCA have developed skills and expertise in their daily management in accordance with the needs and requirements of the GBV program.

**The relevance of the program** is shaped by the balance between communities' needs and the themes of female genital mutilation, early marriage, fistula, and the rights of women which are developed by NCA partners. This allowed them to have further knowledge on these subjects and to better anticipate the issues in general.

**The sustainability of the program** is ensured, at NCA, through its compliance with the national country policy, its compliance to the various international conventions, the availability of funding, and to a flexible but rigorous strategy of "self-managed projects".

In the other hand, partners and associations who are officially recognized know the field and are quite equipped to support the activities they initiate. Improved community knowledge, the positive evolving community leaders' contribution and especially religious leaders, are, inter alia, guarantee of the continuity of the program.

Nevertheless, improvements should be made to the program to strengthen these achievements. They should include, in part, increasing the number of NCA staff in the GBV program; the institutionalization of a NCA-partners consultation framework; the elaboration of a phase out plan and the harmonization of NCA program duration to that of its partners' projects.

The evaluation has allowed to lessons learning and making the following recommendations:

#### ➤ **LESSONS LEARNED**

The feasibility and sustainability of an intervention depends on partners' involvement and to their skills, expertise in program design and implementation.

The multidimensional approach (health, rights, culture, religions) promotes both understanding and attitude change toward Gender Based Violence;

The activities on Gender Based Violence must be long term;

Community mobilization for the fight against Gender Based Violence is tied to the ownership of GBV projects and their genuine participation in their implementation.

➤ **RECOMMENDATIONS**

1. Strengthen the core team working on the GBV program (recruitment of a national agent and / or outsourcing);
2. NCA should investigate and evaluate in depth its partners institutionally and their organizational capacities before making the choice to work with them
3. Ensure partners regular monitoring and evaluation;
4. Develop a phase out plan with partners, while reinforcing their capacity in the process of disengagement;
5. NCA should work more and more closely with religious organizations in the areas of Gender Based Violence;
6. Create and animate a framework for periodic consultation with direct partners, specifically on the GBV program;
7. Evaluate theater impact as an intervention strategy for advocacy and mobilization in the fight against FGM and fistula (in the Mopti region and the District of Bamako, Koulikoro); evaluate the training on rights ( Wildaf-Mali);
8. Continue to conduct studies and research on Gender Based Violence.

## **CHAPTER II: EVALUATION REPORT**

### **2.1 INTRODUCTION**

The Norwegian Church Aid, NCA, is one of the largest Norwegian International Development Agencies. It is a humanitarian organization working in the field of sustainable development, emergency relief and advocacy around the world. NCA believes in a vision of a just world and works respectively with individuals and organizations of all faiths.

Operating in Mali for 25 Years, its partners are state departments, NGOs at the village level who themselves are working with local groups at the front line (community associations, women's groups, youth associations, religious leaders, etc..) to achieve their objectives.

#### **The Gender Based Violence Program**

In 2001, with a funding from the Norwegian Government (NORAD), NCA has initiated a regional program to fight against the practice of female genital mutilation and to cover the medical care for women suffering from vesico vaginal fistula in West Africa, specifically in Mali and Mauritania.

The program started in Mali in 2002 with the selection and funding of Non Governmental Organizations (NGOs) and local associations fighting against Female Genital Mutilation in areas with high prevalence (Region of Mopti, Segou).

The program has funded six (6) civil society organizations in three years,. Among whom, the Malian Network of Fight against Female Genital Mutilation (RML / FGM) to which NCA has brought an institutional/technical support to strengthen its capacity for a better coordination of its members' activities and for its better visibility in the domain of fight against FGM.

In its Five-Year Plan 2005 - 2009, NCA puts its focus in the practice of female genital mutilation and early marriage, both identified as violations of the rights of the girl and woman in every regions of Mali but more and more in Gao, Kidal and Timbuktu.

NCA's center of attention in Gender Based Violence issue focuses in three angles. The first is to inform people who can influence decisions in the area of female genital mutilation and early marriage, like parents, men in general, community and religious leaders.

The second is to work for a reduced social acceptance of harmful traditional practices, through advocacy and to develop a national legal framework in compliance with conventions ratified by Mali, namely the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC) and the Additional Protocol of Maputo.

The third is to support projects which target the care of and rehabilitation of Gender Based Violence victims.



NCA has requested funding from NORAD for a new program covering the period 2005-2009 in order to continue its ongoing work in defending the rights of the oppressed, and in conjunction with its Five-Year Plan.

NCA and its partners work on the fight against harmful traditional practices in Mali is part of NCA's Interregional program against Female Genital Mutilation in East and West Africa.

The sub regional program evaluation highlighted strengths and weaknesses of the program.

According to its Five-Year Plan 2005 - 2009 and to contribute to reducing the prevalence of female genital mutilation or even its abandonment in Mali, the Norwegian Church Aid (NCA) has decided to implement a three years (2006-2009) program.

Six national partners have been selected to implementing the program, which are:

- For the fight against excision: Pose Ton Couteau(Lay down Your Knife), Malian Network of Fight against Female Genital Mutilation (RML / FGM) APAF / Muso Danbé,
- For the care of obstetric fistula: Medecins du Monde and GREFFA
- For the promotion of Women Rights: WILDAF / MALI.

NCA and its partners agreed to conduct an external evaluation at the end of the third year to measure the level of achievement of their objectives:

- The whole program on Gender Based Violence.
- Specifically some projects with 2 partners (RML / FGM and Pose Ton Couteau)

For this reason, in November 2009, NCA has requested the evaluation of the GBV program of its Five Year Plan to improve its performance and demonstrate the relevance, legitimacy and effectiveness of its interventions in partnership of those who participated in the financing and implementation of the Gender Based Violence program.

### **2.1.1 Purpose and objectives of the evaluation**

The purpose and objectives of the Evaluation are defined in the Terms of Reference developed by the sponsor.

#### ***Purpose***

The purpose of the Evaluation is to provide NCA with a report on their achievements, in collaboration with its partners, to learn, through the review of achievements, identified constraints and challenges during the implementation of the Gender Based Violence Program.

#### ***Specific objectives***

- Evaluate progress in achieving specific objectives set forth in the GBV Program
- Evaluate the adequacy of the orientation of the interventions in the field of NCA's GBV in Mali (balance and synergy with national and regional priorities)
- Evaluate the relevance, sustainability, efficiency and effectiveness of strategies adopted by NCA to integrate and implement its interventions in the field of GBV; evaluate that they are sustainable, relevant, efficient and effective in the

main areas of work of NCA , the state of its assistance, and its assistance to sustainable development and advocacy,

- Identify constraints and challenges in the programs of NCA's GBV Projects and those of its partners that NCA sustains.

### **Key Issues of the evaluation**

The key issues of the evaluation are specified in the ToR (see Appendix 2). They are based on the following: effectiveness, efficiency, impact, feasibility and sustainability.

#### **2.1.2 Scope of evaluation**

The consultants responsible for evaluating the GBV program (FGM, early marriage and fistula) Mali (2005 and 2009) have worked on projects funded by NCA partners and implemented in the following regions: Gao, Mopti, Segou and the district of Bamako.

#### **2.1.3 Methodological Approach**

##### **Methods**

Consistent with the principles of this evaluation, the approach used for data collection was mainly participatory. During data collection phase in cities and villages, the consultants at all stages, gave the opportunity to beneficiaries and project stakeholders to freely express themselves on activity implementation, achievements and difficulties along the way.

They also analyzed documents produced by NCA, its partners and other UN agencies and national NGOs on the theme of Gender Based Violence.

The methods used during the evaluation are:

- **Focus Group Discussions**

They have been used in villages (Moribila, Kassorola) and cities (Gao and Mopti) with women's groups, elected local politicians, women victims of fistula and some of their companions, members of the support group for abandonment of excision. This method has facilitated the analysis of the perceptions and attitudes toward abandonment of female genital mutilation, eradication of early marriage and the fight against obstetric fistula.

- **Interview of key informants**

An interview guide was used during conversations with fields agents, NCA officials (National Counselor, GBV Program Coordinator), those of partner NGO involved in project planning and implementation, Health workers (of the hospitals in Gao and Mopti), DRPFEF leaders (Gao and Mopti), responsible for the protection of the Child, at UNICEF level and in charge of the fight against excision.

- **Direct observation**

It has been used primarily in the Center for women victims of obstetric fistula in Mopti to understand their perception of the illness, its care and especially of their stay.

- **Literature Analyses**

It focused on general and specific documents produced by NCA, its partners; NGOs and PNLE working on Gender Based Violence (see Appendix 1)

#### **2.1.4 Composition of the evaluation team**

The evaluation was conducted for one month by a team of two consultants (male and female) who have experience in evaluating development projects and worked on the issue of Gender Based Violence in Mali.

The evaluation began early November by a series of meetings to discuss the ToR with the national counselor and GBV program coordinator for a common understanding of objectives and outcomes. After five days of documentary studies, the team traveled in the regions of Gao, Mopti and Segou (Circle of San)

### **2.1.5 Limitations / constraints**

The evaluation team noted some limitations.

The very short time devoted to the field visit: At Gao, it was not possible to visit a village where GREFFA is conducting IEC campaigns against early marriage and fistula.

The consultants, in Gao could not physically share with the chief NCA official in Gao and GREFFA director. (They have responded to the interview guide sent by email).

Discussion was held with only one member for some organizations (PTC, WILDAF / MALI), which does not allow interaction.

Nevertheless, these findings did not affect the results. The team was able to collect sufficient data and had access to documents produced by partners involved in the evaluation.

## **2.2 CONTEXT OF THE EVALUATION**

Different governments of the country have adopted policies and strategies to fight violence against women in general, female genital mutilation and early marriage in particular.

The State and many civil society organizations have acquired competence for the fight against female genital mutilation and early marriage. These include, among others:

- Creation of the National Program of Fight against Excision,
- The establishment of the Malian Network of Fight against FGM (57 national NGOs members of the network to fight against female genital mutilation)

The combined actions of technical structures of the Government, associations and NGOs, technical and financial partners resulted in the fact that the issue of female genital mutilation is no longer a taboo in Mali.

An external evaluation of the first phase of NCA Program was conducted as a prelude to developing the new 2005-2009 program, which is the subject of this evaluation.

## **2.3 RESULTS OF THE EVALUATION**

### **2.3.1 Relevance of the GBV program**

#### **➤ Design of the GBV Program**

With the objective to contribute to reducing the prevalence of female genital mutilation or even its abandonment in Mali, the Norwegian Church Aid (NCA), following the evaluation of the 2002-2005 program, has developed a three-year

program (2007-2009) on Gender Based Violence in Mali, in keeping with its 2005 – 2009 Strategic Plan.

NCA's Five Year Plan 2005 - 2009, focuses in 2 main areas the practice of female genital mutilation and early marriage identified as violations of the rights of the girl and woman in the regions of Ségou, Mopti, Gao, Timbuktu, Kida and the District of Bamako.

This Plan specifies that NCA will focus on the gender based violence under three angles that have been cited earlier in this report.

Working on the issue of violence against women (female genital mutilation, early marriage and support for fistula care and prevention is justified insofar as communities still engage in these practices. This constitutes a violation of human rights for which NCA advocates.

Female genital mutilation, a practice deemed detrimental to the health of mother and child and also a violation of their right, remains widespread in Mali, where in 2002 the prevalence was 91.6% despite movement for the abandonment of the practice.

If studies (NCA 2002 and 2003) showed that the prevalence rate is low in northern Mali, early marriage has been denounced by women and social health officers because it affects the health of the girl and undermines her studies. Despite the existence of marriage code, guardianship and the signing of the Convention on the Rights of the Child (CRC), the prevalence rate remains high among ethnic groups in northern Mali (Fulani, Songhai, Tamasheq, etc..)

To address these issues, NCA and its state and national partners have developed, in 2005, during a five-day workshop, a program whose objectives are:

- To conduct studies / research on female genital mutilation and early marriage, strengthen the skills of partners of the program of fight against Gender Based Violence,
- Improving knowledge and practice levels of NCA partners / beneficiaries on early marriage and excision,
- Develop system for monitoring and Evaluation and strengthening the partnership of NCA.

The project document also includes activities, strategies, criteria for choosing partners for the implementation and modalities of financing their projects.

➤ **Partners and projects funded in 2005-2009.**

Six (6) partners have been selected to work with NCA for the implementation of the 2002-2005 program on the issue of female genital mutilation (RML / FGM, Pose ton Couteau, APAF / Muso Danbe and MDM) early marriage and support of the fistula (MDM, GREFFA) and Wildaf / Mali to promote women's rights. They have submitted projects, individually, under the conditions proposed by NCA and in its priority intervention zones.

These partners are all known nationally and even internationally as actors with a work experience on the issue of violence against women and reproductive health.

Table 1: List of Partners

Partner Name	Project Title / Zone	Period
Greffa	Communication for behavior change regarding obstetric fistula in the Gao region	2007-2009
MDM	Program for prevention and care of obstetric Fistula in the Mopti region	2007-2009
APAF/Muso Dambé	Action against FGM Project	2006-2009
RML/MGF	Capacity building project for members of the The Malian Network against FGM	2007-2009
Pose Ton Couteau (PTC)	Project " Gender Based Violence "Say No excision"	2006-2009
Wildaf/Mali	Awareness Building and Capacity Building Women's rights	2006 - 2009

In conclusion we can say that the GBV program 2007-2009 is relevant because it:

- Focuses on issues of reproductive health of women in Mali which is affected by female genital mutilation, early marriage and their consequences (fistula, keloid, pain, etc...)
- It is consistent with the objectives of the National Policy of Reproductive Health. The Strategic Plan of the Division of Reproductive Health (2004-2008) provides in its specific objective to: *"Reduce the prevalence of harmful practices in women and children health"*

- Activities aimed at strengthening the capacities of actors, to mobilize target communities, to bring awareness of leaders / decision makers, to promote victims' access to care, etc. can deal with these sensitive issues that are abandoning the practice of female genital mutilation and that of early marriage.  
 - The implementation of partner's projects through: fight for the abandonment of FGC and early marriage, care of obstetric fistula response as stated by different partners to the needs of people in intervention Zones. *"Without the project, we, poor women will not have access to care and accommodation here"*, Mopti Women victims of fistula.

The "Do it Yourself" management style approach adopted by NCA is relevant because it has chosen experienced partners while respecting the selection criteria of the program document. Their common goals are defined in line with national policy to combat violence against women (FGM and early marriage) and also the agreements signed by the country in defense of women's rights (CDEF, CDE and additional Protocol of Maputo).

The orientation of the interventions in the field of NCA's GBV in Mali is relevant because it also reflects national and sub-regional priorities (health of women and girls);  
 Program objectives are synergistic with those of PNLE (Mali) and ECOWAS.

According to the deputy director of the hospital in Mopti :  
«NCA and its partners help us here to implement the National Policy on Reproductive Health».

### **Partner NGO's intervention Zones**

NCA's partners intervention zones have high prevalence rates of female genital mutilation and early marriage and consequently of obstetric fistula. This is certified by some statistics, amongst them those established by:

- NCA Study on early marriage, reproductive health and rights in 2007,

"The frequency levels of early marriage are very high in zones targeted by NCA and its partners. There are about three quarters of married women in both regions. Very early marriage, that is to say, for the age group under 15 years represents 32% and "less" early marriages, for the age group between 15 and 17 years old, totaling 43% of married women population. By region if very early marriages are more frequent in Gao (40% against 23% in Mopti), "less" early marriages dominate in Mopti (52% against 36% in Gao)."

- EDS IV: 2006 (FGM)

The prevalence rate is: Segou 92%, Mopti 75%, Timbuktu 44%, Gao 2% and Kidal 1%.

### **2.3.2 Program Efficiency**

This is the analysis of the level of achievement of the objectives contained in the program document with the summary of the logical framework in Appendix 8. The efficiency is realized at several levels: NCA's, NGOs', political and administrative authorities', communities, and technical services:

- **NCA**

According to the project document, Norwegian Church Aid has complied with certain provisions:

- The funding of partners with an amount ranging from 133 808 913 in 2007, 172 068 652 in 2008 and 163 080 000 in 2009,
- the signature of an agreement detailing the modalities of financing the project,
- The provision of partner organizations with teaching materials (picture boxes, models, etc.)
- The provision of office equipment (computer and printer), the provision for transportation materials (RML/ FGM, MDM, GREFFA, APAF / Muso Danbe)
- The provision of narrative and financial reporting plan,
- Support to accountants for harmonization of financial reporting at partner level and a better keeping of management tools,
- Financing study on early marriage in the regions of Mopti, Gao, and Timbuktu (2007 and 2008)
- Organizing fora with religious leaders in Segou (2007) and Tambaga and Djenné (2009),
- Distribution of the Cairo fatwa text to partners, condemning the practice of female genital mutilation in the name of Islam,
- Participation in meetings of the Financial Technical Partners of the Gender thematic group, where NCA is member of,

- Participation in meetings and fora on excision in Mali and in Africa,
- Support for awareness of the need for a law against female genital mutilation
- Confidence and flexibility toward partners for self-management of the project once it is accepted.

The activities undertaken by NCA are effective through results that are related to:

- Visibility of excision and fistula in zones where very few actors are working on these issues,
- Membership of more and more religious leaders to the cause of the fight against excision,
- Dissemination of texts such as the Additional Protocol of MAPUTO,
- The provision of data to the country on early marriage in northern zones,
- The existence of a declaration of Segou on FGM (religious leaders)
- Significantly scaling down of female genital mutilation and early marriage as a taboo subject to discuss about,
- The costs coverage of surgery and living expenses for women victims of fistula (Center of Mopti, and Gao hospital)
- More positive perceptions and attitudes towards the fistula as a common illness, curable and less and less cause of divorce (GREFFA, MDM / Care Center)
- More sustained support for women victims of fistula by the family (mother, aunt...) and especially by some husbands and brothers (men),
- The gradual establishment of a medico-psychological pool within hospitals (Gao and Mopti) for the treatment of fistula and moral support to women.

- **Partners NGO**

One of the finding of this evaluation is that the development of the activities of all partners is consistent with the programming. At NGO level, effectiveness is measured through capacity building of managers and staff.

All structures have organized training sessions on different themes for their agents to obtain better results.

- Training and refreshing courses on the consequences of FGM, human rights and excision (APAF Muso Danbe, PTC)
- Staff training on obstetric fistula (GREFFA, MDM)
- Female field agents (2) and comedians (10) training on technical communication (TPC), the dangers of early and forced marriage, project design, advocacy (PTC)
- Development of training module for law enforcement (police and gendarmerie), judges, lawyers, a guide for the care of victims of violence (WILDAF)
- Training in the use of the module mentioned above,
- Participation in the training of religious leaders on the relationship between Islam and excision,
- Participation in the workshop on harmonization of training modules on human rights and female genital mutilation
- Partners Participation in disseminating information on FGM and fistula,
- Dram presentations (PTC, MDM)
- Radio broadcasts on FGM and fistula (APAF, MDM and GREFFA)
- Creation and distribution of CDs on FGM and fistula (NCA, PTC)
- Elaboration of booklets to raise awareness of forced marriage.

The training has enabled staff to acquire knowledge on fistula; Right based approach on FGM (APAF, PTC and Greffa) and also facilitated the work in the communities.

A material support to all partners in computers and printers and support in logistics (motorcycle (RML / FGM) has facilitated the reporting, the bookkeeping and the transportation of the coordinator (RML / FGM) leaders and facilitators (GREFFA and APAF / Muso Danbe)

- **At Community Level**

CBOs members, elected officials, religious and community leaders, and communicators are enhanced in advocacy, lobbying, change in attitudes /behavior and received more information about fistula and FGM.

- Training of sixty (60) community relays on fistula (causes, clinical signs, consequences and preventive measures) and in CCC techniques (GREFFA)
- Identification of 70 women victims of fistula (GREFFA)
- Training of sixty (60) members of the RML / FGM in advocacy/lobbying mobilization of resources, training in knowledge of the institutions of the Republic in Niamana,
- Training for animators of Radio (RML/FGM)
- Training for Municipal councilors in reproductive health and FGM for the inclusion of FGM in PDSEC (Sectorial plans) in the six municipalities in the district of Bamako and some of San (RML / FGM and APAF / Muso Danbe)
- Training and refreshing courses for peer educators on the effects of excision, in Kassarola and in Moribila (APAF)
- Involvement of drama groups in the fight against fistula and FGM(MDM, PTC)
- Women's groups and circumcisers' training to promote the abandonment of female genital mutilation (APAF)
- Training of security forces (police, gendarmerie) lawyers, judges,
- Creation of support group (11 members) to abandon excision (APAF Muso Danbe)

- **At Administrative and municipal authorities' level**

- Existence of a framework for dialogue between the mayor and the support group to abandon FGM around the issue and FGM and the fight against it in Kassarola and Moribila)
- Meeting of Mayors of municipalities and neighborhood communities to raise awareness in the fight against FGM (APAF),
- Presence of mayors," préfets" and judges gained to the cause of the fight against FGM and financial coverage of fistula (APAF and MDM),
- The drafting of a convention in the fight against FGM in the municipality of Moribila and Kassarola (APAF)
- Presence of records identifying women who have fistula at the level of health agents (MDM and GREFFA)
- Availability of information sheets that refer women victims of fistula to hospital (MDM).

The actions carried out at these different levels have had positive results on:

- The presence of more and more religious leaders who understand and accept that FGM is not a requirement of Islam,
- The interest of communities to know on Islam's point of view on early marriage and excision,
- The interest of fieldworkers and the Group to abandon excision (APAF, PTC)
- Awareness of community to the harm of excision (APAF, PTC)
- Acceptance of religious leaders (60) formed on FGM and AIDS (APAF)



- The registration of 372 surgeries, with 141 failures for 219 women surgery including 160 who are cured. (Source: MDM 2007 to 2009 Reports) and 75 women in 2009 by GREFFA.

In intervention zones, excision is no longer a taboo topic. The partners have a list of terminology that they use and which are appropriate not to offend their audience.

Insufficiencies in the program document remain and concerns, primarily, at the level of:

### **NCA**

- Lack of staff for the GBV program
- Weaknesses in the monitoring and evaluation system and performance,
- Delay in the disbursement of approved budgets
- Lack of phase out plan with partners
- Lack of a consultation framework which creates lack of communication with partners
- The short duration of the agreement (1 year) and not systematically extendable is not concomitant with the forecast period of the GBV program.

### **NGOs**

- The fact that one person with strong personality within the NGO or Association and who "does it all" and supervises all the activities (PTC, WILDAF, APAF / Muso Danbe, GREFFA)
- There is a lack at the NGO level of institutional and organizational development program, at medium and long term prospect ,
- There is a lack of information sharing between field workers and management,
- There is a lack of basic documents of the program at the level of field workers (GREFFA, APAF)
- The data (statistics) on fistula are insufficient (Gao, Mopti)
- There is no female peer educators at the level of (APAF / Muso Dambé)
- The rights based approach integration is poor in the intervention strategy,
- Recordkeeping is inadequate.

### **Communities**

- Participation of men is still insufficient to awareness and information sessions on FGM and the fistula,
- There is a low perception of female genital mutilation and early marriage as violations of women's rights,
- There is a continued strong resistance from the Muslim majority in general and leaders in particular.

### **2.3.3 Program Impacts**

This chapter analyzes changes (positive or negative) generated by the program and the degree to which they can be attributed to its implementation.

#### **● Community Level**

- Trained community relays and members of women's groups, who can speak of the fistula and excision (APAF, GREFFA, MDM),

- Health workers, elected municipal and communal leaders know the causes, consequences and prevention of fistula (GREFFA, MDM) and excision (APAF)
  - Availability of local support groups in the fight against fistula and excision (APAF, MDM)
  - Acquisition of knowledge on fistula and excision by a large number of community members including women victims of fistula and excision (APAF, MDM, GREFFA)
  - Awareness of the existence of large numbers of fistula victims and excision in intervention zones despite the lack of statistics (APAF, MDM, Hospitals of Gao and Mopti)
  - Presence of religious leaders in favor of abandoning the practice of excision (NCA, APAF Lay Down Your Knife, Network and WILDAF)
  - The understanding of the police, gendarmerie and justice agents regarding the treatment of women victims of abuse in all regions has increased (WILDAF)
  - A partnership between police and doctors to treat cases of Gender Based Violence exists (WILDAF)
  - The community discuss on the issue of how to abandon excision (APAF)
  - Municipal elected officials, village and fraction chiefs are mobilized to the fight of excision (APAF, RML / FGM) and care of fistula (GREFFA),
  - Elected official's knowledge and acceptance that FGM is a violation of the rights of women s (APAF)
  - Involvement of teachers and students in the discussion of female genital mutilation (APAF, PTC, WILDAF)
  - Women victims of fistula accept/agree to be supported (MDM and GREFFA)
  - Social integration of treated and healed women in their homes and families and community (GREFFA, MDM),
  - Men accept to accompany their wives, victims of fistula (MDM, GREFFA) to the Care Center (Mopti and Gao) for one or two months for several times,  
*"My husband accompanied me to the center for care whenever necessary"* Woman of the center of Mopti.
  - Friendly atmosphere in the center,
  - *"We are all sick here in the Center, fulfilled without shame and away from contempt of men and women of the community"* Meeting at the Care Center of Mopti.
- **Partner NGO Level**
    - There is an improvement in the reporting system (operations and finance) and project presentation at the partner level's to NCA,
    - The fact that we are in presence of staff that ate trained in excision and fistula,
    - Reinforcement of resources acquisition through (material and logistic) community mobilization.

#### **2.3.4 Efficiency of the Program**

This chapter is about the efficient use of financial, human and material resources made available to partners by NCA to:

- Enhance skills and capabilities,
- Promote networking and campaigning,

- Support of victims of violence
- Advocate for awareness of violence in the communities concerned.

The analysis of the efficiency of the program was carried out by NGOs, community and victims of violence levels.

- **Partner Level**

According to the officials and partners' leaders project resources management was acceptable.

The requested funds have been assigned to the activities described in project (capacity building, research, support for victims) Human resources (men and women) have the skill and knowledge necessary to conduct IEC in communities, identify women victims of fistula and train men and women for a better knowledge and understanding of violence against women (WILDAF). One can say that financial resources have facilitated necessary skills acquisition for activities.

The efficiency of the program is confirmed through the evaluation by the availability /access and relatively easy use of partner's financial reports.

Financial items were observed and the number of trained people is important: but it is unclear whether this could be done cheaply. Moreover, staff number is inadequate compared to the immensity of the region (GREFFA in GAO, MDM in Mopti), good human resource management (allocation of work and zone). Anyway the work has been possible because the project has used radio, traditional communicators and drama to reach an important part of the community or the territory (all partners).

Work efficiency of the IEC and advocacy of the partners have resulted in some communities to understand the human rights of women and especially their violation because of violence (excision, fistula) A manual on Gender Based Violence was developed for the police, lawyers, judges.

Despite the positive elements of management, partners have noted the following weaknesses in the financial support:

- ***Variation of the budget allocated to partners***

The budget item on partners capacity building has evolved into jagged, descending from double 2004 (22 670 990) to 50% in 2008 with a strong growth in 2005 (48 497 075) and a significant decrease in 2007. With this variation, it is not always possible to support this component, which in the opinion of partners should be both more important and permanent for their empowerment in the short and medium term.

The allocated funds have been, more or less fairly regular, from one year to another depending on each partner even though some have seen significant increases over the last two (2) to three (3) years as MDM , APAF / MD and GREFFA. This allowed, for example, the first partner to increase support in better psychological and social conditions of a greater number of women with fistula at the hospital and the Center of Mopti, the second to integrate rights based approach in its activities while strengthening social mobilization with the creation of an inter-village committee to fight against female genital mutilation. The funds

allocated to the NGO GREFFA enabled them to start the activity in the North and proceed immediately and cumulatively, to the implementation of all aspects of the program by recruiting the necessary staff.

Many comments focused on "***budget cut***" imposed by NCA that does not always allow planning all the desired activities, some having to be removed to "stay in the accepted and not negotiable budget envelop." This, according to some partners, does not insure an equal partnership above consensus. The delay in funds establishment is also a noted disability by the actors. For example, funding, originally scheduled in January, is effective in March or April. NCA explains these two findings by the internal process, rather hierarchical, from the field partner to the headquarters in Norway through the team in Bamako, who does not have the final decision as to the amounts allocated and the transfer period despite the indications contained in the agreements. And to mitigate the delay, NCA pays 20% of the amount allocated last year to allow the NGO to start its activities of the current year. It is to be noted that these 20% are deducted from the budget to be allocated by NCA (which, moreover, is not often the budget submitted by the partner).

- **Community Level**

Financial resources have been allocated for local human resources training (peer educators, relays, municipal elected officials, religious and community leaders).

- They have all acquired knowledge on violence against women. Some conduct IEC activities and advocacy to their peers.
- Victims of fistula were identified, treated by MDM with total fees of 15,000F/woman, paid to the hospital. This amount is below the actual cost of the intervention, the hospital taking care of the surgical procedure and MDM delivering the skilled workforce and other actors providing surgical equipment.
- Support of those who are housed in the center Dianjigi so (soap rations, food, funds for IGA) is provided by MDM. *"With the resources that MDM gives us, we feel comfortable and safe here in the center and we're all victims of fistula »* Meeting with the WVF on 20/11.
- Training for women in the center in various activities (soap making, necklace making, gardening)

Financial resource efficiency has been indicated by the women interviewed at the center.

*« We are lacking nothing here; MDM gives us enough food, transportation of our companions is paid by the project »*

While it is difficult to comment on the efficient use of financial resources, it appears that the use of peer educators, relays, elected municipals is efficient. They are from the community and deal with sensitive topics (excision and fistula) and bring the victims to seek treatment in hospital (MDM, GREFFA, APAF, RML / FGM) and enjoy their rights (WILDAF).

- **Human Resources**

They are very inadequate. The 2007-2009 Program has been implemented by one person, the coordinator often supported by the National councilor, managers (for administrative tasks). This number does not allow efficient management of partner projects (monitoring, discussion on project documents,

reports) or research monitoring and dissemination workshop and participation in the Technical Financial Partners group. This deficiency had been identified by the 2004 evaluation.

### **2.3.5 Relevance of the GBV program**

The GBV program is relevant because the theme and activities are adequate to the needs of communities where the program is implemented. Partners and community structures' capacity building is necessary to a good understanding of the need to abandon FGM and costs covering of fistula care. So it meets the needs of all stakeholders to be involved in the fight against violence against women.

In visited villages, men and women explained that training and IEC sessions have provided them with new insights into fistula and excision and have a greater awareness of the consequences of excision, the causes of obstetric fistula and the need for action to eradicate them. *"The APAF Project has enabled us to understand that female genital mutilation has health consequences for women, so we women are not willing to practice it anymore"* Women Meeting of Moribila.

The following testimony, common to almost all women victims of fistula encountered by the team, retraces the contraction steps of the fistula their attempts to traditional care, the social disadvantages that it causes, the information needs, and the support by a third party and adequate costs coverage of the illness at the hospital. This reflects a greater awareness rising on how fistula is contracted and is seen now as an ordinary disease and not a mystical and mostly incurable one.

*"I had fistula in my 3<sup>rd</sup> delivery; the labor lasted three days at home, my family in law refused to take me to the health center, saying that we should wait for God. After curettage, the fistula was detected and I did not know what it was, my mother contacted the marabout who gave him charms, traditional medicines (powder and liquid) to put into the vagina; my husband divorced me and my uncle who is in Gao, called to tell my mother that there are whites people who treat women who lose urine. I came with my mother, we stayed two months at the hospital where I was freely treated and cared for; I went back for a second surgery, I am satisfied because I can laugh, cough without urinating; I have only a few drops "* Woman victim of fistula in Gao (GREFFA).

This story is proof that this project is welcomed to meet fistula information and care needs.

*"I am now satisfied with the two treatments I received for free, I know what is fistula now and am ready to testify to convince women that suffer from this disease to come and get treated in the center",* A Woman victim of fistula in Gao.

To provide adequate fistula care, MDM has mobilized specialists that are participating to two sessions of surgery per year. They take care of complicated cases of fistula.

In Mopti, MDM physicians trained Malian surgeons (3 surgeons, one is in training and the other is a gynecologist) for the hospital in Mopti.

In Gao, Intra Health funded the surgery for victims identified through NCA's partner. 3 Surgeons were trained by Professor Ouattara during quarterly chirurgical intervention sessions.

Today the hospitals of Mopti and Gao have surgeons capable of operating obstetric fistula surgeries.

The relevance of the program can be seen through the presence of a specialist for the psychosocial care of women ; the program has facilitated the identification of women victims of fistula; the women, their families have accepted the illness; they are referred to the hospital, stay in the Center and reintegrate later on into the family.

### **2.3.6 Program Sustainability**

At the level of:

- **NCA**

- ✓ ***Policy is in***

- a) Support to access and function of human rights based approach,
- b) Compliance with international conventions on human rights,
- c) NCA Mali has a Five Year Plan 2005-2009,
- d) NCA Mali has a GBV program 2007-2009,
- e) The policy is appropriate with the national policy that is in favor of promoting women and children,
- f) The policy contributes to the implementation of national policy to combat violence against women.

- ✓ ***Finance***

- a) Funds availability for GBV program implementation
- b) Provision of annual funds for partners,
- c) Rigorous monitoring and financial evaluation.

- ✓ ***Strategy***

- a) A "Do it yourself "management style, a flexible strategy but a rigorous one,
- b) diversified choice of partners per needs in different areas,
- c) diversification of intervention zones
- d) building field partners' capacity and skills,
- e) facilitating advocacy with partners (government, those who are elected , Technical Financial Partner) for the adoption of legislation prohibiting the practice of female genital mutilation
- f) integration of gender into actions and activities of partners
- g) belonging to the Technical Financial Partner and sub group of excision,
- h) Dissemination of information through various media (written materials, media, meetings ...) on the themes of excision and fistula.

### ✓ **Follow-up and Monitoring**

- a) existence of documents (project, narrative reports and financial reports)
- b) mid-term Evaluation of the five-year Plan 2005-2009,
- c) Final evaluation of the GBV program.

#### • **Partners**

- a) National legal existence
- b) Knowledge of the intervention zone,
- c) Existence and implementation of individual annual intervention plan
- d) Competences and reinforced operational expertise in the fields, (resources allowance and availability for the information and awareness raising of the population)
- e) Visible Impacts on the ground (social mobilization, formation of the pool for medical care of fistula)
- f) Application forms for work of NCA (project narrative and financial reports).
- g) Existence and implementation of internal tools for internal monitoring
- h) Consideration of the fistula data collection in the hospital information systems.

#### • **Communities**

- a) Better understanding of excision and the fistula,
- b) Increased involvement of different social groups in the fight against FGM and fistula (religious leaders, community, municipal officials)
- c) Start of changing perceptions and attitudes about FGM and fistula which are less and less taboo,
- d) Training of working groups and awareness (relay, peer educators, committees, local pressure groups)
- e) Beginning of support for women victims of FGM and fistula.

Sustainability would be compromised if the following shortcomings are not addressed by NCA and its partners. Mainly, at the levels of:

#### • **NCA**

- a) Mismatch between the existence of GBV program at NCA and the annual project at partners level,
- b) Insufficient human resources on GBV program,
- c) Low dissemination of GBV program and Five-Year Plan with partners
- d) Lack of monitoring of activities of partners on the ground
- e) No phase out plan with partners
- f) Lack of NCA-partners consultation framework
- g) Lack of collaboration with faith based organizations.

#### • **Partners**

- a) Poor knowledge of basic documents (GBV program and Five-Year Plan) of NCA
- b) No phase out plan from intervention Zones
- c) Lack of networking between direct partners of NCA
- d) Lack of institutional and organizational development plan for the professionalization of the structure

e) Weak integration of the rights approach in the intervention strategy



### **3. CONCLUSION**

The Gender Based Violence in general, female genital mutilation and early marriage in particular are a concern in Mali, which is why the state, CSOs and financial partners have tried to eradicate them. Norwegian Church Aid is among the organizations that have played an important role in implementing activities against violence. The Gender Based Violence Program (2007-2009) of NCA has been implemented by six national NGOs (working on FGM, early marriage and fistula in the regions of Gao, Mopti and Segou).

The activities cover the whole territory and aim at raising awareness for the eradication of early marriage, excision and care of the fistula.

The objectives of the program are in line with those defined by the country's national policy on the matter, hence its relevance.

The GBV program was implemented, as a whole, and many of its objectives have been achieved.

The reasons for abandoning the practice of female genital mutilation and early marriage are understood, and the obstetric fistula is increasingly understood as a preventable disease and even if it occurs, care is quite possible, which gives in most cases very good results.

With the resources (financial, human and material) provided by NCA, partner projects have often reinforced the capacities of actors, made monitoring and provided financial support for the victims. Collaboration with health workers, men in uniform are proof of the efficiency of the program.

The impacts in communities and among NGOs include the agreement development project prohibiting female genital mutilation (APAF Zone), the existence of abandonment village (village of RML / FGM members) medical and legal care for women victims of violence, etc..

The presence of local group for the abandonment of excision, trained field agents capable of awareness, the existence of training module to support victims of female genital mutilation, and research reports on female genital mutilation and early marriage, involvement of village authorities and elected in activities, etc.. are the sustainability elements identified by the study.

These positive aspects identified can be sustainable if weaknesses are taken into account. The annual funding does not allow sustainable activities; The lack of partner's activities monitoring can affect the quality of services in the field.

Lack of knowledge about the process of disengagement and especially no plan to withdraw from NCA may sound the death knell of the intervention in zones where there are no actors working on the problem of female genital mutilation, early marriage and fistula.

NCA and its partners must analyze the recommendations made by the consultants and also the lessons learned from evaluation to ensure sustainability of results.

#### **4. LESSONS LEARNED**

The feasibility and sustainability of an intervention depends on the involvement of partners according to their skills and expertise in the development and implementation of the program;

The multidimensional approach (health, rights, culture, religions) promote both understanding and change in attitudes toward Gender Based Violence;

The activities against Gender Based Violence must be sustainable;

Community mobilization in the framework of the fight against Gender Based Violence, depends on their ownership of GBV projects and genuine participation in their implementation.

## **5. RECOMMENDATIONS**

- Ensure regular monitoring and evaluation of partners;
- Develop a phase out plan with partners;
- Work more closely with religious organizations in the areas of Gender Based Violence;
- Create and put in place a periodical consultation framework with direct partners, specifically on the GBV program;
- Evaluate the impact of drama as an intervention strategy for advocacy and mobilization in the fight against FGM and fistula (in the Mopti region and the District of Bamako, Koulikoro), evaluate the training on human right approach (WILDAF-Mali);
- Continue to conduct studies and research on Gender Based Violence.

## **CHAPTER III: APPENDICES**

### **Appendix 1. Bibliography**

#### **● References**

- Program of NCA Mali (2005-2009) (Revised)
- The Global Strategic Plan Revised of NCA (2005-2009)
- The Design Document of the Regional Program on Gender of NCA
- The actual projects list of NCA /Mali in 2005, 2006, 2007, 2008 and 2009,
- The Project Portfolio of NCA / Mali in 2009.
- The Annual Plan of Activities of NCA / Mali in 2009.
- The regional strategy for NCA for West Africa (2005-2009).
- The strategic plans and recent evaluations of current partners of NCA.
- NCA evaluation by Norad / MFA
- Other relevant documents (case studies of early marriages made by NCA and studies on FGM in northern Mali)
- National survey on the practice of excision in Mali,
- NCA: Report of the national workshop to present study results of early marriage, reproductive health and human rights in the regions of Mopti, Timbuktu and Gao, March 2009;
- NCA : NCA Program in Mali;
- NCA : Evaluation Report of the program of fight against FGM, July 2005;
- NCA : study on early marriage, reproductive health and human rights Timbuktu region, July 2008;
- NCA : Excision in Mali: Experiences from NCA, December 2006;
- WILDAF / FEDDAF / MALI and NCA: Legal Guide for Women and Children, January 2007;
- NCA : Program on violence against women in West Africa (2007-2009), September 2007;
- NCA: Five-Year Plan for Mali (2005-2009);
- NCA: Qualitative Study on the practice of female genital mutilation in the regions of northern Mali (2002)
- NCA: Quantitative study on the practice of female genital mutilation in the regions of northern Mali (2003)
- NCA: Evaluation of the sub regional Program on the fight against Gender Based Violence (2004)
- NCA: Evaluation of the project against vaginal fistula (2006)
- NCA: Desk Study on early marriage (2006)

## **Appendix 2. Terms of Reference**

### **Terms of Reference (TOR) of the Thematic Evaluation of Gender Based Violence in Mali, part of the Thematic Evaluation of the PSG 2009 on GBV**

#### **0.0 Introduction**

The Norwegian Church Aid (NCA) is one of the leading international development agencies of Norway. It is a diaconal church organization which operates in the field of sustainable development, emergency relief and advocacy around the world. NCA believes in a vision of a just world and works respectively with people and organizations of all faiths. As such, NCA allows good holders, and supports human dignity regardless of race, nationality, gender, political or religious beliefs.

In Mali, NCA works primarily with partner organizations who themselves are working with local groups to accomplish their goals. These include women's groups, youth associations and religious leaders at village level. The partners are also working closely with local councils and government agencies. The role of the main partners of NCA in the framework of pressure and advocacy is limited, but we are working to develop their skills in advocacy.

NCA itself manages a number of programs. One rationale for this is the lack of local structures strong enough in some regions. However, even in these regions, emerging local NGOs and organizations of civil society are developing, and NCA is always willing to work as much as possible through local structures and is therefore willing to reduce its operational activities when there are some organizations and local structures ready to take the lead.

NCA is working in Mali since the drought of 1984 with a flexible approach that adjust to the changing environment.

#### **In the Strategic Plan 2005-2009 (2010) of NCA for Mali, we focus on 5 areas:**

- The Civil Society for Responsible Governance;
- Women and men who fight against Gender Based Violence;
- Food Security, Water and Environment;
- Education;
- Local responses to HIV / AIDS.

#### **The development of a program against Gender Based Violence in Mali during this period:**

During the first period of the strategic plan, NCA was working primarily with the convergence of local partners on FGM in the southern part of the country. The statistics on the prevalence of FGM were contradictory and we knew little about the actual situation. This justifies the studies undertaken by NCA on FGM in northern Mali. The study findings showed that the prevalence of FGM among the people of Gao and Kidal was almost nonexistent when the frequency was relatively high in the region of Timbuktu. These studies have revealed another type of Gender Based Violence in Mali which is a bigger problem than FGM in northern Mali, it is early marriage. That is why in the last part of the current period, we began to focus more on early marriage. Early marriage is a multiple violation of the rights of the girl, and therefore constitutes a

real threat to the right of girls to education, participation, health and well-being.

NCA Mali is, in a holistic way, active in the field of FGM and also funds curative projects whose goal is to make surgery for women suffering from fistula and to reintegrate them into society of which they are derived. These projects also include outreach to prevent them from having this problem. The main causes of fistulas in Mali are early marriage.

A major obstacle to the ratification of national laws against FGM and other forms of Gender Based Violence is the influence of religious leaders and traditional leaders in political debates and in society in general. Therefore, since 2007, NCA works specifically with religious leaders (Muslim leaders). Studies and workshops with religious leaders have been organized by NCA as operational activities. NCA Mali considers these activities as complementary to initiatives undertaken by our local partners.

### **1.0 Purpose of the Evaluation**

The Global Strategic Plan (GSP) of the Norwegian Church Aid (NCA) for 2005-2009 states that a complete documentation of results and lessons learned should be provided for the five thematic priorities and for priority target countries during the 5 years period of the GSP. This will enable NCA to evaluate and improve its performance and demonstrate the relevance, legitimacy and effectiveness of interventions to stakeholders.

The evaluation will provide an opportunity for NCA to document their achievements, in collaboration with its partners, and thus create learning, through benefit examination, constraints and challenges during the implementation of the GBV thematic priority, pointing at the same time to NCA commitment to the principles of accountability and transparency.

### **1.1 Scope of Evaluation**

The focus of the Evaluation will be in relationship with the GBV component of the Program in Mali between 2005 and 2009 in selected regions for intervention:

- Harmful traditional practices - including FGM,
- Early marriage

These interventions in the field of GBV are implemented by the following Partners of NCA and NCA itself through operational projects that aim at completing the work done by local partners.

Partner	Project Name	Location
Pose Ton Couteau	Awareness on female genital mutilation	Bamako
Réseau de la lutte contre les Mutilations Génitales Féminines (Network of fight against Female Genital Mutulation)	Network on FGM in Mali	Bamako
Médecins du Monde (Doctors of the World)	Project on Fistulas in Mopti	Mopti
APAF Muso Danbe	Apaf Muso Danbe	Ségou
Wildaf	Awareness and capacity building on Women's Rights	Bamako
Greffa	Gender Based Violence and health in the region of Gao	Gao

### **The Evaluation will examine the key issues contained in Appendix A**

The Evaluation will examine key zones mentioned above in evaluating interventions in the following categories:

- Prioritization and implementation of policies, strategies and plans
- Resources (both financial and human) available
- Selection and cooperation with partners (local, national, regional, international)
- Building skills and capabilities,
- Promoting networking and campaigns
- NCA approach which includes : Help for Sustainable Development, the state of preparedness for emergencies and disaster relief; Advocacy
- Awareness programs on conflict

The evaluation will offer the opportunity to have data for an analysis of country context that NCA and its partners have been facing in Mali from 2005 to 2009, in the zone of participation, equity and protection of human rights (ref. GSP).

### **1.2 Objectives**

The specific objectives of the evaluation are:

- Evaluate progress in achieving specific objectives set forth in GBV Mali Program (ref. Appendix of Program Logical Framework: Women and men are fighting against Gender Based Violence).
- Evaluate how the intervention policy in the field of NCA GBV in Mali is relevant? That is to say, does it reflect the national and regional priorities, and is there synergy?
- Evaluate the extent to which strategies adopted by NCA to integrate and implement its interventions in the field of GBV are sustainable, relevant, efficient and effective in the central areas of NCA, the state of preparation and assistance, assistance for sustainable development and advocacy.
- Identify constraints and challenges that must be taken into account in programs / projects GBV of partners that NCA is funding
- The expected impact of the document.

## **2.0 Recommendations and Lessons**

The consultant will elaborate a report that will analyze the results of the program during the period 2005 to 2009 and make specific recommendations on strategies to implement to maximize the results of the subsequent NCA program in Mali beyond 2009. The final report should enable NCA to determine the following:

1. Effectiveness of the design of NCA Program Plan in regard to GBV and partners and projects funded in 2005-2009.
2. Relevant context for NCA and its partners in Mali beyond 2009, including the key rights issues on which NCA and its partners can focus their efforts within the priorities of the GBV thematic.
3. Value added by NCA in Mali since 2005.
4. Recommendations in relation to overall goals of NCA and the specific objectives of the priorities of GBV thematic.

The final report will be submitted to NCA in hard copy and e-mail no later than June 2010, and provides the basis for NCA's new development program Plan and its Global Strategy for Mali.

## **3.0 Methodology**

The methodology should be participatory in the sense that key personnel of NCA and representatives of partner organizations are regarded as stakeholders in the evaluation and are involved throughout the process. The evaluation will be done primarily through a qualitative approach which will involve both processes of participatory data collection and use of community analysis tools on gender. The key informants include:

- NCA staff
- Managers of NCA partner programs
- Government officials
- The Royal Norwegian Embassy in Mali (where applicable)
- Religious leaders
- Other agencies of NGOs and UN working in Mali, who cooperate with NCA
- The Heads of Religious Communities / opinion leaders
- Members of communities (beneficiaries)

## **4.0 Documents supporting the Evaluation**

- NCA Program of Mali (2005-2009) (Revised)
- The Global Strategic Plan Revised of NCA (2005-2009)
- The Design Document of the Regional Gender Program of NCA
- Guidelines for Adjustment of Program Plan for the Country.
- NCA and RNE Agreement (if applicable)
- The actual list of NCA projects / Mali in 2005, 2006, 2007, 2008 and 2009,
- Project Portfolio NCA / Mali in 2009.
- The Annual Plan of Activities of NCA / Mali in 2009.
- The regional strategy for NCA for West Africa (2005-2009).
- The strategic plans and recent Evaluations of current partners of NCA.
- The Evaluation of NCA by Norad / MFA
- Other relevant documents (case studies of early marriages undertaken by NCA and studies on FGM in northern Mali).



## 5.0 Work Plan and Program

This Evaluation will cover the period from October 5 to October 16? November. The consultants will start working from ...? October 2009. It is estimated that the process will run as follows:

- 1 week: Literature review, secondary data collection, preparation, pre-testing and finalization of evaluation instruments
- 2 weeks: Fieldwork (including travel time).
- 2 weeks: Collation and analysis, report preparation and submission of the preliminary report, including strategies and recommendations.
- 3 days of monitoring, revising, editing

## 6.0 Reports / Results

The expected output of this evaluation exercise will be a report which should incorporate in the overall framework of the GBV evaluation that:

- Will make a sufficient description of all evaluation objectives as specified above.
- Will not include more than 15 specific and clear recommendations
- Define achievements, constraints / challenges, opportunities and best practices for strengthening the component of the GBV program in Mali.
- Will be as clear and concise as possible so that any program participant is able to understand how to take the necessary steps in the implementation and management process of the GBV Program in Mali.
- Will make recommendations to improve responsible programming in Mali, to adopt appropriate and sustainable procedures taking into account the needs of women, girls and boys, including young women and young men.
- The report will be written by following the example format provided as appendix in the evaluation report of NCA

### 6.1 The report will be characterized by

- **Clarity:** The dynamics and particular diversity of the countries, and relevant problems that exist and to which one tries to find solutions.
- **Relevance:** Regarding the ToR, objectives and purpose.
- **Reliability:** The results, conclusions and recommendations must be compelling, reliable and based on best practices, wherever possible.
- **Usefulness:** The recommendations must be understandable, practical and sustainable, based on the specific realities of each country and each region.

### 6.2 Dissemination of the report

- A preliminary report will be distributed to NCA staff and partners for comment.
- The final evaluation report will be submitted to NCA staff at headquarters and regional / national level, the various partners of NCA, players who have been involved in reviews and other stakeholders, the report will be available also on our website.
- The report in its final form will be distributed during a one-day meeting, which will bring together key personnel from NCA and its partners in Mali. (Optional)
- A presentation will be made during the annual "GLF" at Oslo in June 2010.

The final report, based on the Evaluation recommendations and comments made during the various meetings, will guide the development of current and future strategic plans of NCA.

## **7.0 Evaluators**

### **These are national consultants with expertise in GBV.**

Consultants must have the qualifications, skills and following experience:

- At least a Master in Development, Human Sciences or a closely related field.
- Five years experience working at least with government, international organizations, UN, NGO or an academic or research institution in a developing country.
- Be familiar with NCA working methods.
- Be objective and honest
- Have extensive knowledge of Gender and Development,
- Know the instruments of human rights and especially those concerning gender and rehabilitation.
- Have experience in gathering project data and analysis, listening, evaluation, participatory research, especially in research related to the generalization of the gender.
- Having a large adaptability and ability to work in unstable and multicultural environments.
- Have good command of French and English
- Have good knowledge of the culture of West Africa and previous experience working in West Africa.

## **Appendix A: Key issues that the evaluation will review**

### **Key issues**

- Listening and analyzing the context of Mali, identify socio-economic, political, and financial trends and what impacts they had on the work of NCA in the region?
- What are the main experiences, achievements and results documented of the work of NCA in the field of GBV, with special emphasis on how communities, organizations of civil society organizations (CSOs) and Community Based Organizations (CBOs) to address GBV in reducing violations and discrimination based on gender and their contribution in the field of advocacy and protection?
- What are the main recommendations for further work on GBV in the context of human rights?

### **Contextual Issues**

- What are the significant changes in the environment in Mali and what influence those changes have had on the work of NCA in the field of GBV?
- What are the key trends about funding in Mali and in the Region and how they have affected the work of NCA?
- In which practical way NCA has intervened in relation to the issues mentioned above?
- In Mali and in the region, what is special and what impact they had on the job?

- What was the experience of NCA working with governments, Non Governmental Organizations (FBO), the Organizations of Civil Society (CSOs) and Community Based Organizations (CBOs)
- What distinguishes the work of NCA on GBV in Mali and the region?
- How does the emergency in Mali and in the region have helped / hindered the work of NCA on GBV?

### **Processes and Policies**

- What are some important achievements of NCA in changing government policy in Mali and in the Region?
- To what extent the policies of NCA have been effective and consistent and what difference have they had on the work of partners in the field of GBV?

### **Evaluation of the role of Partners**

- What are some important achievements of NCA?
- What was the basis for the choice of partners in Mali and how it helped / hindered the work of NCA in the field of GBV?
- What was the main contribution of FBOs, CSOs and CBOs?
- What were the comparative advantages to work with the FBO, and traditional leaders and what future options in the light of growing concerns about GBV?
- As an FBO, CBOs and other CSOs, what made you become communities opened to or communities in favor mutilated women;
- How do partners have addressed issues of discrimination and Gender Based Violence?

### **Evaluation of the Use of Resources**

- What was the added value of the Regional Coordinators?
- What was the main strategy for CB among staff and partners and how this has been implemented? How do communities have benefited from capacities that have been built?
- What is the adequacy of existing capacity (human, material, etc.) to enable NCA to implement its program in the field of GBV?

### **Evaluating the Equity**

- To what extent NCA facilitated access to programs of GBV for both women and men?
- To what extent NCA has influenced the partners to develop workplaces / organizations / policies that are free from discrimination based on gender?

### **Evaluation of Participation**

- Evaluate the effectiveness of NCA to communicate its policies in Mali or in the region
- To what extent NCA staff and its partners have participated in developing the policy of NCA on GBV?
- To what extent NCA was able to mobilize the mosques and religious communities to actively involve women in the organization and implementation of programs? To what extent men have taken an active part in the fight against GBV?

## **Evaluation of the Protection**

- How has NCA contributed to the reduction of GBV, especially for young girls?
- To what extent has NCA worked to protect human rights of women?
- How has NCA worked to rehabilitate the rights of women and other vulnerable groups?
- To what extent uprooted people have been helped to get better protection against violations?
- How has NCA worked for the rehabilitation of communities and especially women and other vulnerable groups in general?

Approved by the Steering Committee? .09. 2009

### Appendix 3. Work Schedule

<b>Date</b>	<b>Activities</b>	<b>Responsibilities</b>
Monday Nov 09 Tuesday, November 10 and Wednesday, November 11th	Literature Review	Consultants
Thursday, November 12	Meeting with NCA for Harmonization of understanding of ToR	Consultants, the National Advisor, The GBV Coordinator
Friday, November 13	Review, update of the ToR, Development and finalization of Tools	- Consultants
Saturday, November 14	Finalization of tools for data collection	Consultants
Monday, November 16	Submission and validation of tools for data collection and sample	Consultants, the GBV Program Coordinator
Tuesday, November 17	Travel BKO-Sévaré	- Consultants
Wednesday, November 18	Travel Sévaré-GAO Visit at NCA Office Meeting with GREFFA staff Meeting with Regional Director for the Women's promotion	- Consultants
Thursday, November 19	Meeting with women victims of fistula, Accountant NCA GAO Deputy Director of the Regional Hospital GAO-Sévaré Travel	Consultants
Friday 20 November	Meeting with: - DRPFEF, - Regional Hospital of Mopti, - MDM Mopti - Women with fistula of Djanjigi so	Consultants and rental driver, APAF Coordinator
Saturday, November 21st	Visit in APAF Muso Danbé areas Meeting with: - Municipal Bureau of Moribila, - Support Group for the fight of excision, - Group of female in Moribila	Consultants, the driver, APAF Coordinator, facilitators, beneficiaries, local authorities
Sunday, November 22	Meeting with: - Kassorola municipal office, - Team of implementation of the project, - Travel to Bamako	Consultants and driver
Monday, November 23rd	Debriefing to NCA	Consultants

Tuesday, November 24	Working Session at RML / FGM	Consultants
Wednesday, November 25th	Meeting at UNICEF Discussion with DR Kamissoko at NCA, Discussion in the office of PROFESAB	Consultant
Thursday, November 26	Interview with GBV Coordinator NCA	Consultants
Friday, November 27th	Meeting at Djoliba Center (Centre Djoliba) Notes Discussion	Consultants
Monday, November 30	Deepening Pose Ton Couteau and Network	Consultants, PTC
Tuesday December 01	WILDAF Mali	Consultants,
Thursday December 02 to Thursday, December 10	Interim Report Writing And Report Writing and TPC Network?	Consultants
Friday, December 11	Return of Evaluation Results	The Representative, the National Advisor, the Program Coordinator, the GBV Coordinator
Saturday, December 12 and Sunday, December 13	Finalisation du Rapport d'Evaluation Completion of the Evaluation Report	Consultants

#### Appendix 4. List of persons met

##### NCA Team

1.	Ahna Soumano Burke	GBV Coordinator
2.	Fatou Cissé	National Coordinator

##### GAO

##### GREFFA Team

1.	Ms. Fatoumata Touré	Director
2.	Mr Ibrahim Touré	Coordinator
3.	Ms. Almanarett Litinine	Moderator

##### Partners of GREFFA

1.	Ms. Fatoumata Maiga Kontao	Director of PFEF
2.	Zeinabou Intanasset	Female victim of fistula
3.	Idekatt Wallet Agaly	Female victim of fistula

4.	Dr Lalla	Traoré	Hospital Deputy Director of Gao
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## MOPTI

### DRPFEF Team

1.	Ms. Maiga Fadimata	Maiga	Director
2.	Mr Ahmamoud	Dicko	Sociologist
3.	Mr Aclini	Madougou	Program Officer

### Hospital of Mopti

1.	Dr Almoustapha	Ouattara	Deputy Director
2.			

### Médecins Du Monde

1.	Mr Mohamadou	Kéita	Fistula surgeon
2.	Mr Yaya	Coulibaly	Administrator
3.	Miss Oumou Bello	Bouaré	Psycho-social Counselor
4.	Women victims of fistula		51

## Moribila (Administrative division of SAN)

### Municipal office of Moribila

1.	Drissa	Goita	1 <sup>st</sup> Deputy Mayor
2.	Hubert	Dembélé	3 <sup>rd</sup> Deputy Mayor
3.	Mamou	Goita	Council of the Circle

### Support Group to the abandonment of excision in Moribila

1.	Yacouba	Dembélé	President
2.	Soungalo	Coulibaly	Secretary
3.	Orokia	Dembélé	Organizer
4.	Karim	Goita	Secretary for Information
5.	Birama	Goita	Secretary for conflict

### Group of women in Moribila

1.	Fatoumata	Daou	Member
2.	Kadiatou	Goita	Member
3.	Fanta	Bouaré	Member
4.	Fatoumata	Kanté	Member
5.	Wassa	Goita	Member
6.	Fatoumata	Dembélé	Member
7.	Rokia	Dembélé	Member
8.	Salimata	Sanogo	Member
9.	Moussokoura	Goita	Member
10.	Gogo	Coulibaly	Member
11.	Fatoumata	Sanogo	Member
12.	Banana	kéléma	Member
13.	Rokia Daouda	Dembélé	Member
14.	Saly	Dembélé	Member
15.	Daouda	Goita	Coordinator of village heads
16.	Birama	Goita	Peer educator
17.	Soumaila	Dembélé	Informant

## Kassorola

### Municipal Office

1.	Abdoulaye Edmond	Traoré	Mayor
2.	Ibrahima	Dembélé	1 <sup>st</sup> Deputy Mayor
3.	Souleymane	Traoré	2 <sup>nd</sup> Deputy Mayor
4.	Zanga	Dembélé	3 <sup>rd</sup> Deputy Mayor
5.	Kollè	Dembélé	Janitor

### APAF Project Team

1.	Mr Gouro	Daou	Program Officer
2.	Ms. Diarra Djénéba	Daou	Moderator
3.	Miss Noelle	Diarra	Moderator

## Bamako

### Malian Network of Fight against Female Genital Mutilation

1.	Emile	Arama	Coordinator
2.	Bréhima	Ballo	Administrative Secretary
3.	Seydou	Barry	Accountant
4.	Zoumana	Diallo	Assistant Treasurer

### Other partners

1.	Sangaré Oumou	Dicko	UNICEF
2.	Dr Kamissogo	Abdoulaye	CSREF Commune IV
3.	Adam	Traoré	PROFESAB
4.	Ms. Koné Virginie	Mounkoro	Centre Djoliba
5.	Mr Issa	Sanogo	Pose ton couteau
6.	Ms. Bouaré Bintou	Samaké	WILDAF/Mali

### Participants to the feed-back session at NCA

1.	Ms. Riborg Kudensen	NCA Representative for West Africa
2.	Engen Wivi	Program Coordinators
3.	Fatoumata Cissé	Counselor
4.	Ahna Soumano Burke	GBV Program Coordinator
5.	Ms. Urbain Jacqueline Goita	APAF/Muso Danbé
6.	N'Goro Daou	APAF/Muso Danbé
7.	Yaya Coulibali	MDM
8.	Mr Emile Arama	RML/MGF
9.	Mr Issa Sanogo	PTC
10.	Seydou Barry	PTC
11.	Ms. Traoré Fatoumata	Wildaf/Mali
12.		



## **Appendix 5. Interview Guide**

### **1. GUIDES**

#### **1.1 NCA**

##### **Five-Year Program Analysis of GBV**

- Selection and justification of the Gender Based Violence theme
- Design and development of five-year program
- Objectives of the five-year program
- Program Implementation Strategy,
- Program activities,
- Synergy of the program with priorities and national plans to combat violence against women in Mali.
- Relevance of program activities in changing behavior of men and women,
- Strengths and weaknesses of the design process and implementation of the program

##### **Priorities for implementation of policies, strategies and planning**

- Priority for NCA in the fight against violence against women
- Strategies for NCA for the fight against violence,
- Activity planning
- Alignment between national strategies and those of NCA
- Insufficiencies of the national strategy against violence.

##### **Resources available for the Five-Year Program**

- Amount of Five-Year Program,
- Budget of local partners,
- Human Resources of NCA involved in the implementation of the program,
- Physical Assets acquired with the program.

##### **The criteria for selecting partners**

- National partners in the implementation of the five-year program
- Criteria for selecting partners
- Amount allocated to local partners. Justification

##### **Analysis of collaboration between NCA and the national partners (government, technical services and NGOs)**

- Types of agreement established with partners (responsibility of each party, respect for the Convention ...);
- Evaluations of the established partnership (at institutional, organizational, functional, technical levels through the implementation of the project ...);
- Autonomy and self-management capacity of project partners;
- Coordination and synergy between partners of NCA;
- Strengths, weaknesses and improvements to bring to the partnership (in general and by partner);

##### **Skills and abilities developed by the program**

- Training given to NCA staff in charge of implementing the program
- Training given to local partners,

- Support / advice to national partners,
- Monitoring the activities of national partners,
- Experience of NCA to work with government, organizations of civil society (NGOs, CBOs);

**The degree of progress achievement toward specific objectives stipulated in the program in Mali compared to GBV**

(Refer to Appendices and logical framework of the program: women and men face the Gender Based Violence)

- Significant changes in the environment in Mali and influence of these changes on the work of NCA in the field of GBV;
- Key trends about financing in Mali and their influences on the work of NCA
- Practical reaction of NCA in relation to items mentioned above;
- Characteristics and impacts on the work of NCA in Mali;
- Experience from NCA to work with government, organizations of Civil Society (NGOs, COB):  
National level  
Level of funded partners,  
Level of intervention Zones of the partners  
Value added of NCA.

**Promotion of networking and participation of NCA to campaigns against violence against women in Mali**

- Activities for networking,
- Participation in campaigns against violence in Mali
- Results achieved and level of satisfaction,
- Lack of networking and participation to campaigns.

**Efficiency of program development; GBV Plan of NCA and projects supported by NCA through its partners in 2005-2009.**

**Evaluation of fairness**

- Equal access for women and men to the GBV program activities;
- NCA influence level on its partners to develop policies, organization and implementation of programs that are not discriminatory.
- 

**Evaluation of participation**

- Effectiveness of the capacity of NCA to communicate its policies in Mali;
- Mobilization Degree of NCA of religious leaders to actively engage women victims of violence in the planning and program implementation. Level of participation of men in activities to fight against GBV.

**Evaluation of Protection**

- NCA contribution to the mitigation of GBV, particularly young girls;
- Level of work of NCA to protect the human rights of women victims of violence);
- Work Strategies of NCA to provide greater capacity to women victims of violence and other vulnerable groups;
- Measures taken to better protect victims of violence (fistulas, sensitization, reproductive health ...)

## **Prospects for NCA and its partners after 2009, including deficits in rights to which NCA or its partners can address on the GBV theme.**

### **Project Sustainability**

- Supports to the projects (their relevance ,time wise to achieving the objectives;
- Preparation and dissemination of results achieved by the project at all levels, local, regional, national and international languages spoken in these stages;
- Implementation of the recommendations of progress reports and evaluations;

### **Project monitoring and evaluation**

- Management Tools of the program (basic documents of the project, progress reports ...);
- Types of monitoring and evaluation (internal and external);
- Supports and frequency of monitoring and evaluating the project (logical frameworks, sheets of data collection, time and actors of the monitoring and evaluation ...);
- Monitoring and evaluation done (observations, comments, suggestions and lessons learned from activities carried out);
- Weaknesses and suggestions for improvement of tools for monitoring and evaluation;

## **Recommendations on the overall and specific goals of the GBV**

### ***1.2 Partners of the GBV Program***

#### **Presentation of the structure**

- Name, creation,
- Zones of intervention
- Objectives of the structure,

#### **Presentation of the project funded by NCA**

- Project description (amount, objectives, activities, intervention strategies, targets)
- Start and duration of the project funded by NCA (in five year program)
- Resources used (human, material, logistical, etc.).

#### **Knowledge of the five-year program of NCA on Violence Against Women**

- Partnership with NCA (date, justification, etc..)
- Participation in the development,
- Participation in the design and implementation,
- Objectives over three years
- Justification of the theme Gender Based Violence
- Relevance of the theme GBV in the context of Mali
- Relevance of program activities in changing the behavior of men and women,
- Place and role of NCA in the fight against violence in Mali
- Synergy between priority of NCA and the National Plans of Mali
- What are the key trends in funding and in Mali in the Region and how they have affected the work of NCA?
- How convenient is it that NCA has intervened in relation to the issues mentioned above?

- Strengths and weaknesses of the design process and implementation of the program.

### **The analysis of collaboration between NCA and the national partners (government, technical services and NGOs)**

- Types of agreement made with NCA (responsibility of each party, respect for the Convention ...);
- Evaluations of the partnership (at institutional, organizational, functional, technical levels through the implementation of the project ...);
- Autonomy and self-management capabilities;
- Coordination and synergy between partners of NCA;
- Strengths, weaknesses and improvements to the partnership (in general and between partners of NCA);

### **Achieved Results**

- The results achieved against specific objectives set forth in the ProDoc,
- Significant changes in the environment in Mali and their influence on the work of NCA in the field of GBV;
- Favorable factors or constraints of the situation (Identify both the local and external socio-cultural factors)
- In Mali and in the region, what is special and what impact they have had on your work?
- Experience of NCA working with the government, organizations of civil society (NGOs and CBOs) CSOs);

### **Project Efficiency**

- Matching of activities carried out with those described in the project document and plans (in terms of timing, budget, geographic coverage, target);
- Could the activities be conducted more quickly and with fewer resources? (Lessons Learned)

### **Project Impact in the intervention zone**

- Results a) positive (involvement of all socio professional classes in the fight against FGM, behavior change, taking into account the rights of women, knowledge of hazards / risks associated with FGM, ending of female genital mutilation in areas of intervention, adoption and application of laws and regulations against FGM ...) and b) negative (perverse effects), expected or not of the activities conducted against objectives? And on the targets of the project,
- What are the effects on non-target groups?
- Appreciation of your fields agents by the community.

### **Relevance of the project**

- Relationship between the activities supported by NCA and the strategy against FGM in the country;
- Perception of activities for FGM compared to other development Zones where NCA works.
- Priority data (budget, team, monitoring etc.).
- Compliance of the project objectives with the needs and priorities of communities;

- Adequacy of activities of NCA areas of interventions and those of affected parties;
- Change or not the direction of NCA;
- To continue strengthening or cessation of activities.

### **Project Sustainability**

- Supports (all necessary) to the project (in time) to achieving the objectives;
- Product Support for the CCC (application, understanding of the messages, existence with / among populations, use of materials ...)
- Capacity building of partners for the implementation of the program / partner, by setting up self-management devices and seeking other funding);
- Preparation and dissemination of results achieved by the project at all levels, local, regional, national and international languages spoken at these stages.
- Implementation of the recommendations of progress reports and Evaluations;
- Changes due to project activities in your Zone and if so name them
- Your appreciations on these changes: sustainability or not, arrangements for making them sustainable
- Capacity / Autonomy of your locality to be able to continue now to face the challenge alone without project staff. (Justify your answer)
- The need for further investment because of current or potential impact of the project
- Capacity of the parties involved to continue the work alone (without the financial support of partner)

### **Monitoring and Evaluation of the Project**

- Management Tools of the program (basic documents of the project, progress reports ...);
- Types of monitoring and evaluation (internal and external);
- Supports and frequency of monitoring and Evaluation of the project (logical frameworks, sheets of data collection, time and actors of monitoring and Evaluation...);
- Monitoring and Evaluation done (observations, comments, suggestions and lessons learned from activities carried out);
- Weaknesses and suggestions for improvement of tools for monitoring and Evaluation;

## ***1.2 The religious leaders, opinion leaders and elected officials***

### **Context**

- What is the religious perception of violence against women (female genital mutilation, early marriage, physical violence, human rights of women)?
- Are Female genital mutilation and early marriage perceived as an issue of human rights in Islam?
- Is the issue of violence discussed in religious circles in Mali?
- In your opinion, in which practical way NCA has acted in relation to issues of violence in Mali?
- What was the experience of NCA to work with religious organizations, religious leaders and elected officials?

- What are the activities you have undertaken with NCA?

### **Results**

- To what extent NCA was able to mobilize leaders and religious communities and women to become actively involved in organizing and implementing programs?
- To what extent religious leaders like you, took an active part in the fight against GBV?
- What was the added value of religious leaders in the fight against violence against women?
- Have the activities of the five-year program to combat violence against women been useful in your community?
- Do the program activities of NCA against GBV met your expectations and needs, as religious leaders?
- Should they continue, be strengthened or stopped? Justify your answer

### **Sustainability**

- Are the involved parties such as religious leaders sufficiently equipped and if they are able to continue future operations (without the financial support of partner)
- Strengths and weaknesses of activities you carry out?  
Other comments and suggestions

## **1.2 Beneficiary Communities**

### **Context of intervention**

- Knowledge of violence against women
- Source of Information on violence against women
- What are the consequences of violence against women
- Violence against women according to the religion
- Knowledge you have of the rights of women and children
- Relationship of gender and its impact on violence against women

### **Knowledge of project partner**

- Partner organization working on violence in your community
- Project Activities
- Source of Information of project objectives
- Reasons for accepting to work with this project in your village
- Activities undertaken by you and the community leaders
- The activities developed and implemented to achieve results
- Adequacy of activities with your expectations
- Identification of factors, positive, internal and external
- Identification of challenges to face
- Lessons learned

### **Project Impact in the intervention Zone**

- Results a) positive (involvement of all socio professional classes in the fight against FGM, behavior change, taking into account the rights of women, knowledge of hazards / risks associated with FGM, cessation of female genital mutilation in Zones of intervention, adoption and application of laws and regulations against FGM ...) and b) negative

(perverse effect), expected or not of the activities conducted against objectives? And the targets of the project,

- Your comments on these changes: sustainability or not, arrangements for making them sustainable

**Strengths and weaknesses of project activities in your area  
Other comments and suggestions**

**1.5 Regional Branch for the Promotion of Women, Children and Family  
(Gao and Mopti)**

- Knowledge and application of policies and legislation against violence against women;
- Perception of FGM in the intervention Zone;
- Action Plan, activities against violence against women;
- Review of actions (successes, difficulties);
- Collaboration and partnership developed in the implementation of programs;
- Knowledge of others in the same Zone;
- Proposals for the eradication of FGM in the Zone.

**Strengths and weaknesses of project activities in your area  
Other comments and suggestions**

**1.6 Hospital**

- Previous interventions (number submitted, processed, cured and otherwise);
- Difficulties encountered (technical, technological, logistics ...);

**Strengths and weaknesses of project activities in your area  
Other comments and suggestions**

**1.7 Drama Group Danaya (Mopti)**

- Presentation of the troop (creation, history...);
- Plan of action / activities / intervention Zone;
- Results obtained (number of meetings planned and conducted, topics addressed, involvement of men and women, behavior change ...);

**Strengths and weaknesses of your troop and project activities in your  
Zone Other comments and suggestions**

**1.8 Women victim of fistula**

- Number, Zones of origin;
- Perception / causes of fistula;
- Relationships with family (parents, husbands and others), the hospital;
- Difficulties and suggestions for improvements to your living and care;
- Life Stories of some women victims of fistula.

**Strengths and weaknesses of project activities  
Other comments and suggestions**

**Appendix 6: Feedback report of the report**

On December 11, 2009, was held in the meeting room of NCA office, the

restitution of the draft report of the Evaluation of the Program Gender Based Violence (2007-2009) implemented by six national partners.

### **Appendix 6. Report presentation**

The presentation of preliminary results in twenty minutes, was done in two stages, power point presentation, by the consultants to the team of NCA and partners in the presence of some members of this team.

The presentation, the same for all, focused on the following:

- The methodology used,
- The results of the Evaluation: effectiveness, efficiency, sustainability, replicability, impact, lessons learned and recommendations.

### **Exchanges around the report**

After the greetings of the Representative, the floor was given to participants to ask questions and make contributions to enrich the document.

The representative explained that NCA is an organization of humanitarian and social aid, not ecclesiastical.

Five points have attracted most attention from participants. They are:

- The monitoring and evaluation system of NCA  
The responsible for monitoring of NCA has explained his mission and presented the proposal related to the lack of monitoring, the need for strengthening organizational and institutional partners of NCA. (The consultants have not met him). Other participants stressed the need for a fairly regular monitoring that will allow each other to measure the work and especially to correct any deficiencies.
- Continuation of more focused studies on the themes of excision and fistula in relation to Zones of intervention, to even better understand these phenomena;
- The multidimensional approach of the intervention of the program that takes into account in an integrated manner all aspects related to the issue of female genital mutilation, forced marriage and fistula. This means, for example, in addition to the health dimension that is most developed, integrating socio-cultural dimensions of those rights, that of psychology, the social reintegration (through advice, AGR ...) that of sexual education which is a sensitive and delicate, that of religions including Islam;



- The Phase Out strategy should be initiated and developed at all levels and by all actors: NCA, NGOs and communities. That would mean, for example, a progressive and planned reduction of NCA support to NGOs and these communities for a responsible empowerment of the loads from one level to another. NCA and NGOs could also extend their activities to other aspects of excision and fistula and other zones of the country. The communities would gain greater control strategies for the fight against FGM and the management of the fistula with hospital services...
- Greater municipal authority's involvement; informing them about their responsibilities in women and children's health promotion framework. They should include the plans of NCA's partners in the PDSEC.

The restitutions of the results, in the presence of partners of NCA, has been successful in sharing information and forms, under the common understanding around certain orientations of the partnership, past and future, the beginning of the consultation framework desired by all.